ARKANSAS STATE BOARD OF HEALTH

RULES GOVERNING THE PRACTICE OF LICENSED LAY MIDWIFERY IN ARKANSAS

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PROMULGATED UNDER THE AUTHORITY OF
ARKANSAS CODE ANN. §§ 17-85-101 ET SEQ. AND
ARKANSAS CODE ANN. §§20-7-109

Effective ~~December 5, 2020~~TBD

~~Division of Maternal and Child Health~~Family Health Branch – Women's Health Section
Arkansas Department of Health
José R. Romero, MD, FAAP, FIDSA, FPIDS, FAAAS
Secretary and State Health Officer

RULES GOVERNING THE PRACTICE OF LICENSED LAY MIDWIFERY
(Pursuant to ACT 481 of 1987)

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100. GENERAL PROVISIONS

101. PURPOSE AND AUTHORITY

Act 838 of 1983 provided for the lawful practice of Licensed Lay Midwifery in counties having 32.5% or more of their population below the poverty level. Act 481 of 1987 superseded Act 838 of 1983, and expanded the lay midwifery licensure statewide. These Rules govern the practice of Licensed Lay Midwives (LLMs) in Arkansas.

The following Rules-are promulgated pursuant to the authority conferred by the Licensed Lay Midwife Act A.C.A. § 17-85-101 et seq. and A.C.A. § 20-7-109. Specifically, the LLM Act directs the Arkansas State Board of Health to administer the provisions of the Act and authorizes and directs the Board to adopt rules governing the qualifications for licensure of lay midwives and the practice of Licensed Lay Midwifery. The broad authority vested in the Board of Health, pursuant to ACA § 20-7-109, to regulate and to ultimately protect the health of the public is the same authority the Board utilizes in enforcing the Rules, determining sanctions, revoking licenses, etc.

102. ADMINISTRATION OF PROGRAM

The State Board of Health (BOH) has delegated the authority to the Arkansas Department of Health (ADH).

103. DEFINITIONS

As used in these Rules, the terms below will be defined as follows, except where the context clearly requires otherwise:

1. ADVERTISEMENT AND ADVERTISING
   Any statements, oral or written, disseminated to or before the public, with the intent of selling professional services, or offering to perform professional services. Advertising includes - but is not limited to - promotional literature, websites, and social media sites used for the purpose of selling services.

2. APPRENTICE
   A person who is training to become an LLM in Arkansas working under the direct supervision of a preceptor.

3. ARKANSAS DEPARTMENT OF HEALTH CLINICIAN
   An ADH physician, Certified Nurse Midwife (CNM) or nurse practitioner providing ADH maternity services at a local health unit.

4. ARKANSAS RULES EXAMINATION
   The exam that tests knowledge of the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.

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5. AUTOMATIC LICENSURE
   Granting the occupational licensure without an individual having met occupational licensure requirements provided under the Arkansas Code or by other provisions in these Rules.

6. BIRTHING/BIRTH CENTER
   Any facility licensed by ADH which is organized to provide family-centered maternity care in which births are planned to occur in a home-like atmosphere away from the mother's usual residence following a low-risk pregnancy.

7. CERTIFIED MIDWIFE (CM)
   Individuals who have or receive a background in a health-related field other than nursing, and graduate from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME). Graduates of an ACME accredited midwifery education program take the same national certification examination as CNMs but receive the professional designation of certified midwife.

8. CERTIFIED NURSE MIDWIFE (CNM)
   A person who is certified by the American College of Nurse Midwives and is also currently licensed by the Arkansas State Board of Nursing or the appropriate licensing authority of a bordering state to perform nursing skills relevant to the management of women's health care for compensation, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, family planning, and the gynecological needs of women. The CNM must be currently practicing midwifery unless stated otherwise in these Rules.

9. CERTIFIED PROFESSIONAL MIDWIFE (CPM)
   A professional midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM).

10. CLIENT
    A pregnant woman, a postpartum woman for a minimum of thirty (30) days, or her healthy newborn for the first fourteen (14) days of life who is the recipient of LLM services.

11. CONSULTATION
    The process by which an LLM who maintains primary responsibility for the client's care, seeks the advice of a physician, CNM, or ADH clinician. This may be by phone, in person or by written request. The physician, CNM, or ADH clinician may require the client to come into their office for evaluation.

12. CONTACT HOUR
    A unit of measure to describe 50-60 minutes of an approved, organized learning experience that is designed to meet professional educational objectives. It is a measurement for continuing education. One contact hour is equal to 0.1 CEU. Ten contact hours are equal to one (1) CEU.

13. LABOR SUPPORT ATTENDANT

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An individual who is present at the request of the client to provide emotional or physical support for the client and her family.

14. LLM ASSISTANT
An individual who is present at the request of the LLM at any point during the course of midwifery care of the client to provide services under LLM supervision.

15. LICENSED LAY MIDWIFE (LLM)
Any person who is licensed by ADH to practice midwifery and who performs for compensation those skills relevant to the management of care of women in the antepartum, intrapartum, and postpartum periods of the maternity cycle. Also manages care of the healthy newborn for the first fourteen (14) days of life.

16. LOCAL HEALTH UNIT
A community-based ADH clinic site that provides medical and environmental services.

17. MIDWIFERY BRIDGE CERTIFICATE
A certification administered by NARM awarded to CPMs following the completion of accredited approved continuing education contact hours based upon identified areas to address emergency skills and the International Confederation of Midwives (ICM) competencies.

18. NORTH AMERICAN REGISTRY OF MIDWIVES (NARM)
The international certification agency that established, and continues to administer, certification for the credential "Certified Professional Midwife" (CPM) and the Midwifery Bridge Certificate (MBC).

19. PHYSICIAN
A person who is currently licensed by the Arkansas State Medical Board - or the appropriate licensing authority of a bordering state - to practice medicine or surgery. For the purposes of any sections of these Rules governing the care of pregnant and postpartum women, "physician" refers to those currently practicing obstetrics. For the purposes of any sections of these Rules governing the care of newborn infants, "physician" refers to those physicians who currently include care of newborns in their practices.

20. PRECEPTOR
A legally practicing obstetric or midwifery practitioner who participates in the teaching and training of apprentice midwifery students and meets NARM preceptor standards including credentials, years of experience, and birth attendance requirements. A preceptor assumes responsibility for supervising the practical (clinical obstetric) experience of an apprentice and for the midwifery services they render during their apprenticeship. In the case of transitional apprentices, the definition of preceptor in Appendix B applies.

21. REFERRAL
The process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client's care, after informing the client of the risks to the health of the client or newborn.

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22. SUPERVISION
The direct observation and evaluation by the preceptor of the clinical experiences and technical skills of the apprentice while present in the same room.

23. TRANSFER OF CARE
The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to a physician, CNM or ADH clinician, after informing the client of the risks to the health or life of the client.

24. UNIFORMED SERVICE MEMBER
An active or reserve component member of the United States Air Force, United States Army, United States Coast Guard, United States Marine Corps, United States Navy, United States Space Force, or National Guard; an active component member of the National Oceanic and Atmospheric Administration Commissioned Officer Corps; or an active or reserve component member of the United States Commissioned Corps of the Public Health Service.

25. UNIFORMED SERVICE VETERAN
A former member of the United States uniformed services discharged under conditions other than dishonorable

104. SCOPE OF PRACTICE

1. The LLM may provide midwifery care according to the protocols in these Rules only to healthy women, determined through a physical assessment and review of the woman's health and obstetric history, who are at low risk for the development of medical or obstetric complications of pregnancy or childbirth and whose expected outcome is the delivery of a healthy newborn and an intact placenta. The LLM shall be responsible for care of the healthy newborn immediately following delivery and for the first fourteen (14) days of life (unless care is transferred to a physician or APRN specializing in the care of infants and children before that). After fourteen (14) days the LLM is no longer responsible and the client should seek further care from a physician or an APRN specializing in the care of infants and children. If any abnormality is suspected, including - but not limited to - a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours. This does not preclude the LLM from continuing to provide counseling regarding routine newborn care and breastfeeding.

2. Although the ADH Licensed Lay Midwifery program is supervised by ADH physicians, each LLM is encouraged to develop a close working relationship with one or more specific physicians in obstetric and pediatric practice, or CNMs in obstetric practice who agree to serve as a referral/consultation source for the LLM. This relationship is optional. The referral physician and LLM relationship, or the CNM and LLM relationship, can be terminated by either party at any time.

3. Apprentice midwives and LLM assistants may only work under the on-site supervision of their preceptor.

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4. At various points during the course of midwifery care, the LLM must inform the client of the requirement for tests, procedures, treatments, medications, or referrals specified in Section 300 (Protocols) of these Rules which are for the optimal health and safety of the mother and baby, and refusal is strongly discouraged. However, continuing care of a client who refuses some of these requirements is permitted if the LLM meets certain requirements as outlined in paragraphs 5 through 8.

5. LLMs that have a current Certified Professional Midwife (CPM) credential but do not have a Midwifery Bridge Certificate (MBC) may continue care of clients that:

   a. Refuse the following tests listed in Section 302.02 Prenatal Testing:

      i. Pap test/HPV test.

      ii. Test for Gonorrhea and Chlamydia.

      iii. Test for Syphilis.

      iv. Hepatitis B test.

      v. HIV counseling and test.

   b. Refuse recommended Rh immunoglobulin as outlined in 302.05.

   c. Refuse a referral or to follow advice against home birth as a result of the identification of these pre-existing conditions listed in 303.02:

      i. History of seven (7) or more deliveries.

      ii. Maternal age greater than or equal to forty (40) at estimated date of delivery.

      iii. Previous infant weighing less than five (5) pounds or more than ten (10) pounds.

      iv. Pregnancy termination or loss ≥ three (3).

   d. Refuse the newborn procedures listed in 308.03 and 308.04:

      i. Administration of eye medication if indicated.

      ii. Administration of Vitamin K.

6. LLMs that have both a current CPM and the MBC, or LLMs that have a CNM or CM, may continue care of clients that refuse any test, procedure, treatment, referral, or medication, except for:

   a. The precluded conditions listed in Section 303.01;

   b. The requirement of having the Risk Assessments listed in Section 302.01; or

   c. Conditions requiring immediate transport as listed in Sections 305.01, 307.01, and 309.01.

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7. LLMs that do not have a current CPM credential are not permitted to continue care for clients who refuse any of the required tests, procedures, treatments, medications or referrals specified in these Rules except for recommended Rh immunoglobulin as outlined in 302.05. Should a client refuse Rh Immunoglobulin the LLM must follow 104.#8.b-f.

8. Should a client of the LLM with a CPM, CM, CNM, or CPM/MBC refuse any of the tests or procedures pursuant to paragraphs 5 and 6:

    a. The LLM must inform the client that the LLM is only permitted to continue to provide care to the client if the LLM's certification meets the required standard as outlined in 5 and 6.

    b. The LLM must inform the client of the potential risks to herself or her baby. It is the responsibility of the LLM to provide current evidence and adequate information, both written and verbal, to the client regarding the risks of declining the test, procedure, treatment, medication or referral, including the risks and benefits of no action at all. This must include the review of any available and relevant ADH-approved sources on each test, procedure, treatment, medication or referral being refused.

    c. The LLM must document the client's refusal using the ADH Informed Refusal Form and include:

        i. The information shared with the client as outlined in 8.b. and the ADH-approved sources used.

        ii. The client's written assertion refusing the test, procedure, treatment, medication or referral.

        iii. The client's affirmation of her understanding and acceptance of the risks.

        iv. A plan of care for the condition, including a plan for transfer of care if indicated.

    d. The ADH Informed Refusal form must be signed and dated by both the LLM and the client, and a copy kept by the LLM in the client's file. Signing the form shows they have discussed the risks and benefits of continuing under the care of the LLM.

    e. Each signed refusal form must be documented by completing an Incident Report form and noting the Informed Refusal on the next LLM Caseload and Birth Report Log.

    f. Documentation of refusal must be included in the client's record in the event a client changes her mind concerning an informed refusal.

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9. It is the responsibility of the LLM to engage in a process of continuous evaluation, beginning with the initial consultation and continuing throughout the provision of care. This includes continuously assessing safety considerations and risks to the client and informing her of the same. The LLM is expected to use their judgment in assessing when the client's condition or health needs exceed the LLM's knowledge, experience or comfort level. The LLM has the right and responsibility to terminate care under these circumstances.

