

Statutes and Regulations **Certified Direct-Entry** **Midwives**

December 2023



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

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CHAPTER 65.
DIRECT-ENTRY MIDWIVES

Section

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Sec. 08.65.010. BOARD ESTABLISHED. (a) There is established the Board of Certified Direct-Entry Midwives.

(b) The board consists of five members appointed by the governor subject to confirmation by the legislature in joint session. Members serve for staggered terms of four years and, except as provided in AS 39.05.080(4), each member serves until a successor is appointed and qualified. The board consists of two members who are certified in this state as direct-entry midwives, one physician licensed by the State Medical Board in this state who has an obstetrical practice or has specialized training in obstetrics, one certified nurse midwife licensed by the Board of Nursing in this state, and one public member.

(c) The board shall elect a chair and a secretary from among its members to terms of one year.

(d) A member may serve no more than two complete consecutive terms on the board.

Sec. 08.65.020. MEETINGS. The board shall meet twice annually and may hold special meetings at the call of the chair or on the written notice of two board members.

Sec. 08.65.030. DUTIES AND POWERS OF BOARD. (a) The board shall

- (1) examine applicants and issue certificates to those applicants it finds qualified;
- (2) adopt regulations establishing certification and certificate renewal requirements;
- (3) issue permits to apprentice direct-entry midwives;
- (4) hold hearings and order the disciplinary sanction of a person who violates this chapter or a regulation of the board;
- (5) supply forms for applications, licenses, permits, certificates, and other papers and records;
- (6) enforce the provisions of this chapter and adopt regulations necessary to make the provisions of this chapter effective;
- (7) approve curricula and adopt standards for basic education, training, and apprentice programs;
- (8) provide for surveys of the basic direct-entry midwife education programs in the state at the times it considers necessary;

(9) approve education, training, and apprentice programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of those programs for failure to meet the requirements;

(10) adopt regulations establishing practice requirements for certified direct-entry midwives under AS 08.65.140.

(b) The board may by regulation require that a certified direct-entry midwife undergo a uniform or random period of peer review to ensure the quality of care provided by the certified direct-entry midwife.

Sec. 08.65.040. ADMINISTRATIVE PROCEDURE ACT. AS 44.62 (Administrative Procedure Act) applies to regulations and proceedings under this chapter.

Sec. 08.65.050. QUALIFICATIONS FOR LICENSE. The board shall issue a certificate to practice direct-entry midwifery to a person who

- (1) applies on a form provided by the board;
- (2) pays the fees required under AS 08.65.100;

- (3) furnishes evidence satisfactory to the board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110;
- (4) furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience; the study and experience must be of at least one year's duration;
- (5) successfully completes the examination required by the board.

Sec. 08.65.060. EXAMINATIONS. The board shall conduct examinations at least once each year. Examinations may be written, oral, or practical or a combination of these. The board shall utilize the examination provided by a nationally certified midwives organization recognized by the board. An applicant who has failed the examination may not retake the examination for a period of six months. An applicant who has failed the examination more than one time may not retake the examination unless the applicant has participated in or successfully completed further education and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

Sec. 08.65.070. LICENSURE BY CREDENTIALS. The board may by regulation provide for the certification without examination of a person who meets the requirements of AS 08.65.050(1) — (4), who is currently licensed in another state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state, and who has passed the national examination required of certified direct-entry midwives in this state. At a minimum, an applicant for certification by credentials

- (1) may not be the subject of an unresolved complaint or disciplinary action before a regulatory authority in this state or another jurisdiction;
- (2) may not have failed the examination for a certificate or license to practice midwifery in this state;
- (3) may not have had a certificate or license to practice midwifery revoked in this state or another jurisdiction;
- (4) shall submit proof of continued competency satisfactory to the board; and
- (5) shall pay the required fees.

Sec. 08.65.080. RENEWAL. A certificate issued under AS 08.65.050 or 08.65.070 expires on a date determined by the board and may be renewed every two years upon payment of the required fee and the submission of evidence satisfactory to the board that the certified direct-entry midwife has met the continuing education requirements of the board, has demonstrated continued practical professional competence under regulations adopted by the board, and has not committed an act that is a ground for discipline under AS 08.65.110.

Sec. 08.65.090. APPRENTICE DIRECT-ENTRY MIDWIVES. (a) The board shall issue a permit to practice as an apprentice direct-entry midwife to a person who satisfies the requirements of AS 08.65.050 (1) — (3) and who has been accepted into a program of education, training, and apprenticeship approved by the board under AS 08.65.030. A permit application under this section must include information the board may require. The permit is valid for a term of two years and may be renewed in accordance with regulations adopted by the board.

(b) An apprentice direct-entry midwife may perform all the activities of a certified direct-entry midwife if supervised in a manner prescribed by the board by

- (1) a certified direct-entry midwife who has been licensed and practicing in this state for at least two years and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;
 - (2) a certified direct-entry midwife who has been licensed for at least two years in a state with licensing requirements at least equivalent in scope, quality, and difficulty to those of this state at the time of licensing, has practiced midwifery for the last two years, and has acted as a primary or assistant midwife at 50 or more births since the date the certified direct-entry midwife was first licensed;
 - (3) a physician licensed in this state with an obstetrical practice at the time of undertaking the apprenticeship;
- or
- (4) a certified nurse midwife licensed by the Board of Nursing in this state with an obstetrical practice at the time of undertaking the apprenticeship.

Sec. 08.65.100. FEES. The department shall set fees under AS 08.01.065 to implement this chapter.

Sec. 08.65.110. GROUNDS FOR DISCIPLINE, SUSPENSION, OR REVOCATION OF CERTIFICATION. The board may impose a disciplinary sanction on a person holding a certificate or permit under this chapter if the board finds that the person

- (1) secured a certificate or permit through deceit, fraud, or intentional misrepresentation;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

- (5) intentionally or negligently engaged in or permitted the performance of client care by persons under the certified direct-entry midwife's supervision that does not conform to minimum professional standards regardless of whether actual injury to the client occurred;
- (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (7) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) failure to keep informed of current professional practices;
 - (C) addiction or severe dependency on alcohol or other drugs that impairs the ability to practice safely;
 - (D) physical or mental disability;
- (8) engaged in lewd or immoral conduct in connection with the delivery of professional service to clients.