10. If any medications that are provided by ADH or prescribed by a physician or CNM in accordance with these Rules are administered at the home birth site, the LLM shall document this in the client health record and include the following:

    a. The name of the medication;
    b. The lot number and date of expiration;
    c. The strength and amount or dose of the medication;
    d. The date and time the medication is administered;
    e. The name of the prescriber; and
    f. Document:
        i. The name and the credentials of the nurse administering the medication, or
        ii. That the client, or LLM as agent to the client, administered medication to the newborn.

11. The LLM is required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

12. The LLM is required to comply with all provisions of CLIA (Clinical Laboratory Improvement Amendments) when tests are performed for the purpose of providing information for the healthcare of midwife clients.

105. TITLE PROTECTION

1. A person may not practice or offer to act as a lay midwife in Arkansas unless licensed by the State Board of Health. It is unlawful for any person not licensed as a lay midwife by the State Board of Health to receive compensation for attending births as an LLM, or to indicate that they are licensed to practice lay midwifery in Arkansas, excluding licensed CNMs and licensed physicians.

2. Anyone unlawfully practicing lay midwifery without a license shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not less than one hundred dollars ($100) nor more than five hundred dollars ($500), or by imprisonment in the county jail for a period of not less than one (1) week nor more than six (6) months, or by fine and imprisonment.

3. The courts of this state having general equity jurisdiction are vested with jurisdiction and power to enjoin the unlawful practice of midwifery in a proceeding by the State Board of Health or any member thereof, or by any citizen of this state in the county in which the alleged unlawful practice occurred or in which the defendant resides, or in Pulaski County.

4. The issuance of an injunction shall not relieve a person from criminal prosecution for violation of the provisions of this chapter, but remedy of the injunction shall be in addition to liability to criminal prosecution.

5. An LLM must use the title "Licensed Lay Midwife" or the initials "LLM" on all materials related to their practice, including all promotional materials.

106. DELEGATION OF LICENSED LAY MIDWIFERY FUNCTIONS

1. An LLM assistant may be engaged by the LLM to complement their work, but shall not be used as a substitute for the LLM.

   a. Tasks that may be delegated to the LLM assistant before an assessment of the client's care needs is completed by the LLM include:

      i. Noninvasive and non-sterile tasks if, in the judgment of the LLM, the LLM assistant has the appropriate knowledge and skills to perform the task.

      ii. The collecting, reporting, and documentation of temperature, weight, intake, output, and contractions, indicating their frequency and duration.

      iii. Reporting changes from baseline data established by the LLM.

      iv. Assisting the client with ambulation, positioning or turning.

      v. Assisting the client with personal hygiene.

      vi. Reinforcing health teaching planned or provided by the LLM.

   b. Tasks that must never be delegated to an LLM assistant include, but are not exclusive to, the following:

      i. The performance of a physical assessment or evaluation.

      ii. Physical examination which includes - but is not limited to - fetal heart rate auscultation, cervical exams, and blood pressure measurements.

      iii. The provision of sterile invasive treatments.

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iv. The administration of any prescription drugs.

v. The use of any medical devices.

2. The LLM shall monitor and document the care and procedures performed by any LLM assistant or labor support attendant in the client's medical record.

3. An LLM who has agreed to provide care to a client is held accountable to act according to the standards of care set out in these Rules, until such a time as that care is terminated by the client or the LLM in accordance with these Rules.

4. An LLM may request a registered nurse to perform selected acts, tasks or procedures that are outside the scope of the LLM's practice but which do not exceed the scope of practice of the nurse's license. It is the nurse's responsibility to be informed and act in accordance with both the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing Rules.

5. An LLM who also holds an Arkansas nursing license is required to act in accordance with the following: the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas; the Arkansas Nurse Practice Act - as codified in Ark. Code Ann. § 17-87-101 - and the Arkansas State Board of Nursing Rules as promulgated by the Arkansas State Board of Nursing. An LLM practicing under the scope of her nursing license while acting as an LLM may be referred to the Arkansas State Board of Nursing if any improper conduct is suspected.

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107. ADVERTISING

1. ADH permits advertising by LLMs regarding the practice of Licensed Lay Midwifery in accordance with these Rules.

2. No LLM shall disseminate or cause the dissemination of any advertisement or advertising that is in any way false, deceptive, or misleading. Any advertisement or advertising shall be deemed to be false, deceptive or misleading if it:

   a. Contains a misrepresentation of facts; or

   b. Makes only a partial disclosure of relevant facts; or

   c. Contains any representation or claims as to services that the LLM cannot legally perform; or

   d. Contains any representation, statement, or claim which misleads or deceives; or

   e. Could lead a reasonably prudent person to believe that the LLM is licensed to practice nursing or medicine when not so licensed in the state of Arkansas.

3. Advertising that crosses into other states must clearly state if any of the services offered are legal only in certain states in which the LLM practices.

108. IMMUNIZATIONS

All LLMs and their apprentices are strongly encouraged to have routine vaccinations to the fullest extent unless contraindicated, and not to rely on the immunization status of others or 'herd immunity' to protect them, their clients, and their families.

109. MIDWIFERY ADVISORY BOARD

The BOH shall establish and appoint the Midwifery Advisory Board (MAB) to advise ADH and the BOH on matters pertaining to the regulation of midwifery.

1. PURPOSE, DUTIES, AND RESPONSIBILITIES:

   a. Reviewing and advising ADH and the BOH regarding the Rules.

   b. Reviewing and advising ADH regarding approval of continuing education units (CEUs).

   c. Reviewing and advising ADH regarding quality improvement data and information.

   d. Serving as community liaisons to educate the public and other providers regarding the practice of midwifery.

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e. Promoting the safe practice of midwifery by addressing issues and concerns regarding the practice of midwifery of ADH, BOH, public consumers of midwifery services, and LLMs.

f. Reviewing Reports:

i. Statistical Reports

A. A draft of the annual LLM statistical report will be available to MAB members for comment prior to the presentation to the BOH.

B. Up to two (2) MAB members may consult with ADH program staff in determining the plan for the collection of data.

ii. Disciplinary Case Reports

A. ADH will notify the MAB of all disciplinary hearings taken before the BOH. A copy of the final order will be made available to the MAB.

2. COMPOSITION OF THE MAB

The composition of the MAB will be as follows:

a. Four (4) Arkansas LLMs

b. One (1) CNM, currently licensed as a CNM in Arkansas, preferably practicing.

c. One (1) member at large.

d. Three (3) public consumers who have either had a midwife-attended birth, are the spouse of someone who has had a midwife-attended birth, or are persons who have been involved in promoting midwifery or home birth in the state of Arkansas.

3. NOMINATION OF MEMBERS

Members of the MAB are appointed by the BOH. The BOH requests nominations from the MAB through ADH. The process for applying to serve on the MAB is as follows:

a. Individuals interested in either proposing a nomination or serving on the MAB must obtain an “Application for Midwifery Advisory Board Appointment” from the MAB.

b. The applicant will complete the application form and submit it to the MAB according to the instructions.

4. TERMS OF MIDWIFERY ADVISORY BOARD MEMBERS

a. Midwifery Advisory Board (MAB) members shall serve terms of up to four (4) years.

b. No member may serve more than two (2) consecutive full terms.

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c. Members may be eligible for reappointment two (2) years after the date of the expiration of the second full term.

5. ORGANIZATIONAL STRUCTURE OF THE MIDWIFERY ADVISORY BOARD

a. MAB members shall establish and annually review the By-Laws of the Midwifery Advisory Board.

b. Additionally, an organizational chart with delegation of duties of MAB members and officers shall be developed.

c. MAB members shall elect a chair, vice-chair and secretary at its first meeting each year that will serve until their successors are elected.

d. The MAB will schedule and conduct meetings at least two (2) times a year and at other times, as necessary.

110. CONTINUING EDUCATION ACTIVITIES OF THE MIDWIFERY ADVISORY BOARD

For the purpose of these Rules, the MAB will process the review of continuing education credits by the following criteria:

1. The application for review must be received by the MAB at least sixty (60) days prior to the scheduled course date, and shall be submitted simultaneously to ADH.

2. The MAB will review and evaluate the application for the continuing education course and make a recommendation to ADH.

3. The documentation will be reviewed for appropriate content applicable to the protocols and clinical practice of the Licensed Lay Midwifery program of Arkansas. Each application shall be evaluated on the following criteria:

4. Completeness of application;

5. Agenda;

6. Intended audience;

7. Method of delivery (lecture, video, correspondence, online, other);

8. Course description and objectives; and

9. Biographical data for each speaker including pertinent education and experience.

10. The recommendation of the MAB shall be submitted in writing for ADH approval, no less than thirty (30) days prior to the scheduled course date. ADH will make the final

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decision for approval of continuing education courses, after consideration of timely received MAB recommendations. All final decisions by ADH denying approval for continuing education courses may be appealed to the Arkansas State BOH within thirty (30) days of receiving the denial.

200. LICENSING

1. An LLM license, valid for up to three (3) years, is issued upon application and favorable review. Application materials and instructions are available from the ADH website or by contacting the ADH Women's Health Section for assistance.

2. Unless otherwise specified by these Rules, individuals who wish to become licensed as an LLM in Arkansas are required to have either current NARM CPM certification, current certification by the American Midwifery Certification Board as a CNM or CM, or current certification deemed equivalent and approved by ADH.

3. LLMs seeking renewal of their license must have current CPM, CNM or CM certification unless they were licensed continuously prior to these Rules and have never been certified as a CPM. Those LLMs may renew their license by showing documentation of CEUs as required in Section 202 #2d and completing the renewal application process.

4. It is the responsibility of the LLM to ensure their credentials and certifications are current at all times. These include - but are not limited to - CPM, CPR, and neonatal resuscitation. The licensee must provide documentation upon request.

5. LLMs who receive a CPM or MBC must provide verification with initial application and for license renewal, or within thirty (30) days of initial certification. A notarized copy of the certificate or a verification letter sent directly from NARM must be submitted to ADH.

6. In the event of a lapse or revocation of any licensure or certification held the LLM must notify ADH within thirty (30) days of revocation.

7. If the name used on the application is not the same as that on any of the supporting documentation, the applicant must submit proof of name change with application.

8. Apprentices who hold a valid permit prior to the effective date of these Rules will follow the requirements for licensure found in Appendix B: Transitional Provisions and Forms.

9. If an application for licensure or renewal is denied, the applicant may appeal that denial to the Arkansas State BOH with thirty (30) days of receipt of the denial.

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201. ELIGIBILITY REQUIREMENTS FOR INITIAL LICENSURE

Applicants for initial licensure must meet the following requirements, except for those noted in Section 200. #3:

1. An applicant for an initial license to practice midwifery shall submit:

    a. A completed application, provided by ADH.

    b. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days prior to the submission date of the application and attached to the application.

    c. A copy of one of the following documents that demonstrates the applicant is twenty-one (21) years of age or older:

        i. The applicant's birth certificate.

        ii. The applicant's U.S. passport, U.S. Driver's License, or other state-issued identification document.

        iii. Any document issued by federal, state or provincial registrar of vital statistics showing age.

    d. Documentation of a high school diploma or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued.

    e. Documentation that applicant is certified by NARM as a CPM or by the American Midwifery Certification Board (AMCB) as a CNM or a CM, or holds a certification deemed equivalent and approved by ADH. Documentation may be received in the form of a verification letter directly from the credentialing body or a notarized copy of the applicant's credential. ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.

    f. If applicable, documentation that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

    g. A list on the application form of all current professional health-related licensure including those from other jurisdictions. ADH may request verification.

2. Upon satisfactory review of the application by ADH, the applicant:

    a. Shall take the Arkansas Rules Examination, which will be administered at ADH, three (3) times each year on dates chosen and publicized by ADH .

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b. Shall provide proof of identity upon request in the form of a government-issued photographic identification card at the time of testing.

c. Shall receive a written notice of examination results. If the applicant scores 80% or higher on the Arkansas Rules Examination, a license will be issued.

d. Shall be permitted to re-test if their score is below 80%.

3. All final decisions by ADH denying issuance of license may be appealed to the Arkansas State BOH pursuant to the Arkansas Administrative Procedures Act.