Sec. 08.65.120. DISCIPLINARY SANCTIONS. (a) When it finds that a person holding a certificate or permit is guilty of an offense under AS 08.65.110, the board, in addition to the powers provided in AS 08.01.075, may impose the following sanctions singly or in combination:

- (1) permanently revoke a certificate or permit to practice;
 - (2) suspend a certificate or permit for a determinate period of time;
 - (3) censure a person holding a certificate or permit;
 - (4) issue a letter of reprimand;
 - (5) place a person holding a certificate or permit on probationary status and require the person to
 - (A) report regularly to the board upon matters involving the basis of probation;
 - (B) limit practice to those areas prescribed;
 - (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the board to need improvement;
 - (6) impose limitations or conditions on the practice of a person holding a certificate or permit.
- (b) The board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.
- (c) The board may summarily suspend a license before final hearing or during the appeals process if the board finds that the licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice. A person whose license is suspended under this section is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) not later than seven days after the effective date of the order, and the person may appeal the suspension after a hearing to a court of competent jurisdiction.
- (d) The board may reinstate a certificate or permit that has been suspended or revoked if the board finds after a hearing that the applicant is able to practice with reasonable skill and safety.
- (e) The board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Sec. 08.65.130. CRIMINAL PENALTY. A person who violates this chapter is guilty of a class B misdemeanor.

Sec. 08.65.140. REQUIRED PRACTICES. The board shall adopt regulations regarding the practice of direct-entry midwifery. At a minimum, the regulations must require that a certified direct-entry midwife

- (1) recommend, before care or delivery of a client, that the client undergo a physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;
- (2) obtain informed consent from a client before onset of labor;
- (3) comply with AS 18.15.150 regarding taking of blood samples, AS 18.15.200 regarding screening of phenylketonuria (PKU), AS 18.50.160 regarding birth registration, AS 18.50.230 regarding registration of deaths, AS 18.50.240 regarding fetal death registration, and regulations adopted by the Department of Health concerning prophylactic treatment of the eyes of newborn infants;
- (4) not knowingly deliver a woman with certain types of health conditions, prior history, or complications as specified by the board.

Sec. 08.65.150. PROHIBITED PRACTICES. Except as provided in AS 08.65.170, a person who is not certified under this chapter as a direct-entry midwife may not practice midwifery for compensation.

Sec. 08.65.160. CERTIFICATION REQUIRED IF DESIGNATION USED. A person who is not certified under this chapter or whose certification is suspended or revoked, or whose certification has lapsed, who knowingly uses in connection with the person's name the words or letters "C.D.M.," "Certified Direct-Entry Midwife," or other letters, words, or insignia indicating or implying that the person is certified as a direct-entry midwife by this state or who in any way, orally or in writing, directly or by implication, knowingly holds out as being certified by the state as a direct-entry midwife in this state is guilty of a class B misdemeanor.

Sec. 08.65.170. EXCLUSIONS. This chapter does not apply to a person

- (1) who is licensed as a physician in this state;
- (2) who is licensed as a certified nurse midwife by the Board of Nursing in this state;

- (3) *[Repealed, sec. 6 ch 99 SLA 2014.]*
- (4) *[Repealed, sec. 6 ch 99 SLA 2014.]*

Sec. 08.65.180. RESPONSIBILITY FOR CARE. If a certified direct-entry midwife seeks to consult with or refer a patient to a licensed physician, the responsibility of the physician for the patient does not begin until the patient is physically within the physician's care.

Sec. 08.65.190. DEFINITIONS. In this chapter,

- (1) "board" means the Board of Certified Direct-Entry Midwives;
- (2) "department" means the Department of Commerce, Community, and Economic Development;
- (3) "practice of midwifery" means providing necessary supervision, health care, preventative measures, and education to women during pregnancy, labor, and the postpartum period; conducting deliveries on the midwife's own responsibility; providing immediate postpartum care of the newborn infant, well-baby care for the infant through the age of four weeks, and preventative measures for the infant; identifying physical, social, and emotional needs of the newborn and the woman; arranging for consultation, referral, and continued involvement of the midwife on a collaborative basis when the care required extends beyond the scope of practice of the midwife; providing direct supervision of student and apprentice midwives; and executing emergency measures in the absence of medical assistance, as specified in regulations adopted by the board.

CHAPTER 14.
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES.

Article

1. **Certification Requirements (12 AAC 14.100 – 12 AAC 14.150)**
2. **Education and Experience (12 AAC 14.200 – 12 AAC 14.220)**
3. **Examination (12 AAC 14.300)**
4. **Renewal and Continuing Competency Requirements (12 AAC 14.400 – 12 AAC 14.470)**
5. **Duties and Responsibilities (12 AAC 14.500 – 12 AAC 14.580)**
6. **Emergency Measures (12 AAC 14.600 – 12 AAC 14.620)**
7. **General Provisions (12 AAC 14.900 – 12 AAC 14.990)**

ARTICLE 1.
CERTIFICATION REQUIREMENTS.

Section

100. **(Repealed)**
110. **Certification by examination**
120. **Certification by credentials**
125. **Emergency courtesy license**
130. **Review of an apprentice direct-entry midwife permit application**
135. **Temporary military courtesy certificate or permit**
140. **Application made under oath or affirmation; disciplinary sanctions**
150. **(Repealed)**

12 AAC 14.100. TRANSITIONAL CERTIFICATION. Repealed 1/1/2000.

12 AAC 14.110. CERTIFICATION BY EXAMINATION. (a) The board will issue a certificate as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.050 and this section, and passes the examination required in 12 AAC 14.300.

(b) An applicant for certification shall

- (1) submit documentation that the applicant is at least 18 years of age;
- (2) apply on a form provided by the department;
- (3) pay the fees established in 12 AAC 02.145;
- (4) submit verification of a high school education or its equivalent;
- (5) submit copies verifying a current

(A) certification in the Basic Life Support for Health Care Providers Program (BLS);

(B) certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); and

(C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(6) submit an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3); and

(7) submit written evidence of satisfactory completion of the course of study requirements in 12 AAC 14.200 and supervised clinical experience requirements in 12 AAC 14.210; the combined length of study and experience must be at least one year.

(c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.

(d) The board will approve a program as a substitution for a program required under (b)(5) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(5) of this section.

Authority: AS 08.65.030 AS 08.65.050

Editor's note: The division's Juneau office mailing address is State of Alaska, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, and its physical address is State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska.

12 AAC 14.120. CERTIFICATION BY CREDENTIALS. (a) The board may issue a certificate by credentials to practice as a direct-entry midwife to an applicant who meets the requirements of AS 08.65.070 and this section.

(b) An applicant for a certification by credentials under this section must submit

- (1) a complete and notarized application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.145;

- (3) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department;
 - (4) copies verifying a current
 - (A) certification in the Basic Life Support for Health Care Providers Program (BLS);
 - (B) certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); and
 - (C) certification in neonatal resuscitation from the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;
 - (5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; at least one verification must indicate a current license in good standing; the verifications must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked;
 - (6) an affidavit signed by the applicant or by a state licensing agency verifying that the applicant completed a course of study and supervised clinical experience of at least one year's duration as required under AS 08.65.050;
 - (7) verification of passing the North American Registry of Midwives Examination (NARM) sent directly to the department from NARM;
 - (8) documentation of fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.430 during the two years immediately preceding the date of application;
 - (9) an affidavit from the applicant on a form provided by the department documenting that the applicant was the primary or assisting midwife for at least 10 births, five of which the applicant was the primary midwife, within the 24 months preceding the date of application; the affidavit must include the information required in 12 AAC 14.210(e)(1) – (8).
- (c) In order to be scheduled for review by the board at its next regularly scheduled meeting, a complete application for certification and all supporting documents, including the requirements of (b) of this section, must be received by the division's Juneau office before the board will review the application.
- (d) The board will approve a program as a substitution for a program required under (b)(4) of this section, if the board determines that the substitute program is equivalent to the program required under (b)(4) of this section.
- (e) In addition to the requirements of this section, the board may request that the applicant be interviewed by the board, or provide additional information relating to the applicant's previous practice, including additional records and written explanations.

Authority: AS 08.65.030 AS 08.65.070

12 AAC 14.125. EMERGENCY COURTESY LICENSE. (a) In an urgent situation, the board may issue an emergency courtesy license to practice as a direct-entry midwife to an applicant who has a license in good standing to practice direct-entry midwifery in another jurisdiction with licensing requirements at least equivalent to those of this state, and who meets the requirements of this section. The board may limit the scope of a license issued under this section, as appropriate to respond to the urgent situation.

(b) An applicant for an emergency courtesy license under this section must submit to the department a completed application on a form provided by the department. A complete application includes

- (1) the applicable application and licensing fees established in 12 AAC 02.145;
- (2) verification of a current license in good standing to practice direct-entry midwifery in another state or other jurisdiction;
- (3) certification that the applicant is not the subject of an unresolved complaint or disciplinary action before a regulatory authority in any jurisdiction;
- (4) evidence satisfactory to the board that the applicant has not engaged in conduct that is ground for imposing disciplinary sanctions under AS 08.65.110;
- (5) certification that the applicant has completed a course of study and supervised clinical experience of at least one year's duration, and has passed the national examination required of certified direct-entry midwives in this state.

(c) An emergency courtesy license issued under this section is valid for the period specified by the board and may not exceed 120 consecutive days.

(d) While practicing under an emergency courtesy license issued under this section, the holder of the license must comply with the standards of practice set out in AS 08.65 and this chapter and is subject to discipline for actions taken or omitted while practicing under the emergency courtesy license.

(e) The board may refuse to issue an emergency courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.65.110.

(f) In this section, "urgent situation" means a health crisis that requires increased availability of direct-entry midwives.

Authority: AS 08.01.062 AS 08.65.030 AS 08.65.050

12 AAC 14.130. REVIEW OF AN APPRENTICE DIRECT-ENTRY MIDWIFE PERMIT APPLICATION.

(a) A person may not practice as an apprentice direct-entry midwife in this state unless that person has been issued a permit under this section.

(b) An applicant who meets the requirements on the checklist set out in (c) of this section has demonstrated the necessary qualifications for an apprentice direct-entry midwife permit. An applicant who does not meet the requirements on the checklist or whose application documents do not clearly show that the applicant is qualified to receive an apprentice direct-entry midwife permit will not be issued a permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.65 and this chapter for that permit.

(c) The following checklist is established by the board for review by staff of an application for an apprentice direct-entry midwife permit. An apprentice direct-entry midwife permit will be issued to an applicant who

- (1) submits a completed application on a form provided by the department, that includes the applicant's
 - (A) name, mailing address and telephone number;
 - (B) date of birth that shows the applicant is at least 18 years of age; and
 - (C) signed authorization for release of records;
- (2) pays the application fee and the apprentice direct-entry midwife permit fee established in 12 AAC 02.145;
- (3) certifies that the applicant has earned a high school diploma or its equivalent and provides the name of the issuing institution and the date the diploma or its equivalent was issued;
- (4) submits an affidavit signed by the applicant that verifies compliance with AS 08.65.050(3);
- (5) submits verification of acceptance into an apprenticeship program that the board has approved under 12 AAC 14.220; and
- (6) submits verification of current certification in the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation from the Neonatal Resuscitation Program (NRP).

(d) As part of the verification of acceptance into an approved apprenticeship program, the applicant must provide written documentation of a relationship with an apprenticeship program preceptor.

(e) An apprentice direct-entry midwife shall submit written notice to the department not later than 30 days after any change to the relationship with the apprenticeship program preceptor.

(f) An apprentice direct-entry midwife permit may be renewed by meeting the requirements of 12 AAC 14.410.

(g) In this section, "apprenticeship program preceptor" means an individual who meets the supervisory requirements of AS 08.65.090(b), holds a license in good standing, and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.135. TEMPORARY MILITARY COURTESY CERTIFICATE OR PERMIT. (a) The board will issue a temporary military courtesy certificate or permit to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a direct-entry midwife or apprentice direct-entry midwife to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

(b) An applicant for a temporary military courtesy certificate or permit under this section

- (1) must submit an application on a form provided by the department;
- (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
- (3) must submit a copy of
 - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
 - (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
- (4) must submit documentation showing the applicant is currently licensed, certified, or permitted, and in good standing in another licensing, certifying, or permitting jurisdiction and the applicant's license, certificate, or permit in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;
- (5) must demonstrate that the jurisdiction of current licensure or certification required the education in 12 AAC 14.200 as a condition of licensure or certification;
- (6) must demonstrate that the jurisdiction of current licensure or certification required a passing score on the examination in AS 08.65.060, as a condition of licensure or certification; and
- (7) may not have been convicted of a crime that affects the applicant's ability to practice as a direct-entry midwife competently and safely, as determined by the board.

(c) A temporary military courtesy certificate or permit issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy certificate or permit issued under this section, the holder of the temporary military courtesy certificate or permit must comply with the standards of practice set out in AS 08.65 and this chapter.

(e) The board may refuse to issue a temporary military courtesy certificate or permit for the same reasons that it may deny, suspend, or revoke a certificate or permit under AS 08.65.110 and 08.65.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.65.030

12 AAC 14.140. APPLICATION MADE UNDER OATH OR AFFIRMATION; DISCIPLINARY SANCTIONS. The applicant must sign the application and swear to or affirm the truth of its contents. False or misleading statements or information on the application, whether or not made knowingly, are grounds for denial of approval to take an examination under AS 08.65 or for disciplinary sanctions under AS 08.65.120.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.120
AS 08.65.050

12 AAC 14.150. SCOPE OF PRACTICE. Repealed 2/22/2023.

ARTICLE 2. EDUCATION AND EXPERIENCE.