4. Prohibiting Criminal Offenses

a. An individual is not eligible to receive or hold a license issued by the ADH if that individual has pleaded guilty or nolo contendere to or been found guilty of any of the offenses detailed in Ark. Code Ann. §17-3-102 et. seq. by any court in the State of Arkansas or of any similar offense by a court in another state or of any similar offense by a federal court, unless the conviction was lawfully sealed under the Comprehensive Criminal Record Sealing Act of 2013 § 16-90-1401 et. seq. or otherwise sealed pardoned or expunged under prior law.

b. ADH may grant a waiver as authorized by Ark. Code Ann. § 17-3-102 in certain circumstances.

c. For the purpose of issuing a lay midwife license, ADH is not authorized to conduct criminal background checks, but may inquire about criminal convictions upon application or renewal of a license. Any applicant or licensee which provides false information to ADH regarding a criminal conviction may be subject to suspension, revocation or denial of a license.

5. Pre-Licensure Prohibiting Offense Determination

a. Pursuant to Act 990 of 2019, an individual may petition for a pre-licensure determination of whether the individual's criminal record will disqualify the individual from licensure and whether a waiver may be obtained.

b. The individual must obtain the pre-licensure criminal background check petition form from Appendix A of these Rules.

c. ADH will respond with a decision in writing to a completed petition within a reasonable time.

d. ADH response will state the reason(s) for the decision.

e. All decisions of ADH in response to the petition will be determined by the information provided by the individual.

f. Any decision made by ADH in response to a pre-licensure criminal background check petition is not subject to appeal.

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g. ADH will retain a copy of the petition and response and it will be reviewed during the formal application process.

202. RENEWAL

1. Licenses expire on August 31 of the renewal year, and applications and documentation must be submitted by July 2 of the renewal year to be timely. Renewal will only occur upon receipt of application and favorable review of required activity reports by ADH. This review will ensure that the LLM has acted in accordance with these Rules.

2. Applications for renewal for LLMs who have been continuously licensed in the State of Arkansas prior to the effective date of these Rules, and who have never received certification as a CPM, must include:

   a. A completed application for renewal provided by ADH.

   b. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include the American Heart Association and the American Red Cross. **Note:** Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request

   c. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request

   d. Documentation of thirty (30) hours of continuing clinical education within the past three (3) years. Continuing Education Units (CEUs) and contact hours will be approved according to the following guidelines:

      i. A maximum of five (5) hours may be granted for documented peer review.

      ii. CPR or neonatal resuscitation courses may not be used as part of your CEU totals.

      iii. Workshops or conferences relevant to the clinical practice of midwifery in Arkansas that are sponsored by the following organizations are pre-approved by the Licensed Lay Midwifery Advisory Board for CEUs:

         A. American College of Nurse Midwives
         B. American College of Obstetrics and Gynecology
         C. Arkansas Department of Health
         D. International Childbirth Education Association

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E. La Leche League International
F. University of Arkansas for Medical Sciences
G. Midwifery Education Accreditation Council (MEAC)
H. Any state Nurses Association
I. Arkansas Osteopathic Medical Schools

3. Applications for renewal for the LLM licensed by ADH and certified as a CPM, CNM or CM or having a certification previously approved by ADH (Section 201.#1.e.) must include:

    a. A completed application for renewal in a format provided by ADH.

    b. Proof that the relevant credential is current. Documentation may be received in the form of:

        i. Verification letter sent directly from the certifying agency, or

        ii. Notarized copy of the certificate.

    c. A list of all professional health-related licensure in other jurisdictions on the renewal application. ADH may request verification.

    d. ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.

4. The state Arkansas Rules Examination must be taken for each licensing period within one hundred and eighty (180) days prior to the expiration of the midwifery license. A score of eighty percent (80%) or higher must be achieved. The test for renewal of licenses will be available on the ADH website or by contacting the ADH Women's Health section for information. The applicant must submit a copy of the certificate of completion with the application for license renewal.

5. All final decisions by ADH denying renewal of license may be appealed to the Arkansas State BOH pursuant to the Arkansas Administrative Procedures Act.

203. GROUNDS FOR DENIAL OF APPLICATION, DISCIPLINE, SUSPENSION, OR REVOCATION OF LICENSE

ADH may refuse to issue, suspend or revoke a license for violation of the Licensed Lay Midwife Act or any provision of these Rules, including - but not limited to - any of the following reasons:

1. Securing a license or permit through deceit, fraud, or intentional misrepresentation.

2. Submitting false or misleading information to ADH, the BOH, or the MAB.

3. Practicing midwifery on expired credentials.

4. Knowingly making or filing a false report or record, intentionally or negligently failing to file a report or record required by these Rules, or willfully impeding or obstructing such filing.

5. Failure to submit requested midwifery records in connection with an investigation.

6. Engaging in unprofessional conduct or dereliction of any duty imposed by law, which includes - but is not limited to - any departure from, or failure to conform to, the standards of the practice of midwifery as established by these Rules.

7. Revocation of CPM certification by NARM.

8. Permitting another person to use the licensee's license or permit.

9. Knowingly or negligently employing, supervising, or permitting (directly or indirectly) any person to perform any work not allowed by these Rules.

10. Obtaining any fee by fraud or misrepresentation.

11. Knowingly or negligently allowing an LLM apprentice to practice midwifery without a supervising preceptor present, except in an emergency.

12. Using, causing, or promoting the use of any advertising material, promotional literature, or any other representation - however disseminated or published - which is misleading or untruthful.

13. Representing that the service or device of a person licensed to practice medicine will be used or made available when that is not true, or using the words "doctor", "registered nurse", "Certified Nurse Midwife" or similar words, abbreviations, acronyms or symbols including MD (Medical Doctor), DO (Doctor of Osteopathic Medicine), RN (Registered Nurse), CNM, CM, APRN (Advanced Practice Registered Nurse), RNP (Registered Nurse Practitioner), EMT (Emergency Medical Technician) or paramedic, falsely implying involvement by such a medical professional.

14. Use of the designation "birth center" or "birthing center" in reference to the LLM's home or office, or charging facility fees for delivery in a "birth center" or "birthing center", unless that center is licensed as such in compliance with the requirements set forth by the Rules for Free-Standing Birthing Centers.

15. Violation of the Arkansas Legend Drugs and Controlled Substances Law, A.C.A. §§ 20-64-501 et seq., or the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §§ 301 et seq.

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16. Displaying the inability to practice midwifery with reasonable skill and safety because of illness, disability, or psychological impairment.

17. Practicing while knowingly suffering from a contagious or infectious disease that may be transmitted through the practice of midwifery.

18. Practicing midwifery while under the influence of any intoxicant or illegal drug.

19. Judgment by a court of competent jurisdiction that the individual is mentally impaired.

20. Disciplinary action taken by another jurisdiction affecting the applicant's legal authority to practice midwifery in that jurisdiction.

21. Disciplinary action taken by another licensing or credentialing body due to negligence, willful disregard for patient safety, or other inability to provide safe patient care.

22. Gross Negligence.

23. Conviction of a felony.

24. Failure to comply with an order issued by the Arkansas State BOH or a court of competent jurisdiction.

25. Practicing outside the scope of practice and protocols as outlined in these Rules.

204. DISCIPLINARY ACTIONS

Suspected cases involving violation of the Licensed Lay Midwifery Act or these Rules may be referred by ADH to the BOH for a hearing, according to the Arkansas Administrative Procedures Act. If the BOH finds that a person holding a license or permit has violated the Licensed Lay Midwifery Act or these Rules' sanctions, which include - but are not limited to - the following, may be imposed:

1. Revocation of license or permit.

2. Suspension of a license or permit for a determinate period of time.

3. Written or verbal reprimand of a licensee or permit holder.

4. Probation of license or permit.

5. Limitations or conditions on the practice of a person holding a license or permit.

6. Continuing education requirements to address known deficiencies.

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7. Fines as imposed by the BOH under their general authority to regulate.

ADH will notify licensee of any actions to be imposed. Decisions may be appealed to the Circuit Court pursuant to the Arkansas Administrative Procedures Act.

Any applicable certification or licensing agencies will be notified of final actions on licenses including - but not limited to - NARM and any states where the midwife holds a license.

205. INACTIVE STATUS

Inactive status is automatic on the day after the license expires. LLMs who do not maintain a current license will be considered inactive. Inactive status may be maintained for up to three (3) years. An LLM with inactive status may not practice midwifery until the license is reactivated. To reactivate a license with inactive status, the applicant must:

1. Submit a copy of their current CPM, CNM, or CM credential or, if the applicant was licensed prior to the effective date of these Rules, document additional continuing education credits totaling ten (10) hours for each year of inactive status,

2. Submit current CPR certification,

3. Submit current NARM-approved neonatal resuscitation certification, and

4. Take the Arkansas Rules Examination and achieve a score of eighty percent (80%) or higher.

206. REACTIVATION OF EXPIRED LICENSE

After three (3) years, a license in inactive status automatically expires. To become re-licensed the applicant must successfully fulfill all of the requirements for initial licensure as outlined in Section 201.

207. APPRENTICESHIPS

Apprentices who hold a valid permit prior to the effective date of these Rules will follow the requirements found in Appendix B; Transitional Provisions and Forms.

An LLM will be responsible for notifying ADH of any apprentices accepted under their supervision within thirty (30) days of signing, but prior to the apprentice providing any services. The ADH Preceptor-Apprentice Agreement form (found in Appendix A or available on the ADH website) shall be used for this notification. Preceptors must meet all NARM preceptor requirements. Any changes in the apprentice's contact information must be provided to ADH by the LLM within thirty (30) days of the status change. If the

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apprentice is still under the LLM's supervision after three (3) years, the LLM must complete a new form indicating this status.

Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptor(s) unless a new signed Preceptor-Apprentice Agreement is on file with ADH. A signed Preceptor-Apprentice Agreement for every preceptor under whom an apprentice trains must be signed and sent to ADH.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

208. LICENSURE OF ~~ACTIVE DUTY~~ UNIFORMED SERVICE MEMBERS, ~~RETURNING MILITARY~~ UNIFORMED SERVICE VETERANS, AND THEIR SPOUSES

~~As used in this subsection "automatic licensure" means granting the occupational licensure without an individual's having met occupational licensure requirements provided under this title or by the rules of the occupational licensing entity.~~

~~As used in this subsection, "returning military veteran" means a former member of the United States Armed Forces who was discharged from active duty under circumstances other than dishonorable.~~

~~Pursuant to Act 820 of 2019, automatic licensure will be granted based on substantially equivalent licensure in another U.S. jurisdiction. Refer to Section 201.1.e of these Rules for all certifications deemed substantially equivalent.~~

1. Applicability
   This Rule applies to a:

   a. Uniformed service member stationed in the State of Arkansas;
   b. Uniformed service veteran who resides in or establishes residency in the State of Arkansas;
   c. The spouse of (~~1~~a) or (~~2~~b) including a:
      i. Uniformed service member who is assigned a tour of duty that excludes the spouse from accompanying the uniformed service member and the spouse relocates to Arkansas; or,
      ii. Uniformed service member who is killed or succumbed to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

2. Automatic Licensure
   Automatic Licensure shall be granted to persons listed in section ~~2~~ 1 (a) if:

   The person is a holder in good standing of occupational licensure with similar scope of practice issued by another state, territory, or district of the United States

3. Credit Toward Initial Licensure
   Relevant and applicable uniformed service education, training, or service-issued credential shall be accepted toward initial licensure for a uniformed service member or a uniformed service veteran who makes an application within one (1) year of his or her discharge from uniformed service.

4. Expiration Dates and Continuing Education

   (a) A license expiration date shall be extended for a deployed uniformed service member or spouse for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

   (b) A uniformed service member or spouse shall be exempt from continuing education requirements in Rule 202.02d for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

   (c) Any uniformed service member or spouse exercising the exemption shall provide evidence of completion of continuing education evidence of before renewal or grant of a subsequent license.

~~1. ADH shall grant automatic licensure to an individual who holds a substantially equivalent license in another U.S. jurisdiction and is:~~
   ~~a. An active duty military service member stationed in the State of Arkansas;~~
   ~~b. A returning military veteran applying for licensure within one (1) year of his or discharge from active duty; or~~
   ~~c. The spouse of a person listed in Section 208.1 a., or b.~~

5. ADH shall grant such automatic licensure upon receipt of all of the below:
   a. Evidence that the individual holds a substantially equivalent license in another state; and
   b. Evidence that the applicant is a qualified applicant under Section 208.1 a., b., or c.; and
   c. The applicant shall hold his or her occupational licensure in good standing;
      2. The applicant shall not have had a license revoked for:
         a. An act of bad faith; or
         b. A violation of law, rule, or ethics;
      3. The applicant shall not hold a suspended or probationary license in a United States jurisdiction.
   d. A completed application, provided by ADH.
   e. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) prior to the submission date of the application and attached to the application.
   f. If applicable, documentation that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.
   g. A list on the application form of all current professional health-related licensure, including those from other jurisdictions. ADH may request verification.

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6. All applicants who are licensed pursuant to Section 208 must adhere to all LLM protocols as outlined in these Rules.

209. RECIPROCAL LICENSURE

Pursuant to Act 1011 of 2019, reciprocal licensure will be granted based on substantially equivalent licensure in another U.S. jurisdiction. Refer to Section 201.1.e of these Rules for all certifications deemed substantially equivalent.

1. **Reciprocity**

- ***a.*** Required Qualifications. An applicant applying for reciprocal licensure shall meet the following requirements:
  - ***i.*** The applicant shall hold a substantially similar license in another United States jurisdiction.
    1. Refer to Section 201.1.e of these Rules for all certifications deemed substantially equivalent.
    2. The applicant shall hold his or her occupational licensure in good standing;
    3. The applicant shall not have had a license revoked for:
       a. An act of bad faith; or
       b. A violation of law, rule, or ethics;
    4. The applicant shall not hold a suspended or probationary license in a United States jurisdiction;
  - ***ii.*** The applicant shall be sufficiently competent in the lay midwifery; and
  - ***iii.*** The applicant will provide documentation to ADH verifying current certification is held as required by Section 201.1.e.
- ***b.*** Required documentation. An applicant shall submit the documentation described below:
  - i. A completed application, provided by ADH.
  - ii. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) prior to the submission date of the application and attached to the application.
  - iii. A list on the application form of all current professional health-related licensure, including those from other jurisdictions. ADH may request verification.
  - ***iv.*** As evidence that the applicant's license from another jurisdiction is substantially similar to Arkansas', the applicant shall submit the following information:
    - ***1.*** Evidence of current and active licensure in that state. ADH may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other's state's licensing board; and
    - ***2.*** Evidence that the other state's licensure requirements match those listed in Section 201.1.e. ADH may verify this information online or by telephone to the other's state's licensing board.
  - ***v.*** To demonstrate that the applicant meets the requirements in Section 209.2.a.i.2-4, the applicant shall provide ADH with:

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1. The names of all states in which the applicant is currently licensed or has been previously licensed;
2. Letters of good standing or other information from each state in which the applicant is currently or has ever been licensed showing that the applicant has not had his license revoked for the reasons listed in Section 209.2.a.i.3 and does not hold a license on suspended or probationary status as described in Section 209.2.a.i.4. ADH may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other's state's licensing board.

vi. As evidence that the applicant is sufficiently competent in the field of lay midwifery, an applicant shall:

1. Provide documentation to ADH verifying current certification is held as required by Section 201.1.e.
2. If applicable, documentation that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

2. **Temporary License**

a. ADH shall issue a temporary license immediately upon receipt and satisfactory review of the application and the documentation required under Section 209.1.b.

b. The temporary license shall be effective for ninety (90) days or until ADH makes a decision on the application, unless ADH determines that the applicant does not meet the requirements in Section 209.2.a-b, in which case the temporary license shall be immediately revoked.

c. An applicant may provide the rest of the documentation required in Section 201 in order to receive a license, or the applicant may only provide the information necessary for the issuance of a temporary license.

d. Upon issuance of a temporary license, the applicant will have up to ninety (90) days to successfully complete the Arkansas Rules Examination as specified in Section 201.2.

e. Upon successful completion of the Arkansas Rules Examination, the applicant will be issued a standard Arkansas Lay Midwife License valid for up to three (3) years.

f. All standard license holders will follow the renewal process outlined in Section 202 of these Rules.

g. If the applicant does not successfully complete the Arkansas Rules Examination within ninety (90) days of issuance of a temporary and provisional license, the temporary license will be considered invalid.

h. If the applicant scores less than 80% on the Arkansas Rules Examination, the temporary license will be considered invalid.

i. A temporary license cannot be reissued or extended.

j. The applicant must successfully complete the Arkansas Rules Examination as specified in Section 201.2 in order to obtain a standard Arkansas Lay Midwife License.

3. **License for person from a state that doesn't license profession.**

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Applicants from another U.S. jurisdiction where substantially equivalent licensure is not available, refer to Section 201 for licensure requirements.

4. All applicants who are licensed pursuant to Section 209 must adhere to all LLM protocols as outlined in these Rules.

300. PROTOCOLS

The LLM must adhere to the LLM protocols as outlined in these Rules.

301. REQUIREMENTS FOR LICENSED LAY MIDWIFERY PRACTICE

The following requirements must be met before a LLM can legally accept a client.

1. Licensing – The LLM must possess a current Arkansas Lay Midwife License,. See Section 200.

2. Disclosure Form - At the time a request is made for care, the LLM must discuss certain information concerning LLM assisted home deliveries with the client. This discussion must be documented by use of the disclosure form (found in Appendix A or available on the ADH website). It must be signed and dated by the client at the same time the LLM and client enter into an agreement for services and sign a contract. This form must be filed in the client's medical record and noted on the next caseload and birth report log sent to ADH by the LLM.

3. Emergency Plan – As part of the disclosure form, an individual emergency plan must be established by the LLM and client. The plan must include:

    a. The name and contact information of the physicians that will be consulted for the mother and the newborn;

    b. The arrangements for transport from the delivery site to a hospital, if needed;

    c. The hospital with obstetric services, or the hospital where the physician or CNM has obstetric privileges, that will be used for transport, which must be located within fifty (50) miles of the delivery site; and

    d. The nearest hospital to the delivery site.

301.01 TERMINATION OF CARE

An LLM shall terminate care of a client only in accordance with this section unless a transfer of care results from an emergency situation.

1. Once the LLM has accepted a client, the relationship is ongoing and the LLM cannot refuse to continue to provide midwifery care to the client unless:

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a. The client has no need of further care;

b. The client terminates the relationship; or

c. The LLM formally terminates the relationship due to a provision of these Rules or for any other reason.

2. The LLM may terminate care for any reason by:

a. Providing a minimum of thirty (30) days' written notice, during which time the LLM shall continue to provide midwifery care until the client is able to select another health care provider. If continuing care would cause the LLM to violate these Rules, care can be terminated by the LLM without giving thirty (30) days' notice. Justification for this action must be documented in the client's record;

b. Attempting to tell the client in person and in the presence of a witness of the LLM's wish to terminate care. If the client will not meet with the LLM, the LLM must document that the attempt was made and how it was made;

c. Providing the client with referrals to other healthcare providers; and

d. Documenting the termination of care in the client medical record and submission of an ADH incident report.

301.02 TRANSFER OF CARE

If a transfer of care recommendation occurs during labor, delivery, or the immediate postpartum period, and the client refuses transfer the midwife shall call 911 and provide further care as indicated by the situation. If the midwife is unable to transfer to a health care professional, the client will be transferred to the nearest appropriate health care facility. The midwife shall attempt to contact the facility and continue to provide care as indicated by the situation.

302. PROTOCOL FOR REQUIRED ANTEPARTUM CARE

302.01 RISK ASSESSMENT(S):

Risk assessments shall be performed by a physician, a CNM or an ADH clinician. The purpose of these visits is to ensure that the client has no potentially serious medical conditions and has no medical contraindications to home birth. Each risk assessment must be filed in the client's medical record.

The risk assessments must be comprehensive enough for the LLM to identify potentially dangerous conditions that may preclude midwifery care, or that require physician or CNM consultation.

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Each client must be evaluated by a physician, a CNM, or an ADH clinician at the following times:

1. At or near the time care is initiated with the LLM, and the evaluation must include the Required Antepartum Services listed in Section 302.02.

2. At or near the 36th week of gestation and must include:

    a. Review of the client's complete prenatal record;

    b. Review of the results of all prenatal testing;

    c. Interval medical and obstetric history;

    d. Review of systems;

    e. Pertinent physical examination, including:

        i. Measurements of blood pressure, weight

        ii. Fundal height

        iii. Estimated gestational age

        iv. Fetal presentation/position; and

    f. Group B Strep testing, according to ADH approved guidelines.

3. Between 41 weeks 0/7 days and 42 weeks 0/7 days of gestation, the requirements for the 36th week assessment shall be repeated and may include additional tests or procedures. A documented plan for care beyond 42 weeks 0/7 days gestational age must be submitted to ADH as an additional required incident report. If a referral or this risk assessment is not made, or if the clinician advises against home delivery, the client must be transferred.

4. The LLM is responsible for reviewing the risk assessment data and insuring that her client is low risk for home delivery. The LLM must base her decision on all information, results and recommendations received from the clinician performing the risk assessment, including any statement in the client's record by a physician, CNM or ADH clinician indicating that the client is NOT suitable for home birth.

302.02 REQUIRED ANTEPARTUM SERVICES AT OR NEAR THE INITIATION OF CARE

The LLM must ensure each client receives the following services at or near the initiation of care from a physician, CNM, or ADH clinician. Exceptions to these required services are at the discretion of the physician, CNM, or ADH clinician

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who performs the risk assessment and must be documented in the client's medical record.

1. Medical, obstetric and nutritional history. The history must be comprehensive enough to identify potentially dangerous conditions that may preclude midwifery care, or that require physician or CNM consultation.

2. A physical examination comprehensive enough to identify potentially dangerous conditions that may preclude midwifery care.

3. Estimation of gestational age.

4. Measurements of blood pressure, height and weight.

5. Prenatal Testing:

    a. Pap test/HPV test.

    b. Test for Gonorrhea and Chlamydia.

    c. Blood sample for blood group and Rh determination and antibody screen.

    d. CBC with platelets or hematocrit or hemoglobin.

    e. Test for Syphilis.

    f. Urine culture.

    g. Blood Sugar: test according to national standards as approved by ADH and available on the ADH website.

    h. Hepatitis B test.

    i. Counsel client concerning maternal serum genetic testing, if before 20 weeks gestation.

    j. Rubella test if previous immunity not documented.

    k. HIV counseling and test.

302.03 COLLECTION OF LABORATORY SPECIMENS

For LLMs who are trained in the collection of laboratory specimens and collect the specimens themselves, the specimens must be submitted to a standard lab. The reports and test results must be sent for review and interpretation by a physician, CNM or ADH clinician. All reports and test results, including reviews and interpretations, must be recorded in the client record.

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If blood sugar testing is performed by the LLM, they shall use only an FDA approved device for CLIA (e.g. HemoCue Blood Glucose Analyzer), and follow the ADH approved standards for diabetes testing. The results of all testing must be interpreted by a physician, CNM, or ADH clinician within ten (10) days.

302.04 ROUTINE ANTEPARTUM LLM CARE

1. Frequency of Visits

   Routine antepartum visits must be made approximately every four (4) weeks during the first 28 weeks of gestation, approximately every two (2) weeks from the 28th to 36th weeks, and weekly thereafter until delivery.

2. Routine Visit Services

   At each visit the LLM will perform and record the following services:

   a. Weight.

   b. Blood pressure.

   c. Fundal height.

   d. Determination of fetal position.

   e. Urine testing for glucose, protein, and nitrites.

   f. Fetal heart rate.

   g. Medical and nutritional history since last visit.

   h. Check for edema of legs, face or hands.

302.05 REQUIRED ANTEPARTUM SERVICES AT 24 TO 28 WEEKS GESTATION

1. Except for women with known gestational diabetes all women must be screened for gestational diabetes between 24-28 weeks according to national standards approved by ADH.

2. All women with negative Rh factor must be treated as follows:

   a. Repeat antibody screening at 28 weeks. If it is negative, advise client that an Rh immunoglobulin injection is recommended. If the client is enrolled in a local health unit maternity clinic, Rh immunoglobulin can be administered at

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the clinic, otherwise she must be referred to a physician or CNM to obtain the Rh immunoglobulin.

b. If antibody screen is positive, refer the client or consult a physician or CNM as soon as possible.

c. If client declines Rh immunoglobulin, repeat antibody screening must be performed at 28 weeks and the LLM is responsible for providing the client with written information provided by ADH outlining the risks of isoimmunization and the benefits of Rh immunoglobulin. A copy of the signed refusal form needs to be documented and filed in the client's record.

3. Testing for CBC with platelets.

302.06 REQUIRED ANTEPARTUM SERVICE AT 35 TO 37 WEEKS GESTATION

Screening for Group B Strep according to ADH approved guidelines available on the ADH website.