Section

- 200. Course of study requirements**
- 210. Supervised clinical experience requirements**
- 220. Apprenticeship programs**

12 AAC 14.200. COURSE OF STUDY REQUIREMENTS. (a) On or after 2/22/2023, the board will accept any midwifery education program whether online or in person.

(b) An applicant shall document completion of a course of study that meets the requirements of this section by submitting an official transcript, diploma, or certificate of graduation or completion, sent directly to the department from a Midwifery Education Accreditation Council (MEAC)-accredited institution or from a midwifery school or program where the applicant completed the course of study.

Authority: AS 08.65.030 AS 08.65.050

12 AAC 14.210. SUPERVISED CLINICAL EXPERIENCE REQUIREMENTS. (a) An applicant must have completed all clinical experience requirements of this section under the supervision of a preceptor who holds a license in good standing, is registered as a preceptor with North American Registry of Midwives (NARM), and

- (1) meets the qualifications of AS 08.65.090(b); or
- (2) is a midwife who has been licensed in another state or country and practicing midwifery for at least the two years immediately preceding the date that the supervision began, and as determined by the board, the state or country in which the midwife has been licensed had licensing requirements substantially equivalent in scope, quality, and difficulty to those of this state at the time of licensure; or
- (3) repealed 2/22/2023;
- (4) repealed 2/22/2023;
- (5) has met the requirements of AS 08.65.050(3) and (4); the supervised clinical experience must have met the requirements of this section.

- (b) Supervised clinical experience must have included at least the following types and numbers of experiences:
- (1) 100 prenatal visits, including 20 initial exams;
 - (2) 10 labor and delivery observations that preceded any primary responsibility for labor and delivery; the observations may have been completed before the permit being issued;
 - (3) 20 assisted labor managements that preceded any primary responsibility for labor and delivery;
 - (4) primary responsibility for 20 labor and deliveries of the newborn and placenta;
 - (5) 40 newborn examinations; and
 - (6) 50 postpartum examinations of the mother.

(c) As part of the supervised clinical experiences required in (b) of this section, an applicant must have provided continuous care to at least 15 clients. "Continuous care" means, for the same client, the applicant

- (1) performed at least six prenatal visits;
 - (2) observed, assisted with, or had primary responsibility for labor and delivery of the newborn and placenta;
 - (3) performed a newborn examination; and
 - (4) performed a postpartum examination of the mother.
- (d) An applicant must have completed at least 10 of the supervised clinical experiences required in (b)(3) and (4) of this section, in any combination, within the two years immediately preceding the date of application.

(e) On a form provided by the department, an applicant shall document the applicant's clinical experience, including the following information, if applicable:

- (1) the date of birth;
- (2) the location of birth;
- (3) the infant's gender;
- (4) the infant's weight;
- (5) the name of the person who managed the labor;
- (6) the name of the person who delivered the newborn and placenta;

- (7) any complication and its outcome;
- (8) a detailed explanation of any situation that required emergency transport; and
- (9) the signature of the applicant's preceptor verifying that the experience was supervised and that the care provided was within the scope of AS 08.65 and this chapter.

(f) An applicant's preceptor shall test the applicant and keep a record of the applicant's performance of practical skills on the form titled *Practical Skills List for Alaska Certified Direct-Entry Midwives*, dated January 2003, adapted from the copyrighted 2002 version of the North American Registry of Midwives and used by permission, and adopted by reference. This form is provided by the department and is established by the board for use by a preceptor to document an applicant's completion of the practical skills required by the board. The requirements of this subsection do not apply to an applicant who has graduated from a school of midwifery preapproved or accredited by the Midwifery Education Accreditation Council (MEAC).

Authority: AS 08.65.030 AS 08.65.050

Editor's note: Copies of the Practical Skills List for Alaska Certified Direct-Entry Midwives adopted by reference in 12 AAC 14.210(f) may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, P.O. Box 110806, Juneau, AK 99811-0806; Phone: (907) 465-2580.

12 AAC 14.220. APPRENTICESHIP PROGRAMS. (a) To be approved by the board, an apprenticeship program must

- (1) be for a duration of at least one year;
- (2) be conducted under the supervision of an apprenticeship program preceptor; and
- (3) provide a training program for the apprentice that meets the course of study and supervised clinical experience requirements of 12 AAC 14.200 and 12 AAC 14.210.

(b) For purposes of this section, an apprenticeship program preceptor means an individual who meets the supervisory requirements of AS 08.65.090(b) and is registered as a preceptor with North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.090

ARTICLE 3. EXAMINATION.

Section

300. Examination

12 AAC 14.300. EXAMINATION. (a) The examination required for certification as a direct-entry midwife is the national examination prepared and graded by the North American Registry of Midwives. The national examination required under this subsection for certification is

(1) any version of the national examination administered before February 18, 1994, if the applicant passed the examination before February 18, 1994; or

(2) any version of the national examination, revised on or after December 28, 1993.

(b) An applicant for certification as a direct-entry midwife must submit a certified true copy of the results of the national examination specified in (a) of this section showing that the applicant has received a passing score on the national examination.

(c) In order to be scheduled for an examination, the following items must be received by the division's Juneau office from the applicant:

- (1) a complete, notarized application on a form provided by the department;
- (2) the fees established under 12 AAC 02.145;
- (3) copies of certification current at the time of application in
 - (A) the Basic Life Support for Health Care Providers Program (BLS); and
 - (B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;
- (4) an authorization from the applicant for release of the applicant's records to the department, on a form provided by the department; and
- (5) a notarized academic program completion certification form, provided by the department, signed by the applicant's primary preceptor.

Authority: AS 08.65.030 AS 08.65.050 AS 08.65.060

Editor's note: The examination described in 12 AAC 14.300 is prepared by the North American Registry of Midwives, Internet address: www.narm.org, e-mail: info@narm.org, telephone: (888) 843-4784. Information

regarding the examination may be obtained by contacting the division of corporations, business and professional licensing offices in Anchorage and Juneau.

**ARTICLE 4.
RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.**

Section

- 400. Certification renewal requirements**
- 410. Apprentice permit renewal requirements**
- 420. Continuing education requirements**
- 430. (Repealed)**
- 440. Continuing professional practice requirements**
- 445. Peer review**
- 450. (Repealed)**
- 460. Verification of compliance**
- 470. Reinstatement of a lapsed certificate**

12 AAC 14.400. CERTIFICATION RENEWAL REQUIREMENTS. (a) A certificate as a direct-entry midwife expires on March 31 of odd numbered years.