302.07 ANTEPARTUM PREPARATION FOR HOME BIRTH

1. Pre-Delivery Home Visit

The LLM is required to make, prior to delivery, at least one visit to the home where the birth will take place.

The LLM should inform the client of the equipment and supplies that must be available at the time of delivery. She should instruct the client and family of requirements for an aseptic delivery site.

2. Obtaining ADH Newborn Care Package

The Newborn Care Package provided by ADH contains the required newborn medications and other necessary items and is available to all LLM clients. If the mother chooses to obtain the newborn care package from ADH , she must notify the local health unit in sufficient time to allow the local health unit one month to obtain the care package.

3. Obtaining Medications for Newborn

a. The LLM must advise the client that the newborn may need either Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic in individual dose packaging for newborn eye care. The mother may obtain one of these medications before 37 weeks 0/7 days of the pregnancy either by prescription from a private physician, CNM or other licensed prescriber, or by prior arrangement with a local health unit.

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b. The LLM must advise the client that the newborn should receive Vitamin K within two (2) hours of birth. The medication should be obtained by prescription before 37 weeks 0/7 days of pregnancy from a private physician, CNM or other licensed prescriber or by prior arrangements with a local health unit.

c. The LLM must advise the client that:

i. All medications must be administered to the newborn by a person licensed by the state of Arkansas to administer medications (nurse, physician), and that prior arrangements should be made in order to assure the licensed person will be available to administer the medications soon after birth, or

ii. The client has the option to administer the medications to her newborn with instructions from the licensed prescriber (physician, CNM, or ADH clinician), or

iii. The client has the option to allow the LLM to act as her agent to administer to her newborn the following medications:

A. Erythromycin 0.5% Ophthalmic or Tetracycline 1.0% Ophthalmic.

B. Vitamin K, only allowed to be administered orally by the LLM.

4. Obtaining Intrapartum and Postpartum Medications for Mothers

The LLM will discuss with her client the protocol for each of the following medications that require the client to make arrangements to obtain the prescriptions and establish a plan for the administration of medications prior to the onset of labor:

a. Rh immunoglobulin for Rh negative mothers with an Rh positive newborn

b. GBS prophylaxis according to ADH approved guidelines.

c. Benzocaine (14%) available in gel form, solution or spray that may be used for the repair of 1st and 2nd degree lacerations by the LLM after birth.

5. Preparing Bottle-feeding Mothers

a. For the client planning to bottle feed her newborn, commercially prepared, client-selected formula shall be available for an initial feeding within the first two to three hours after birth.

b. Client-selected formula must be available for newborn feedings.

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6. Education of Client for Required Genetic/Metabolic Screening
   The LLM is responsible for advising the client of the law that requires newborn screening (A.C.A. § 20-15-302) and the procedure for conducting newborn screening. Information is available on the ADH website.

7. Completion of Newborn Hearing Screening
   The LLM is responsible for advising the client of the newborn infant hearing screening law (A.C.A. § 20-15-1101 et seq.) and the available resources to obtain the newborn hearing screen. Information is available on the ADH website.

8. Preparation for Well-Baby Care
   The LLM is responsible for advising the mother that beyond the first fourteen (14) days of life, the LLM is no longer responsible and the mother should seek further care from a physician or an APRN specializing in the care of infants and children. This does not preclude the LLM from providing counseling regarding routine newborn care and breastfeeding.

9. Preparation for Secondary Prevention of Newborn Early-Onset Group B Strep Disease
   The LLM shall advise the mother of the necessity for newborn evaluation by a physician within 24 hours of birth when:

   a. Maternal GBS status is unknown and membranes are ruptured in labor > 18 hours before birth. Refer to Section 309.02 (8).

   b. The mother has indications for GBS prophylaxis in labor, regardless of adequate antibiotic treatment prior to birth and regardless of the presence or absence of symptoms of illness. Refer to Section 303.03 (2).

303. PROTOCOL FOR ANTEPARTUM CONDITIONS REQUIRING INTERVENTION

Each client is to have a risk assessment (see Section 302.01) documented by a physician, CNM, or ADH clinician at or near the initiation of care and again around the 36th week. The following sections detail the actions to be followed by the LLM if the client exhibits or develops one of the specified conditions. The LLM will refer women for medical evaluation as soon as possible after the condition is identified. The LLM is expected to use /their judgment regarding the need for consultation, referral, or transfer when problems arise that are not specified in these Rules. In addition to the birth log, such care will be documented on an incident report and submitted to ADH.

303.01 CONDITIONS PRECLUDING MIDWIFERY CARE

The following conditions preclude midwifery care and the client must be transferred to a physician, CNM, or ADH clinician upon diagnosis. There may be additional high-risk conditions judged by either a physician, CNM, ADH clinician, or LLM that could also preclude midwifery care.

1. Previous cesarean delivery

2. Multiple gestation

3. Documented placenta previa in the third trimester

4. Insulin-dependent diabetes

5. Pregnancy that extends beyond 42 weeks 0/7 days gestational age unless there is a third risk assessment and a documented plan of care submitted to ADH. If the clinician advises against home delivery, the client must be transferred.

303.02 PRE-EXISTING CONDITIONS REQUIRING ANTEPARTUM CONSULTATION, REFERRAL, OR TRANSFER OF CARE

If any of the following pre-existing conditions are identified the client must be examined by a physician, CNM, or ADH clinician. A plan of care for the condition must be established, including a plan of for transfer of care if indicated, and execution of the plan of care must be documented. Midwives caring for these clients will be required to submit additional incident reports to ADH. If a referral is not made or if the clinician advises against home birth, the care must be transferred to a physician or CNM.

1. Heart disease

2. Epilepsy

3. Diabetes

4. Neurological disease

5. Sickle cell or other hemoglobinopathies

6. Cancer

7. Psychiatric disorders

8. Active tuberculosis

9. Chronic pulmonary disease

10. Thrombophlebitis

11. Endocrinopathy

12. Collagen vascular diseases or other severe collagen disease

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13. Renal disease

14. Hypertension

15. Drug or alcohol use during current pregnancy

16. Significant congenital or chromosomal anomalies

17. History of postpartum hemorrhage not caused by placenta previa or abruption

18. Rh negative isoimmunization (positive Coombs)

19. Structural abnormalities of the reproductive tract including fibroids

20. HIV positive or AIDS

21. Previous infant with GBS disease

22. History of unexplained perinatal death

23. History of seven (7) or more deliveries

24. Maternal age greater than or equal to forty (40) at estimated date of delivery

25. Previous infant weighing less than five (5) pounds or more than ten (10) pounds

26. Previous surgery involving the uterus or cervix.

27. Pregnancy termination or loss ≥ three (3)

303.03 ANTEPARTUM CONDITIONS REQUIRING CONSULTATION, REFERRAL OR TRANSFER OF CARE

If any of the following antepartum conditions are identified, a physician/CNM consultation, referral or transfer is required and the client must be examined by a physician or CNM currently practicing obstetrics. ADH clinicians may accept referrals per ADH protocol. A plan of care for the condition must be established, and execution of the plan must be documented. Midwives caring for these clients shall submit additional required incident reports to ADH. If a referral is not made or if the clinician advises against home delivery the client must be transferred immediately to a physician or CNM.

1. A sudden decrease in fetal movement or kick count of less than 10 per hour after 27 weeks 6/7 days.

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2. Group B Strep Prophylaxis Indications. CDC approved Group B Strep intrapartum prophylaxis (per ADH approved guidelines) must be obtained for the clients listed below (A-D). Clients who refuse antibiotics will be transferred from midwifery care to a physician for hospital care unless a physician agrees to supervise the LLM care of the client. The plan of care agreed to by the physician and the LLM must be documented and submitted as an incident report to ADH.

    a. Clients who test positive for Group B Strep in the urinary tract at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep). Vaginal/rectal testing for Group B Strep is not indicated when the urine testing is positive for Group B Strep in the current pregnancy.

    b. Clients who test positive for Group B Strep in the vagina or rectum at any time in the current pregnancy (regardless of repeated testing that is negative for Group B Strep).

    c. Clients with positive history of birth of an infant with early-onset Group B Strep disease.

    d. Clients with antepartum Group B Strep culture status that is unknown at the time of labor onset and:

        i. Temperature in labor ($\geq$ 100.4 degrees F); or

        ii. Rupture of membranes > 16 hours (Refer to 305.01 Immediate Transport #12). Prophylactic antibiotics are indicated by 18 hours of ruptured membranes; or

        iii. Preterm labor (< 37 weeks 0/7 days of gestation)

3. Cervical effacement or dilatation prior to 37 weeks 0/7 days

4. Late term pregnancy greater than 41 weeks 0/7 days. The third risk assessment is required between 41 weeks 0/7 days and 42 weeks 0/7 days, and transfer of care may be required depending on results. (Section 302.01. #3)

5. Genital herpetic lesions

6. Clients with a previous preterm delivery must be co-managed until 37 weeks 0/7 days

7. Suspected or confirmed fetal death

8. Vaginal bleeding heavier than a normal period

9. Persistent or significant weight loss after the first trimester

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10. Abnormal weight gain

11. Symptoms of vaginitis refractory to treatment

12. Symptoms of UTI refractory to treatment

13. Hematocrit of < 30 or hemoglobin of < 10, or platelets < 100,000

14. Hyperemesis with weight loss

15. Two blood pressure readings at least one hour apart of systolic ≥ 140 or diastolic ≥ 90

16. Size/date discrepancy of three (3) or more weeks on two (2) successive exams

17. Positive antibody screen

18. Abnormal Pap test

19. Sexually transmitted infection

20. Ruptured membranes without onset of labor within 24 hours and Group B Strep testing is negative. Refer to Section 303.03 (2) for mothers that are GBS positive or have unknown GBS status.

21. Signs and symptoms of pre-eclampsia

22. Fetal heart rate below 110 bpm or above 160 bpm

23. Spontaneous rupture of membranes prior to 37 weeks 0/7 days

24. Gestational Diabetes, as defined by ADH approved guidelines

25. Rh negative mothers with abdominal trauma, with or without antepartum bleeding.

26. Position other than vertex any time after 35 weeks 6/7 days

304. PROTOCOL FOR REQUIRED INTRAPARTUM CARE

304.01 INITIAL LABOR ASSESSMENT

As soon as possible but within one (1) hour following the onset of active labor (5-6 cm with regular and painful contractions) or as soon as possible but within one hour following the pre-labor rupture of membranes, the LLM must assess and record:

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1. Physical conditions including temperature, pulse, respiration, blood pressure and urinalysis for glucose and protein.

2. Labor status including assessment of contractions, status of membranes, cervical dilatation and effacement.

3. Fetal position, station, size, presenting part and heart rate. Establish a fetal heart rate baseline by checking rate and rhythm every 15 minutes for the first hour of observation.

4. In case of suspected pre-labor rupture of membranes, avoid digital exams unless the client is in active labor or delivery is imminent. A sterile speculum examination is advised to inspect for umbilical cord prolapse and to assess the cervix.

304.02 MANAGEMENT OF LABOR

1. First stage. The LLM must assess and record:

    a. Fetal heart rate and rhythm (immediately following a contraction):

        i. At least every hour until five to six (5-6) centimeters, then at least every thirty (30) minutes until cervix is completely dilated.

        ii. Immediately after rupture of membranes and during and after the next two contractions to rule out prolapsed cord.

        iii. After any treatment, procedure or intervention.

        iv. When there is a change in contractions or labor pattern.

        v. When there is any indication that a medical or obstetric complication is developing.

    b. Duration, interval and intensity of uterine contractions at least every two (2) hours or more frequently if indicated.

    c. Maternal blood pressure and heart rate in active labor:

        i. Every two (2) hours, or more frequently if indicated.

        ii. Blood pressure every fifteen (15) minutes when there is a systolic reading of ≥ 140 or a diastolic of ≥ 90.

        iii. Heart rate every 15 minutes when maternal heart rate is < 70 or > 110.

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d. Temperature:

i. Every two (2) hours in active labor,

ii. Every two (2) hours following rupture of membranes,

iii. Every thirty (30) minutes when oral temperature is 99.5º F or higher.

2. Second stage and third stage. The LLM's duties include but are not limited to:

a. Assessing and documenting
   i. That labor is progressing.
   ii. Maternal and fetal well-being including fetal heart rate at least every 15 minutes or more frequently if indicated.

b. Delivering the newborn and placenta.