- (b) A certified direct-entry midwife applying for certificate renewal shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145;
 - (3) certify that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;
 - (4) submit copies
 - (A) verifying a current
 - (i) certification in the Basic Life Support for Health Care Providers Program (BLS); and
 - (ii) certification in the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics; and
 - (B) verifying a current certified professional midwife certification in good standing from the North American Registry of Midwives (NARM); and
 - (5) demonstrate continued practical professional competency by verifying
 - (A) fulfillment of the continuing competency requirements in 12 AAC 14.420 – 12 AAC 14.445; and
 - (B) compliance with the peer review requirements in 12 AAC 14.445.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.410. APPRENTICE PERMIT RENEWAL REQUIREMENTS. (a) An apprentice direct-entry midwife permit is valid for two years from the date of issue.

- (b) An individual applying for renewal of an apprentice direct-entry midwife permit shall
- (1) apply on a form provided by the department;
 - (2) pay the fees established in 12 AAC 02.145; and
 - (3) document continued qualification under 12 AAC 14.130.

Authority: AS 08.65.030 AS 08.65.090

12 AAC 14.420. CONTINUING EDUCATION REQUIREMENTS. Continuing education requirements are satisfied by holding a current certification at the time of renewal as a certified professional midwife from the North American Registry of Midwives (NARM).

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.430. APPROVED CONTINUING EDUCATION PROGRAMS. Repealed 2/22/2023.

12 AAC 14.440. CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS. An applicant for renewal of a certificate as a direct-entry midwife shall certify having assisted with, or been primarily responsible for, 10 deliveries during the concluding license period.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.445. PEER REVIEW. (a) A certified direct-entry midwife shall participate in not less than four hours of peer review during each certification period.

- (b) During each certification period, a certified direct-entry midwife

(1) who was primarily responsible for a patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was primarily responsible; or

(2) who was not primarily responsible for any patient's care during that certification period shall, in accordance with (e) of this section, submit for peer review the records maintained under 12 AAC 14.540 for at least one case in which that midwife was involved.

(c) A certified direct-entry midwife submitting records under (b) of this section shall ensure that those records are kept confidential as required by state and federal law and, if records are submitted electronically, shall ensure that an electronic submission has sufficient security to maintain the confidentiality of the records submitted.

(d) A peer review participant receiving records submitted by a certified direct-entry midwife under (b) of this section shall ensure that the records received are kept confidential as required by state and federal law.

(e) A certified direct-entry midwife must submit the applicable records described under (b) of this section to no fewer than two professionals licensed in this state, at least one of whom must be a certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review, and the other of whom must be a

(1) certified direct-entry midwife from a practice other than that of the certified direct-entry midwife submitting for peer review;

(2) registered nurse;

(3) advanced practice registered nurse; or

(4) physician.

(f) Results or recommendations made by a peer review participant to the board in connection with a case submitted for peer review under this section are not binding on the board.

(g) A certified direct-entry midwife is responsible for maintaining adequate and detailed records of peer review participation performed under (a) of this section and of a case submitted under (b) of this section and shall make the records available to the board upon request.

(h) Failure to comply with the requirements of this section is grounds for disciplinary sanction under AS 08.65.110.

(i) In this section, "peer review" means the review of a case submitted by a certified direct-entry midwife under (b) of this section by the peer review participants described under (e) of this section where each peer review participant and the certified direct-entry midwife submitting for peer review are able to communicate synchronously in real time.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

12 AAC 14.450. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST TIME CERTIFICATE RENEWALS. Repealed 2/22/2023.

12 AAC 14.460. VERIFICATION OF COMPLIANCE. (a) A certified direct-entry midwife shall submit, on a form provided by the department, a statement verifying compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445 at the time the certificate holder applies for renewal.

(b) The board may require an applicant for renewal to submit additional evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445. The certificate holder shall maintain evidence of compliance with the requirements of 12 AAC 14.420 – 12 AAC 14.445 for three years.

Authority: AS 08.65.030 AS 08.65.080

12 AAC 14.470. REINSTATEMENT OF A LAPSED CERTIFICATE. (a) The board will, in its discretion, reinstate a certificate that has been lapsed less than two years if the applicant

(1) repealed 3/2/2011;

(2) complies with the certificate renewal requirements in 12 AAC 14.400(b).

(b) The board will reinstate a certificate that has been lapsed for at least two years, but not more than five years, if the applicant

(1) repealed 12/17/97;

(2) pays the renewal fee required in 12 AAC 02.145 for the current renewal period;

(3) submits a statement verifying that the applicant has not committed an act that is a ground for a disciplinary sanction under AS 08.65.110;

(4) submits copies that are current at the time of application for reinstatement verifying certification in

(A) the Basic Life Support for Health Care Providers Program (BLS) and neonatal resuscitation;

(B) the Neonatal Resuscitation Program (NRP) from the American Academy of Pediatrics;

(5) documents completion of the continuing education requirements in 12 AAC 14.420 for the entire period since the certificate lapsed;

(6) documents completion of

(A) the continuing professional practice requirements in 12 AAC 14.440 for the entire period since the certificate lapsed; or

(B) at least 10 preceptor-supervised deliveries in the year immediately preceding the application for reinstatement in which the applicant was the primary or assisting midwife; in at least five of the supervised deliveries, the applicant must have been the primary midwife;

(7) submits verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice midwifery; the verification must document that the applicant is not the subject of any unresolved complaints or any unresolved disciplinary actions and has never had a license to practice midwifery revoked.

(c) The board will not reinstate a certificate that has been lapsed more than five years at the time of application for reinstatement. An applicant whose license lapsed more than five years at the time of application must apply as a new applicant.

Authority: AS 08.01.100 AS 08.65.030 AS 08.65.080

ARTICLE 5. DUTIES AND RESPONSIBILITIES.

Section

- 500. Practice**
- 510. Consultation and referral**
- 520. Transfer**
- 530. Prohibited practice**
- 540. Records and reports**
- 550. Medical back-up arrangements**
- 560. Permitted practices**
- 570. Medications**
- 580. Withdrawal from service**

12 AAC 14.500. PRACTICE. (a) A certified direct-entry midwife shall

(1) recommend, before care or delivery of a client, that the client undergo a physical examination performed by a physician, physician assistant, or advanced practice registered nurse who is licensed in this state;

(2) obtain informed consent from a client before onset of labor;

(3) at the first prenatal visit, or not later than 10 days after the first prenatal visit, order a serological test for syphilis;

(4) provide each client with contact information for 24-hour on-call availability by a certified direct-entry midwife throughout pregnancy, the intrapartum period, and the postpartum period;

(5) provide each client with labor support, fetal monitoring and routine assessment of vital signs once active labor is established;

(6) supervise the delivery of infant and placenta, assess newborn and maternal well-being in immediate postpartum period, and perform Apgar scores;

(7) perform routine cord management and inspect for appropriate number of vessels;

(8) inspect the placenta and membranes for completeness;

(9) inspect the perineum and vagina postpartum for lacerations and stabilize or repair, as appropriate;