All services should be provided in a supportive manner and in accordance with these Rules.

305. PROTOCOL FOR INTRAPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

305.01 IMMEDIATE TRANSPORT

The following INTRAPARTUM conditions preclude midwifery care, and when identified, the client must be transported to the planned hospital by the most expedient method of transportation available to obtain treatment/evaluation:

1. Position other than vertex;

2. Active genital herpes lesions;

3. Labor prior to 37 weeks 0/7 days gestation;

4. Bleeding in labor that exceeds scant amount with each cervical examination;

5. Thick meconium if birth is not imminent;

6. Prolapsed Cord;

7. Non-Reassuring fetal heart rate (FHR) Patterns (Category II or Category III) that are repetitive and do not promptly respond to maternal position changes, unless birth is imminent. (Category I FHR patterns are reassuring and are not an indication to transport.) Characteristics of Category II and III include:

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a. Variable decelerations: Abrupt decreases in the FHR by 15 bpm or more lasting 15 seconds or more

b. Late decelerations: Gradual decreases in the FHR occurring in the latter portion of the contraction, returning to baseline after the end of the contraction

c. Prolonged decelerations: A decrease in the FHR baseline by 15 bpm or more lasting between two (2) minutes and ten (10) minutes

d. Tachycardia: FHR baseline > 160 bpm

e. Bradycardia: FHR baseline < 110 bpm;

8. Signs of maternal infection - any of the following:

   a. Temperature of ≥100.4

   b. Fetal tachycardia (baseline heart rate > 160)

   c. Maternal tachycardia (heart rate > 110)

9. Signs of fetal infection: baseline FHR > 160 or a baseline FHR that is continually increasing;

10. Suspected or confirmed fetal death;

11. Two high blood pressure readings, meaning a systolic of ≥ 140 or a diastolic of ≥ 90, two (2) hours apart unless birth is imminent.; or

12. Unknown GBS status prior to sixteen (16) hours of ruptured membranes, when delivery is not imminent (prophylactic antibiotics are indicated by eighteen (18) hours of ruptured membranes).

305.02 PHYSICIAN CONSULTATION

The following INTRAPARTUM conditions require consultation with a physician or CNM who has obstetric privileges in a hospital within fifty (50) miles of the delivery site. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required incident reports (found in Appendix A or available on the ADH website) . If consultation is not available the client must be transported to the hospital per the emergency plan. If the client's condition is not stable she should be transported to the nearest hospital.

1. Prolonged labor in a primagravida defined as:

   a. more than 20 hours from onset of contractions to 5 centimeters

b. more than 17 hours from 5 centimeters to complete dilation

c. more than two and a half (2.5) hours pushing

d. more than one (1) hour from delivery of the infant to delivery of the placenta.

2. Prolonged labor in the multigravida defined as:

a. more than 14 hours from onset of contractions to 5 centimeters

b. more than 16 hours from 5 centimeters to complete dilation

c. more than one (1) hour pushing

d. more than one (1) hour from delivery of the infant to delivery of the placenta.

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306. PROTOCOL FOR REQUIRED POSTPARTUM CARE

306.01 IMMEDIATE CARE

The LLM must remain in attendance for at least two (2) hours after the delivery and shall assess and record the following:

1. Immediately following the delivery of the placenta, the LLM shall determine that the uterus is firmly contracted without excessive bleeding, ascertain that the placenta has been delivered completely, and determine the number of cord vessels.

2. LLMs may repair 1st and 2nd degree perineal lacerations. LLMs may apply topical benzocaine (14%) available in gel form, solution or spray) for repair of lacerations. Benzocaine requires a prescription from a physician, CNM or ADH clinician for the client and the prescription must be written in the client's name.

3. During the two (2)-hour postpartum period, the LLM shall assess, as needed: uterine firmness, vaginal bleeding, vaginal swelling or tearing, maternal blood pressure and pulse. The LLM shall remain in attendance until these signs are well within normal limits or until a physician or CNM is in attendance if they are found to be abnormal.

4. The LLM shall leave instructions for follow-up care that include signs and symptoms of conditions that require medical evaluation such as: excessive bleeding, increasing pain, severe headaches or dizziness and inability to void.

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306.02 FOLLOW-UP POSTPARTUM CARE

1. A follow-up home visit shall be performed between 12 to 36 hours postpartum to evaluate for excessive bleeding, infection, or other complications.

2. For all mothers with Rh negative blood and a newborn that is Rh positive, the LLM must counsel the mother to obtain postpartum Rh immunoglobulin within 72 hours of delivery.

3. The LLM is required to follow the mother for a minimum of thirty (30) days from delivery. Care shall include family planning counseling and education on the need for updated immunizations, including the rubella vaccine if susceptible. The final postpartum evaluation shall be performed between 4 to 6 weeks after delivery.

307. PROTOCOL FOR POSTPARTUM CONDITIONS REQUIRING PHYSICIAN OR CNM INTERVENTION

307.01 IMMEDIATE TRANSPORT

The following POSTPARTUM conditions preclude midwifery care and when identified, the client must be transported to the hospital indicated in the emergency plan by the fastest method of transportation available to obtain treatment/evaluation:

1. Hemorrhage: estimated blood loss of 500 milliliters or more

2. Exhibiting signs of shock:

    a. Systolic BP < 90

    b. Diastolic BP < 60

    c. Heart rate < 50 or > 120

    d. Respiratory rate < 10 or > 30

    e. Maternal agitation, confusion or unresponsiveness

3. Elevated BP:

    a. Systolic ≥ 160

    b. Diastolic ≥ 100

4. Third and fourth degree lacerations

5. Maternal temperature > 100.4 on two (2) occasions one hour or more apart

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6. Inability to urinate by six (6) hours after delivery

307.02 CONSULTATION OR REFERRAL

The following POSTPARTUM conditions require consultation with a physician or a CNM. A plan of care must be established and execution documented. Midwives caring for these clients will submit additional required incident reports to ADH (found in Appendix A or available on the ADH website).

1. Signs and symptoms of postpartum infection:
    a. Endometritis
    b. Mastitis
    c. Urinary tract infection
2. Signs and symptoms of sub-involution
3. Signs and symptoms of postpartum pre-eclampsia
4. Signs and symptoms of postpartum depression

308. PROTOCOL FOR REQUIRED NEWBORN CARE

The LLM shall be responsible for newborn care immediately following the delivery and care of the healthy newborn for the first fourteen (14) days of life unless care is transferred to a physician or APRN specializing in the care of infants and children before that. After fourteen (14) days the LLM is no longer responsible and the mother should seek further care from a physician or an APRN specializing in the care of infants and children. If any abnormality is suspected, including - but not limited to - a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours. This does not preclude the LLM from providing counseling regarding routine newborn care and breastfeeding.

308.01 IMMEDIATE CARE

The following services must be provided by the LLM as part of immediate newborn care:

1. Suction nose and mouth prior to delivery of shoulders if needed.
2. Assess presence of meconium.
3. Assess baby's status at birth as vigorous or non-vigorous.

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4. Immediately after delivering entire body, suction mouth, then nose again, if needed.

5. Clamp and cut the cord.

6. Directly place baby skin-to-skin with mother, covering baby with a blanket. The baby should ideally remain in direct skin-to-skin contact with their mother immediately after birth until the first feeding is accomplished.

7. Determine Apgar scores at one (1) and five (5) minutes after delivery while baby is with mother.

8. Routine care can be done with the baby and mother in skin-to-skin contact to insure warmth. Observe and record:

   a. Skin color and tone.

   b. Heart rate.

   c. Respiration rate and character.

   d. Estimated gestational age. Indicate average, small or large for gestational age.

   e. Axillary temperature.

   f. Weight, length, head circumference.

9. Obtain cord blood for Rh and antibody screen if mother is Rh negative.

308.02 FEEDING

Newborn should be placed at the breast as soon as stable after delivery. The bottle fed newborn should be offered formula of choice within the first two to three hours after birth. Instruct the mother in normal and abnormal feeding patterns.

308.03 If indicated, the LLM must advise parents that the newborn must receive either Erthromycin 0.5% Opthalmic or Tetracycline 1.0% Opthalmic within one (1) hour of birth. The LLM must document in the client's medical record whether or not medication was administered to the newborn and by whom.

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308.04 The LLM must advise parents that the newborn must receive Vitamin K within two (2) hours of birth. The LLM must document in the client's medical record whether or not medication was administered to the newborn and by whom.

308.05 NEWBORN SCREENING

1. Genetic/Metabolic Screening:
   All newborns must have a capillary blood sample within the required time frame for the newborn screening as mandated by law and as specified on the ADH collection form. Information can be obtained by contacting the ADH Newborn Screening program.

2. Infant Hearing Screening:
   The LLM must instruct the mother in available resources to obtain the infant hearing screen. Assistance in completing and submitting the required form can be obtained by contacting the ADH Infant Hearing Program.

308.06 CORD CARE

The LLM must instruct the mother in routine cord care.

309. PROTOCOL FOR NEWBORN CONDITIONS REQUIRING PHYSICIAN INTERVENTION

309.01. IMMEDIATE TRANSPORT

The following NEWBORN conditions, when identified, require immediate transport of the newborn to the hospital by the most expedient method of transportation available to obtain treatment/evaluation. LLMs that participate in the care of these newborns are required to submit additional incident reports (found in Appendix A or available on the ADH website).

1. Respiratory distress

2. Central cyanosis

3. Seizures

4. If a temperature outside the normal range of 97.7F (36.5C) – 99.3F (37.4C) per axilla is note, appropriate corrective measures must be taken, and temperature taken hourly for the next two (2) hours. Three (3) persistently out of range temperatures warrant transfer.

5. Jaundice at 0 to 24 hours

6. Apgar score of < five (5) at one minute or < seven (7) at five minutes

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7. Apnea lasting > ten (10) seconds

8. Heart rate > 160 bpm or <100 bpm

9. Pallor and poor capillary refill

10. Poor suck or refusal to feed

11. High-pitched cry

12. Any significant congenital anomaly including ambiguous genitalia

13. Skin with petechiae or significant bruises

14. Poor response to sound or touch

15. Poor tone (floppy)

309.02. PHYSICIAN CONSULTATION

The newborn must be weighed weekly. During the first two (2) weeks of life the newborn must be immediately referred to a pediatric or family medicine provider for any illness or abnormal physical finding. The newborn must also be referred if there are any concerns about weight gain, feeding, elimination, development, or abnormal screening results.

The following NEWBORN conditions require immediate (unless otherwise indicated) consultation with a physician whose practice includes pediatrics. A plan of care must be established and execution documented. Midwives caring for these newborns will be required to submit additional required incident reports to ADH (found in Appendix A or available on the ADH website). If consultation is not available the newborn must be transported to the hospital listed in the plan of care.

The LLM is responsible for the coordination of the physician consultation with the child's parents, and must follow-up on this consultation and document the outcome in the client's record.

1. Jaundice at 24 to 48 hour of life

2. No urination at 12 hours of life

3. Birth weight of less than 5 ½ pounds or more than 10 pounds4. Abnormal cry

5. No stool after 48 hours

6. Vomiting after feedings7. Tachypnea of greater than 60 breaths per minute

after 4 hours of life

8. Mother's membranes ruptured for more than 18 hours and unknown GBS status.

9. Infant born to mother with indications for GBS prophylaxis in labor that did not receive antibiotics ≥ 4 hours prior to birth (per ADH approved guidelines found on ADH website).

10. Jittery

11. Floppy

12. Eye rolling

400. EMERGENCY MEASURES

The LLM must consult a licensed physician or CNM whenever there are significant deviations from normal in either the mother or the newborn, and must act in accordance with the instructions of the physician or CNM. In those situations requiring transport to a hospital, the LLM must notify the emergency room or labor and delivery unit of the designated hospital of an imminent transport and provide a copy of the complete medical record to the appropriate staff at the receiving facility.

1. The LLM is expected to use their judgment regarding the need for referral or emergency transport when problems arise that are not specified in the protocol.

2. No Licensed Lay Midwife may assist labor by any forcible or mechanical means; attempt to remove adherent placenta; administer, prescribe, advise or employ any prescription drug or device; or attempt the treatment of a precluded condition, except in an emergency when the attendance of a Physician or CNM cannot be speedily secured.

3. Any authorized or unauthorized emergency measures must be reported to ADH in an incident report (found in Appendix A or available on the ADH website). In the case of actions/procedures authorized by a physician or CNM in the case of a specific emergency, the LLM will document these orders with an order signed by the physician or CNM and submit it to ADH on the 10th of the following month.