(10) observe the mother and newborn postpartum until stable condition is achieved;

(11) instruct the mother, father, or other support persons, both verbally and in writing, of the special care and precautions for both mother and newborn in the immediate postpartum period;

(12) reevaluate maternal and newborn wellbeing not later than 36 hours after delivery;

(13) use universal precautions with all biohazard materials;

(14) ensure that a birth certificate is accurately completed and filed in accordance with state law;

(15) ensure the newborn is tested for phenylketonuria (PKU);

(16) offer to one or both parents to obtain and submit a blood sample in accordance with the recommendations for metabolic screening of the newborn;

(17) offer to one or both parents an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route set forth in 12 AAC 14.570;

(18) not later than one week after delivery, refer the parents to a facility with a newborn hearing screening program;

(19) not later than two hours after the birth, offer to one or both parents the administration of antibiotic ointment into the eyes of the newborn, in accordance with state law on the prevention of infant blindness;

(20) provide postpartum care and postpartum depression screenings and referrals to client through the first year postpartum; and

(21) maintain adequate antenatal and perinatal records of each client and provide records to any consulting licensed physician and advanced practice registered nurse in accordance with regulations under P.L. 104-191 (Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

(b) During the third trimester, the certified direct-entry midwife shall ensure that the home-birth client is adequately prepared for a home-birth by discussing issues such as sanitation, facilities, adequate heat, availability of telephone and transportation, plans for emergency evacuation to a hospital, and the skills and equipment that the midwife will bring to the home-birth.

(c) A certified direct-entry midwife shall make a home visit to the client before delivery to assess the physical environment, to determine whether the home-birth client has the necessary supplies, to prepare the client for the birth, and to instruct the family in correction of problems or deficiencies.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.510. CONSULTATION AND REFERRAL. (a) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse providing obstetrical care whenever there are significant deviations, including significant abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral is needed, the certified direct-entry midwife shall refer the client and, if possible, remain in consultation with the physician or advanced practice registered nurse until resolution of the cause of the deviation.

(b) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse about any mother who presents with or develops risk factors that in the judgment of the certified direct-entry midwife warrant consultation or presents with or develops the following risk factors:

- (1) antepartum
 - (A) pregnancy induced hypertension, as evidenced by a blood pressure of 140/90 on at least two occasions greater than six hours apart;
 - (B) persistent, severe headaches, epigastric pain, or visual disturbances;
 - (C) persistent symptoms of urinary tract infection;
 - (D) significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion;
 - (E) rupture of membranes before the 37th week of gestation;
 - (F) noted abnormal decrease in or cessation of fetal movement;
 - (G) anemia resistant to supplemental therapy;
 - (H) fever of 102 degrees Fahrenheit or 39 degrees Celsius or greater for more than 24 hours;
 - (I) unresolved hyperemesis or significant dehydration;
 - (J) isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on the mother or fetus;
 - (K) elevated blood glucose levels unresponsive to dietary management;
 - (L) positive HIV antibody test;
 - (M) primary genital herpes infection in pregnancy;
 - (N) symptoms of malnutrition or anorexia, protracted weight loss, or failure to gain weight;
 - (O) suspected deep vein thrombosis;
 - (P) documented placental previa;
 - (Q) documented low lying placenta or placenta accreta in woman with history of previous cesarean delivery;
 - (R) labor before the 37th week of gestation;
 - (S) known fetal anomalies that may be affected by the site of birth;
 - (T) marked abnormal fetal heart tones;
 - (U) abnormal non-stress test or abnormal biophysical profile;
 - (V) marked or severe poly or oligohydramnios;
 - (W) evidence of intrauterine growth restriction; or
 - (X) significant abnormal ultrasound findings;
- (2) intrapartum
 - (A) rise in blood pressure above baseline, more than 30/15 points or greater than 160/100;
 - (B) persistent, severe headaches, epigastric pain, or visual disturbances;
 - (C) significant proteinuria or ketonuria;
 - (D) fever over 100.6 degrees Fahrenheit or 38 degrees Celsius in absence of environmental factors;
 - (E) ruptured membranes without onset of established labor after 24 hours;
 - (F) significant bleeding before delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption;
 - (G) lie not compatible with spontaneous vaginal delivery or unstable fetal lie;
 - (H) signs or symptoms of maternal infection;
 - (I) active genital herpes at onset of labor;
 - (J) fetal heart tones with non-reassuring patterns;
 - (K) signs or symptoms of fetal distress;
 - (L) thick meconium or frank bleeding with birth not imminent; or
 - (M) physician consultation or transfer desired by the client or certified direct-entry midwife;
- (3) postpartum
 - (A) failure to void within 12 hours of birth;
 - (B) signs or symptoms of maternal shock;

- (C) febrile symptoms or fever 102 degrees Fahrenheit or 39 degrees Celsius;
- (D) abnormal lochia or signs or symptoms of uterine sepsis;
- (E) suspected deep vein thrombosis; or
- (F) signs of clinically significant depression.

(c) A certified direct-entry midwife shall consult with a licensed physician or advanced practice registered nurse with regard to any neonate who is born with or develops

- (1) an Apgar score of six or less at five minutes without significant improvement by 10 minutes;
- (2) persistent grunting respirations or retractions;
- (3) persistent cardiac irregularities;
- (4) persistent central cyanosis or pallor;
- (5) persistent lethargy or poor muscle tone;
- (6) abnormal cry;
- (7) birth weight less than 2300 grams;
- (8) jitteriness or seizures;
- (9) jaundice occurring before 24 hours or outside of normal range;
- (10) failure to urinate within 24 hours of birth;
- (11) failure to pass meconium within 48 hours of birth;
- (12) edema;
- (13) prolonged temperature instability;
- (14) significant signs or symptoms of infection;
- (15) significant clinical evidence of glycemic instability;
- (16) abnormal, bulging, or depressed fontanel;
- (17) significant clinical evidence of prematurity;
- (18) medically significant congenital anomalies;
- (19) significant or suspected birth injury;
- (20) persistent inability to suck;
- (21) diminished consciousness;
- (22) clinically significant abnormalities in vital signs, muscle tone, or behavior;
- (23) clinically significant color abnormality, cyanotic, or pale or abnormal perfusion;
- (24) abdominal distension or projectile vomiting; or
- (25) signs of clinically significant dehydration or failure to thrive.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.520. TRANSFER. (a) Transport of a client by means of a private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. When transferring a client, the certified direct-entry midwife shall

- (1) initiate immediate transport according to the certified direct-entry midwife's emergency plan;
- (2) provide emergency stabilization until emergency medical services arrive or transfer is completed;
- (3) accompany the client or follow the client to a hospital in a timely fashion; and
- (4) provide pertinent information to the receiving facility.