500. RECORD KEEPING AND REPORTING REQUIREMENTS

501. MONTHLY REPORTS

1. A monthly reporting log, referred to as the Caseload and Birth Log (found in Appendix A or available on the ADH website), will be maintained and sent to ADH postmarked no later than the 10th of each month regardless of any changes or additions to the Log.

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2. Each woman receiving care for two (2) or more visits shall be listed on the Caseload and Birth Log in the following month of care, regardless of whether or not the LLM attended the birth.

502. INCIDENT REPORTS

1. When any complication occurs (whether or not the LLM remained in attendance) the care must be documented in greater detail using ADH forms (found in Appendix A or available on the ADH website). The LLM shall send these forms to ADH by the 10th of the month following the event.

2. When an LLM's client delivers outside the hospital without attendance by an LLM, the LLM must submit an incident report (form found in Appendix A or available on the ADH website) describing the circumstances and outcome of the unattended birth. The LLM shall send these reports to ADH by the 10th of the month following the event.

503. RECORD AUDITS

ADH will audit selected records from each LLM's practice each year. The purpose of the audit will be to confirm compliance with these Rules. The LLM will be required to submit the records for each client selected by ADH for auditing.

504. DOCUMENTATION BY LLM APPRENTICES

1. LLMs supervising an apprentice midwife should record the name of the apprentice on the Birth Log when the apprentice provided care during the intrapartum and immediate postpartum period. Because the LLM is responsible for the clinical work of their apprentices, all reports will be filed by the attending LLM.

2. Clinical services provided by apprentice midwives shall be documented by the apprentice in the client record and co-signed by the LLM. Initials may be used providing the initials clearly identify the person providing care.

505. REPORTING MATERNAL, FETAL, OR NEWBORN EVENTS

The LLM is required to track maternal and newborn events for thirty (30) days unless care is terminated by the client. Maternal events, pregnancy loss at any gestational age, or newborn events must be reported according to the following schedule. In each of these instances, LLMs will complete the required incident report (found in Appendix A or available on the ADH website) and submit it, with a complete copy of the client record, to ADH.

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1. Complications resulting in intrauterine fetal death, or death of a mother or newborn within 48 hours of delivery must be reported to ADH within two (2) business days;

2. Maternal or newborn deaths that occur between two (2) through thirty (30) days of birth must be reported to ADH within five (5) business days;

3. Maternal or newborn hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

506. CLIENT HEALTH RECORD

The LLM is responsible for ensuring that all required services are documented on client records maintained by the LLM. Each page of the client record must contain the client ID number. The records will remain confidential. They are subject to periodic review by ADH staff. All client records must be maintained for at least 25 years.

507. VITAL RECORDS

The LLM shall follow all applicable laws pertaining to vital records.

600. ADH RESPONSIBILITIES

601. GRANTING PERMITS AND LICENSES

ADH shall review applications for licensure and issue licenses or permits.

602. REGISTRATION LISTING

ADH shall maintain a list of all LLMs and Apprentice Midwives in the State of Arkansas, and make this list available to the public.

603. MONITORING OUTCOMES

ADH shall monitor perinatal outcomes of home births attended by LLMs and publish these statistics annually.

ADH shall also review LLMs' records to assure that such LLMs are practicing within regulatory guidelines and standards of care.

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604. INVESTIGATION

ADH will conduct investigations regarding complaints or deviations from the Rules.

ADH will consider all available information that is relevant and material to the investigations.

Where, in the opinion of the Director of ADH, the public's health, safety or welfare imperatively requires emergency action, ADH may temporarily suspend the license of an LLM pending proceedings for revocation or other action. All proceedings initiated under this provision shall be promptly instituted and determined. The licensee may request a hearing on a temporary suspension with five (5) days of receiving notice.

605. ADMINISTRATION OF TESTS

ADH shall administer the Arkansas Rules Examination at least three (3) times per year.

700. SEVERABILITY.

If any provision of these Rules, or the application thereof to any person or circumstances, is held invalid, such invalidity shall not affect other provisions or applications of these Rules which can give effect without the invalid provisions or applications; and to this end the provisions hereto are declared to be severable.

800. REPEAL.

All Rules and parts of the Rules in conflict herewith are hereby repealed.

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900. CERTIFICATION

This will certify that the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas were prepared pursuant to A.C.A. 20-7-109 and A.C.A. 17-85-101 et seq.

This will also certify that the foregoing Rules Governing the Practice of Licensed Lay Midwifery in Arkansas were adopted by the Arkansas Board of Health at a regular session of same held in Little Rock, Arkansas on the ~~24~~ day of ~~October, 2019~~.

Dated at Little Rock, Arkansas this __~~23rd~~___ day of ___~~November, 2020~~_____.

_____
José R. Romero, MD, FAAP, FIDSA, FAAAS
Secretary of Health

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APPENDIX A: FORMS

1. LLM Disclosure Form
2. LLM Informed Refusal Form
3. LLM Initial License and Reactivation of License Application
4. LLM License Renewal Application
5. Instructions for Completing LLM Reports
6. LLM Caseload and Birth Log
7. LLM Monthly Worksheet
8. LLM Incident Report
9. Preceptor-Apprentice Agreement for NARM PEP Apprentices
10. LLM Pre-Licensure Criminal Background Check Petition
11. Hospital Reporting Form – Lay Midwife Patient Transfer (For Hospital/Healthcare Facility Use only)

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ARKANSAS DEPARTMENT OF HEALTH
LLM DISCLOSURE FORM

Client's Printed Name: _____

Client's Address: _____
Street

_____
City State Zip Code

Phone Number: _____

In compliance with the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas, at the time of acceptance into care, a Licensed Lay Midwife (LLM) must provide the following disclosures in oral and written form:

A. Licensed Lay Midwife Scope of Practice
B. Informed Consent for Licensed Lay Midwifery Care
C. Requirements for Licensed Lay Midwifery Care
D. Risks and Benefits of Home and Hospital Births
E. Emergency Arrangements
F. Plan for Well-Baby Care

A. Licensed Lay Midwife Scope of Practice

The Rules Governing the Practice of Licensed Lay Midwifery in Arkansas require each LLM to provide information on the scope of licensed midwifery practice under these rules to clients seeking midwifery care. The LLM may provide approved midwifery care only to healthy women, determined to be at low risk for the development of complications of pregnancy or childbirth; and whose outcome of pregnancy is most likely to be the delivery of a healthy newborn and intact placenta. Apprentice midwives and LLM Assistants work under the on-site supervision of the LLM. A person may not practice or offer to act as an LLM in Arkansas unless he/she is licensed by the Arkansas State Board of Health.
The responsibilities of the LLM are specified by the Rules in regards to:

1. Required prenatal care.
2. Attendance during labor and delivery.
3. Care of the healthy newborn for the first fourteen (14) days of life unless care is transferred to a physician or APRN whose practice includes pediatrics. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.
4. Postpartum care for a minimum of 30 days after delivery.

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These would also apply to any arrangements the LLM has in regard to apprentices she is supervising, or arrangements made with other LLMs to attend the birth, if she/he is unavailable.

The LLM is responsible to ensure the client is informed of and understands the need to receive clinical assessments, including laboratory testing; evaluations by a physician, certified nurse midwife (CNM) or public health maternity clinician; and required visits with the midwife that are mandated by the Rules. The LLM is also responsible for informing the client of the necessary supplies the client will need to acquire for the birth and the newborn (including eye prophylaxis and vitamin K).

LLM providing care _____

Licensed in Arkansas since _____

Arkansas LLM License Number _____Expiration Date_____

Certified Professional Midwife (CPM) Yes or No (Circle correct response)

Midwifery Bridge Certificate (MBC) Yes or No (Circle correct response)

If CPM, Certification Number _____Expiration Date_____

<u>Each statement below is to be read and initialed by the client.</u>

B. Informed Consent

_____I understand that I am retaining the services of _____ who is an LLM, not a CNM or a physician.

_____ I understand the LLM *does or does not* (circle correct response) have liability coverage for services provided to someone having a planned home birth.

_____ I understand that the LLM practices in home settings and does not have hospital privileges.

_____ I understand the LLM *does or does not* (circle correct response) have a working relationship with a physician or CNM. If she/he does, they are:

Physician's Name: _____

CNM's Name: _____

_____ I understand that if my LLM relies on a hospital emergency room for backup coverage, the physician on duty may not be trained in obstetrics.

_____ I understand the LLM is trained and certified in Cardiopulmonary Resuscitation (CPR) and neonatal resuscitation.

_____ I understand there are conditions that are outside the scope of practice of an LLM that will prevent me from beginning midwifery care. These conditions include, but are not limited to: previous cesarean delivery, multiple gestation, and insulin-dependent diabetes.

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_____ I understand that there are conditions that are outside the scope of practice of an LLM that will require physician consultation, referral or transfer of care to a physician, CNM or health department clinician, or transport to a hospital. If during the course of my care my LLM informs me that I have a condition indicating the need for a mandatory transfer, I am no longer eligible for a home birth by an LLM. These conditions include but are not limited to: placenta previa in the third trimester, baby's position not vertex at onset of labor, labor prior to thirty-seven (37) weeks gestation, or active herpes lesions at onset of labor.

_____The LLM is responsible to inform and educate me (the client) on these and other potential conditions that preclude care by an LLM.

_____ I understand emergency medical services for myself and my baby may be necessary and a plan for emergency care must be in place for the prenatal, labor, birth and immediate postpartum and immediate newborn periods, as outlined in Section E of this form.

_____I understand my laboratory test results must be reviewed and interpreted by a physician, CNM or ADH clinician.

_____ I understand that the LLM must work in accordance with all applicable laws. The Rules Governing the Practice of Midwifery in Arkansas are available online at the Arkansas Department of Health website or by contacting the Arkansas Department of Health.

C. Requirements for Licensed Lay Midwifery Care

I understand the LLM has protocols as specified in the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas that must be followed concerning care for normal pregnancy, labor, home birth and the postpartum period, and for specific potentially serious medical conditions. The following requirements are my responsibility, as a midwife client, to fulfill:

_____ I must have an initial, and 36 week visit with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment, which includes a physical exam and lab work.

_____ If my pregnancy continues beyond 41 weeks, I must have a visit before 42 weeks with a private physician or CNM or go to an Arkansas Department of Health Local Health Unit which provides maternity services for a risk assessment.

_____I must ensure that all my healthcare providers have access to all my medical records at the time of each visit and at the time of delivery. It is unsafe for any of these practitioners to evaluate or deliver a client without knowledge of all lab results and current risk status.

_____ I must have Vitamin K on hand for the birth. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

_____ I must have ophthalmic erythromycin on hand for the birth, if indicated. This may be ordered in advance of delivery from the Local Health Unit or may be obtained at a pharmacy by prescription.

D. Risks and Benefits of Home and Hospital Births

Before becoming a client with the intent of delivery at home, I understand I need to be familiar with some of the advantages and disadvantages of having either a home birth or a hospital birth.

RISKS AND BENEFITS OF HOME AND HOSPITAL BIRTHS	
BENEFITS	
Home	**Hospital**
• Planned home birth with skilled, trained, midwifery care	• Skilled, specialized obstetric staff
• Natural progression of labor	• Medications to induce or maintain labor, if needed
• Non-invasive monitoring of labor progression and fetal well-being	• Early detection of fetal distress through advanced monitoring techniques
• Privacy and familiar home surroundings	• Equipment available for high risk situations: intensive care, resuscitative equipment, surgical suites
• Decreased obstetric interventions – midwives are trained to handle some unexpected emergencies on site for low risk women	• Immediate medical intervention including medications and blood products if needed, by OB/GYN, pediatrician, and medical personnel trained to deal with life threatening emergencies on site
• Preserves family togetherness; provides personalized care; honors client's choices for birthing position, movement, and food and fluids during labor; labor takes place in familiar surroundings	• Some hospitals provide family-centered birthing and some provide birthing suites that create a home-like atmosphere and incorporate client's choices into their birth plan
• Use of natural, non-invasive pain relief techniques	• Availability of pain medications upon request
• The absolute risk of a planned home birth may be low	• The American College of Obstetrics and Gynecology and the American Academy of Pediatrics state that hospitals and birthing centers are the safest settings for birth in the United States
RISKS	
Home	**Hospital**
• A planned home birth is associated with a twofold increased risk of newborn death compared to a hospital birth for low risk mother/infant pairs, and greater increases for those at higher risk.	• Hospital births are associated with increased maternal interventions including the possibilities of: epidural analgesia, electronic contraction and fetal heart rate monitoring, IVs, vacuum extraction, episiotomy, and cesarean delivery.
• Certain emergency conditions may occur without warning, which cannot be handled in a timely manner at home; and the home may lack needed emergency equipment for advanced resuscitation. In emergency situations greater risk of adverse outcomes exists, including death, for both mother and child.	• Not all hospitals have immediate availability of specialty consultation and care in cases of certain medical emergencies and in these situations there is the risk for adverse outcomes including death for the mother and child.