(b) A certified direct-entry midwife shall immediately notify a physician and provide emergency transport to a hospital of a client exhibiting

- (1) seizures or unconsciousness;
- (2) respiratory distress or arrest;
- (3) evidence of shock;
- (4) psychosis;
- (5) symptomatic chest pain or cardiac arrhythmias;
- (6) prolapsed umbilical cord;
- (7) unresolved shoulder dystocia;
- (8) symptoms of uterine rupture;
- (9) preeclampsia or eclampsia;
- (10) severe abdominal pain inconsistent with normal labor;
- (11) chorioamnionitis;
- (12) clinically significant fetal heart rate patterns or other manifestation of fetal distress;
- (13) presentation not compatible with spontaneous vaginal delivery;
- (14) laceration greater than second degree perineal or any cervical;
- (15) hemorrhage non-responsive to therapy;
- (16) uterine prolapse or inversion;
- (17) persistent uterine atony;
- (18) anaphylaxis;
- (19) sustained instability or persistent abnormal vital signs; or
- (20) other conditions or symptoms that could threaten the life of the mother, fetus, or neonate.

(c) A certified direct-entry midwife may deliver a client with any of the complications or conditions set out in (b) of this section if

- (1) no physician or other equivalent medical services are available and the situation presents immediate harm to the health and safety of the client;
- (2) the complication or condition entails extraordinary and unnecessary human suffering; or
- (3) delivery occurs during transport.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.530. PROHIBITED PRACTICES. A certified direct-entry midwife may not

- (1) administer prescription pharmacological agents intended to induce or augment labor;
- (2) administer prescription pharmacological agents to provide pain management;
- (3) use vacuum extractors or forceps;
- (4) prescribe medications;
- (5) provide out-of-hospital delivery services to a woman who has had a vertical incision cesarean section;
- (6) perform surgical procedures, except episiotomy, including cesarean sections, abortions, and circumcisions;

or

(7) knowingly accept responsibility for prenatal or intrapartum care of a client with any of the following diagnosed risk factors:

- (A) chronic and significant maternal cardiac, pulmonary, renal, or hepatic disease;
- (B) malignant disease in an active phase;
- (C) significant hematological disorders or coagulopathies, or pulmonary embolism;
- (D) insulin-requiring diabetes mellitus;
- (E) known maternal congenital abnormalities affecting childbirth;
- (F) confirmed isoimmunization, Rh disease with positive titer;
- (G) active tuberculosis;
- (H) active syphilis or gonorrhea;
- (I) active genital herpes infection two weeks prior to labor or in labor;
- (J) pelvic or uterine abnormalities affecting normal vaginal births, including tumors and malformations;
- (K) untreated alcoholism or alcohol abuse;
- (L) untreated drug addiction or substance abuse;
- (M) confirmed AIDS status;
- (N) uncontrolled current serious psychiatric illness; or
- (O) social or familial conditions unsatisfactory for out-of-hospital maternity care services.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

Editor's notes: The metabolic blood disorder kits may be obtained from the Department of Health, division of public health, section of women's, children's and family health, 3601 C Street, Suite 322, Anchorage, Alaska 99503-5923.

12 AAC 14.540. RECORDS AND REPORTS. (a) A certified direct-entry midwife shall maintain records of each client on standard obstetric forms.

(b) A certified direct-entry midwife shall maintain records of the recommended medical visit, all prenatal visits, the charting of labor and delivery, the summary of birth, and the charting of the newborn examination and postpartum visits.

(c) A certified direct-entry midwife shall maintain birth records of an infant until at least two years after the infant has reached the age of 19 years. Prenatal and infant records must be maintained for at least seven years from the date of the birth.

(d) A certified direct-entry midwife shall provide copies of pertinent records to medical personnel when the client or infant is referred for medical care or transported for emergency care.

(e) All records maintained by the certified direct-entry midwife are subject to review by the board.

(f) Not later than 14 days after the delivery or transfer of care of a client for whom a certified direct-entry midwife had primary responsibility, the certified direct-entry midwife shall report to the board on a form provided by the department if that client died.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.550. MEDICAL BACK-UP ARRANGEMENTS. (a) A certified direct-entry midwife shall have written back-up arrangements that must include procedures concerning

- (1) alternate midwife assistance for clients in the certified direct-entry midwife's absence; and
- (2) abnormal conditions and medically indicated maternal or infant consultations;
- (3) repealed 3/2/2011.

(b) A certified direct-entry midwife shall present the written back-up arrangements to the board upon request.

Authority: AS 08.65.030

AS 08.65.140

AS 08.65.190

12 AAC 14.560. PERMITTED PRACTICES. (a) The following practices may be performed by a certified direct-entry midwife who, in accordance with (c) of this section, provides documentation acceptable to the board of having acquired the training and skills necessary to safely perform them:

- (1) catheterization of the urinary bladder;
- (2) administration of medications as specified in 12 AAC 14.570;
- (3) venipuncture;
- (4) capillary blood sampling;
- (5) suturing;
- (6) emergency measures as specified in 12 AAC 14.600;
- (7) intravenous therapy; or
- (8) an episiotomy.

(b) Before performing prenatal care, vaginal delivery, and postpartum care for a client with a previous cesarean section, a certified direct-entry midwife must provide evidence of at least six hours of training and education in performing these practices for a post-cesarean client.

(c) The board will notify the certified direct-entry midwife that documentation submitted under this section is acceptable to the board of competence in these practices. A certified direct-entry midwife may not perform the practices set out in (a) and (b) of this section until notification of acceptance has been provided to the certified direct-entry midwife by the board.

Authority: AS 08.65.030

12 AAC 14.570. MEDICATIONS. A certified direct-entry midwife may not administer restricted drugs or medications except for the following, and only if the certified direct-entry midwife has documented the training and skills demonstrating competence to administer them as required in 12 AAC 14.560:

- (1) xylocaine hydrochloride, one or two percent, administered by infiltration, for the postpartum repair of tears, lacerations, and episiotomy;
- (2) cetacaine, applied topically, for the postpartum repair of tears, lacerations, and episiotomy;
- (3) vitamin K, administered by intramuscular injection, for the prevention of acute and late onset hemorrhagic disease of the infant;
- (4) Rh immune globulin, administered by intramuscular injection, for an unsensitized client with Rh negative type blood to prevent Rh disease;
- (5) eye prophylaxis as required by 7 AAC 27.111;
- (6) oxytocin, administered by intramuscular injection or intravenously after delivery of the neonate, for the prevention or treatment of postpartum hemorrhage;
- (7) medications for the control and treatment of postpartum hemorrhage, including uterotonic agents, oxytocin, methylergonovine, carboprost tromethamine, tranexamic acid, and misoprostol;
- (8) lactated ringers, plain or with dextrose five percent, or normal saline, up to 2,000 milliliters administered intravenously to a client who would benefit from hydration;
- (9) antibiotic intravenous therapy treatment for Group B *Streptococci* in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention's *Prevention of Perinatal Group B Streptococcal Disease: Revised Guidelines from CDC*, revised as of August 16, 2002 and adopted by reference, except that vancomycin may not be administered;
- (10) epinephrine for allergic reaction or anaphylactic shock;
- (11) diphenhydramine administered by intramuscular injection or intravenously for allergic reaction or anaphylactic shock;
- (12) an anti-diarrheal agent, including loperamide or diphenoxylate/atropine.

Authority: AS 08.65.030

AS 08.65.190

12 AAC 14.580. WITHDRAWAL FROM SERVICE. (a) A certified direct-entry midwife may withdraw from responsibility for a client during the prenatal period if, for any reason, the midwife does not feel comfortable continuing as the client's midwife. The decision to withdraw may take into account

- (1) the client's failure to consult a physician when recommended to do so by the certified direct-entry midwife;
- (2) the client's failure or refusal to follow recommendations;
- (3) personality incompatibilities; or
- (4) any other factor that the certified direct-entry midwife believes may create an unwarranted risk to the client, fetus, or infant, or may interfere with the certified direct-entry midwife's ability to care responsibly for the client, fetus, or infant.

(b) If the certified direct-entry midwife withdraws, the midwife shall immediately notify the client in writing and shall cooperate with the client in finding alternative care.

(c) After the onset of labor, a certified direct-entry midwife may withdraw only if the midwife believes that the midwife is unable to competently care for the client, fetus, or infant. The certified direct-entry midwife shall arrange for transfer of the client to medical care. If the client refuses to accept transfer to medical care, the certified direct-entry midwife shall document the relevant events and shall stay with the client until attended by hospital or emergency medical personnel.

Authority: AS 08.65.030

ARTICLE 6. EMERGENCY MEASURES.

Section

- 600. Emergency practices**
- 610. Emergency transport plan**
- 620. Emergency defined**

12 AAC 14.600. EMERGENCY PRACTICES. In addition to the practices permitted in 12 AAC 14.560, in an emergency a certified direct-entry midwife who has documented training and skills demonstrating competence as set out in 12 AAC 14.560 may attend or deliver a woman whose condition is outside the scope of practice under 12 AAC 14.500.

Authority: AS 08.65.030 AS 08.65.140 AS 08.65.190

12 AAC 14.610. EMERGENCY TRANSPORT PLAN. (a) A certified direct-entry midwife shall present a copy of the midwife's emergency transport plan to each client before the onset of labor.

(b) The emergency transport plan must be signed by the client and include

- (1) written permission to release the client's records to a physician in an emergency; and
- (2) a statement that costs will be incurred for emergency transportation and an agreement as to who is responsible for the costs.

(c) The certified direct-entry midwife shall include the signed emergency transport plan in the client's records.

Authority: AS 08.65.030 AS 08.65.190

12 AAC 14.620. EMERGENCY DEFINED. In this chapter and in AS 08.65, "emergency" means a situation that presents an immediate hazard to the health and safety of the client.

Authority: AS 08.65.030 AS 08.65.190

ARTICLE 7. GENERAL PROVISIONS.

Section

- 900. (Repealed)**
- 910. Code of ethics**
- 990. Definitions**

12 AAC 14.900. PEER REVIEW. Repealed 1/22/2023.

12 AAC 14.910. CODE OF ETHICS. A certified direct-entry midwife shall adhere to the following materials adopted by reference as a code of ethics for certified direct-entry midwives in this state:

- (1) *Alaska Board of Certified Direct-Entry Midwives Code of Ethics*, adopted April 26, 1994;
- (2) the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010.

Authority: AS 08.65.030 AS 08.65.110 AS 08.65.140

Editor's note: A copy of the *Alaska Board of Certified Direct-Entry Midwives Code of Ethics* may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Certified Direct-Entry Midwives, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, AK 99801; telephone (907) 465-2550; website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/Midwives.aspx>. A copy of the Midwives Alliance North America (MANA) *Statement of Values and Ethics*, revised and approved August 2010, adopted by

reference in 12 AAC 14.910, may be obtained from the Midwives Alliance of North America, P.O. Box 373, Montvale, NJ 07645 or on the Midwives Alliance North America website at <https://mana.org/sites/default/files/pdfs/MANASTatementValuesEthicsColor.pdf>.

12 AAC 14.990. DEFINITIONS. In this chapter, unless the context requires otherwise,

- (1) “board” means the Board of Certified Direct-Entry Midwives;
- (2) “client” means a pregnant woman, postpartum woman up to six weeks, fetus, or newborn, as appropriate;
- (3) “department” means the Department of Commerce, Community, and Economic Development;
- (4) “preceptor” means a person qualified under AS 08.65.090(b) or 12 AAC 14.210(a) who supervises a person training to be a direct-entry midwife or supervises a lapsed certificate holder in the process of reinstatement under 12 AAC 14.470(b)(6)(B);
- (5) “supervision” means the direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice direct-entry midwife or other supervised person while present with the supervised person in the same room;
- (6) “division” means the division of corporations, business and professional licensing.

Authority: AS 08.65.030 AS 08.65.090

APPENDIX

ALASKA BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES CODE OF ETHICS

On April 26, 1994 the Board of Certified Direct-Entry Midwives adopted the following code of ethics:

1. The principle objective of the midwifery profession is to render service to humanity with full respect for the dignity of the human race. Midwives should merit the confidence of patients entrusted to their care, rendering to each a full measure of services and devotion.
2. Midwives should strive continually to improve medical knowledge and skill, and should make available to their clients and colleagues the benefits of their professional attainments.
3. A midwife should practice a method of maternal care utilizing accreditable research as a criteria for care, and promote such research.
4. The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.
5. A midwife may choose whom she will serve. In a life-threatening emergency, however, she should render service to the best of her ability. Having undertaken the care of a client, she may not neglect her; and, unless she has been discharged, she may discontinue services only after giving adequate notice.
6. A midwife should not dispense her services under terms or conditions which tend to interfere with or impair her midwifery judgement and skill or tend to cause a deterioration of the quality of midwifery care.
7. A midwife should seek consultation and/or referral upon request; in doubtful or difficult cases; or whenever it appears that the quality of health care would be enhanced thereby.
8. A midwife may not reveal the confidences entrusted to her in the course of midwifery attendance, or the deficiencies she may observe in the character of patients, unless she is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.
9. The honored ideals of the midwifery profession imply that the responsibilities of the midwife extend not only to the individual, but also to society where these responsibilities deserve her interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.