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• Transport time to a hospital in case of an emergency can seriously impact the outcome on health of mother and newborn. Travel time of more than 20 minutes has been associated with increased adverse newborn outcomes, including mortality.	• Hospitals that provide delivery services may not be available in some geographic areas requiring the mother to travel longer distances for urgent care of sudden risks.

_____ I have reviewed the above table and have discussed with my midwife the risks and benefits of both home and hospital births.

E. Emergency Arrangements

An emergency plan must be developed between the client and the LLM detailing the arrangements for transport of the client to the nearest hospital licensed to provide maternity services or to the hospital where the back-up physician has privileges. The hospital must be within fifty (50) miles of the home birth site.

1. The licensed physician or CNM that will be consulted when there are deviations from normal in either the mother or infant is:

   a. Name of Clinic/Physician/ADH Clinician/CNM for the mother:

   _____ Phone Number_____

   City/State_____

   b. Name of Physician/ADH Clinician/CNM for the infant if known:

   _____ Phone Number_____

   City/State_____

2. Transport Arrangements: In an emergency, transport to a hospital will be by:

   Ambulance: Name:_____

   Phone: _____

   Miles from home birth site:_____

   Estimated time to home birth site_____

   Has the option of using a private vehicle for backup been discussed? ☐ Yes ☐ No

3. In the event of maternal emergency in a home birth, transport will be to the following:

   Hospital:_____

   City/State:_____

   Phone:_____

   Miles from home birth site_____ Estimated Time from home birth site_____

   I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics.

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4. In the event of a neonatal emergency requiring immediate transport, transport will be to the **nearest** hospital:

Hospital:_____

City/State:_____

Phone:_____

Miles from home birth site_____ Estimated Time from home birth site_____

I understand that the physician on duty in this hospital emergency room may not be trained in obstetrics or pediatrics.

_____I agree to these arrangements should an emergency or medical complication arise.

F. Plan for Routine Well-baby Care

A plan of care should be developed between the client and a physician or an APRN whose practice includes pediatrics to follow up with routine well-baby visits after birth. The LLM is responsible for newborn care immediately following delivery and for the first fourteen (14) days of life, unless care is transferred before that time. After fourteen (14) days, the LLM is no longer responsible to provide care except for routine counseling on newborn care and breastfeeding as indicated. The client should seek further care from a physician or an APRN whose practice includes pediatrics. If any abnormality is identified or suspected, including but not limited to a report of an abnormal genetic/metabolic screen or positive antibody screen, the newborn must be sent for medical evaluation as soon as possible but no later than 72 hours.

Name of Physician/APRN for the infant:

_____ Unknown: ☐

Phone Number_____

City/State_____

G. Consent Signatures

The consent signatures page will be kept in the client's chart as proof that all above Disclosure Form items have been initialed.

I have discussed and provided in writing the information included in this disclosure form with my client. I have discussed with her how this impacts her pregnancy and its outcome.

LLM Signature:_____ Date Signed_____

The above information has been discussed with me and also provided in writing. I understand its implications to my pregnancy and its outcome.

_____

Client printed name

_____ _____

Client signature Date signed

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ARKANSAS DEPARTMENT OF HEALTH
LLM INFORMED REFUSAL FORM

Version Match 8, 2017

The Arkansas Lay Midwife Act gives authority to the Board of Health (BOH) to oversee Licensed Lay Midwives (LLMs) in Arkansas. As part of this authority, the BOH sets the rules for LLMs. These rules require that LLMs follow specific protocols for risk assessment, consultation, referral, and transfer of care to ensure the safety of the mother and baby. The BOH has delegated the authority to enforce these Rules Governing the Practice of Licensed Lay Midwifery in Arkansas to the Arkansas Department of Health (ADH).

LLMs are trained experts in the care of ***low-risk*** pregnancy for women who want to give birth outside of a hospital. Low-risk means that a woman is healthy and should have a normal birth of a healthy baby with no problems. Some women have health issues that give them a greater chance of problems for the mother or baby. The LLM's training may not prepare her/him to handle these health issues. ***The health issue may call for testing or treatment that the LLM cannot give*****.** Careful thought and discussion about the safety of an out-of-hospital birth may be needed. A team of health care providers may be better able to handle some health issues. This team may involve LLMs, obstetricians, pediatricians, Certified Nurse Midwifes (CNMs), specialists, family doctors, and others.

The mother and her health practitioners should talk about her health issues. Together they can decide on the best plan for her care and for the birth of a healthy baby. Talking about the risks is important and required by the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas, and, as stated by NARM (North American Registry of Midwives) requires that:

> **If a midwife supports a client's choices that are outside her Plan of Care, she must be prepared to give evidence of informed consent. The midwife must also be able to document the process that led to the decision and show that the client was fully informed of the potential risk and benefits of proceeding with the new care plan. It is the responsibility of the midwife to provide evidence-based information, clinical expertise, and when appropriate, consultation or referral to other providers to aid the client in the decision making process.**

Both the mother and the LLM must sign this form. Signing the form shows that the LLM and the mother have discussed the risks to both mother and baby of refusing the required test, procedure, treatment, medication, or referral. That discussion must include reviewing material from an ADH-approved source for each requirement being refused by the client. The LLM and the mother must decide on a plan of care for the health issue and that plan must be written on the form.

LLM INFORMATION	
Name:	Arkansas License Number:
CPM #	CPM Expiration Date:
MBC #	
Telephone Number:	Email Address:
CLIENT INFORMATION	
Name:	Date of Birth:
Address:	
Telephone Number:	CLIENT FILE #

The client must initial each of the following statements:

_____ I have been told by my LLM that my baby or I should have the following test, procedure, treatment, medication, or referral required by the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas:

_____

_____

_____

____ I have been told of the following risks and benefits of the test, procedure, treatment, medication, or referral:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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____ I have had an opportunity to review with my LLM the materials from the following ADH-approved sources:

_____

_____

____ I have had an opportunity to ask questions and have them answered to my satisfaction.

_____ I understand that my condition may require treatment that my LLM cannot provide.

_____ My LLM and I have developed a plan of care as follows:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Having considered all of my options and understanding the risks of refusing the test, procedure, treatment, medication, or referral, I have decided to go against the advice of my LLM and the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.

This is to certify that I, _____, am refusing at my own insistence the test, procedure, treatment, medication, or referral listed above.

Client Signature: _____Date: _____

LLM Signature: _____Date:_____

Witness Signature: _____Date:_____

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ARKANSAS DEPARTMENT OF HEALTH
LLM INITIAL LICENSE AND REACTIVATION OF LICENSE APPLICATION

Last Name First Middle	Social Security Number Date

Street City State Zip
Mailing Address, if different

Home Phone ( )	Business Phone ( )	Other Phone (cellular, pager, etc.) ( )	Email

Date of Birth	Have you attended school, been licensed, or certified under a different name? ☐ Yes If yes, what name(s)_____ ☐ No

Did you graduate High School? ☐ Yes ☐ No

If No, do you have a GED or High School Equivalency? ☐ Yes ☐ No

From Where? Date Obtained:

Highest Grade Completed	Date Completed	Name of High School Address State Zip

CPM Certificate #	Expiration Date	MBC Certificate #

CM (AMCB) Certificate #	Expiration Date

CNM (AMCB) Certificate #	Expiration Date	CNM License #	Expiration Date

College or Vocational Training Name and Address of School	Dates Attended	Total Credit/ Clock Hours	Date of Diploma Or Certificate
	From To		
	From To		
	From To		

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ARKANSAS DEPARTMENT OF HEALTH
LLM INITIAL LICENSE AND REACTIVATION OF LICENSE APPLICATION

Current Health-Related Other Licenses Name of Trade or Profession	State	License Number	Expiration Date

Have you ever had a license revoked in any health-related field? ☐ Yes ☐ No
If yes, specify: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No
If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received before your application will be processed.

Please list any other states or territories where you have held a Midwife license and indicate whether or not the license is current:
_____

(Verification of licensure sent from the state where the license is held may be requested.)

Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority?
☐ Yes ☐ No
If yes, specify _____

ATTACH RECENT PHOTOGRAPH HERE

Passport style taken within 60 days prior to submission of application

I certify that all information given on this application is true and accurate. That in consideration of the issuance to me of a license to practice in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges accorded me there under.

_____
Signature of Applicant Date

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ARKANSAS DEPARTMENT OF HEALTH
LLM INITIAL LICENSE AND REACTIVATION OF LICENSE APPLICATION

PROCEDURES FOR APPLYING FOR LAY MIDWIFERY LICENSE

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing. All items must be on file before your application will be considered. If any of your application documentation requires additional information the review process may take longer. Apply far enough in advance to allow for processing time.

All applicants must submit the following items:

☐ 1. Complete application form, including passport style and size photograph, head and shoulders, taken within 60 days of application date.

☐ *2. Notarized copy of the applicant's high school diploma, GED Certificate or documentation of highest degree attained after high school. Must include the name of the issuing school or institution and the issue date.

☐ *3. Notarized copy of one of the following documents that demonstrates the applicant is 21 years of age or older:

- ☐ A. Birth Certificate
- ☐ B. U.S. Passport, current or expired
- ☐ C. U.S. Driver's License or other state-issued identification document
- ☐ D. Document issued by federal, state or provincial registrar of vital statistics

☐ 4. Documentation, if applicable, in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate that applicant is currently certified:

- ☐ i. By NARM as a Certified Professional Midwife (CPM).
- ☐ ii. By the American Midwifery Certification Board (AMCB) as a certified nurse midwife (CNM).
- ☐ iii. By the American Midwifery Certification Board (AMCB) as a certified midwife (CM).
- ☐ iv. By certification deemed equivalent and approved by ADH.

ADH may request additional documentation to support applicants' qualifications or certifications. It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.

☐ 5. Documentation, if applicable, that applicant holds an MBC issued by NARM. Documentation may be received in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate.

Applicants with a current Apprentice permit issued prior to the effective date of these Rules must additionally submit the following notarized forms:

☐ 1. Clinical Experience Documentation for Births as a Primary Midwife form

☐ 2. Preceptor Verification Form

☐ 3. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor)

☐ 4. Copy of both sides of current certification in adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

☐ 5. Copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- ADH has the option to request of verification of current required certifications and of other licensure held.
- *Arkansas Apprentices that have provided this information to the Health Department with apprentice application will not be required to resubmit these items.

Mail all forms and attachments to:
ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

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ARKANSAS DEPARTMENT OF HEALTH
LLM LICENSE RENEWAL APPLICATION

Last Name First Middle	Date of Birth	Date

It is your responsibility to notify us of any change in name or address	Midwife License Number	Social Security Number

Address (include Street, City, State, Zip)	Home Phone ( )
	Business Phone ( )
Mailing Address, if different from above	Other Phone (pager, etc.) ( )
	Email Address:

CPM License #	Expiration Date	Midwifery Bridge Certificate #
CM Certificate #	Expiration Date	

CNM Certificate #	Expiration Date	CNM License #	Expiration Date

Current Midwifery Licenses other than Arkansas (Verification of licensure may be requested)	State	License Number	Expiration Date

Current Health Related Licenses	State	License Number	Expiration Date

Have you ever had a license revoked in any health-related field **since last application**? ☐ Yes ☐ No
If yes, specify _____

Have you ever been convicted of a felony **since last application**?
☐ Yes ☐ No
If yes, specify _____

Has your application for any professional license, certificate, registration been denied by any state licensing board or federal authority?

☐ Yes ☐ No If yes, specify _____

That in consideration of the issuance to me of a license to practice in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges accorded me there under.

Signature of Applicant_____Date_____

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PROCEDURES FOR APPLYING FOR RENEWAL OF LAY MIDWIFERY LICENSE

Lay midwifery licenses are valid for up to three (3) years and are renewed on August 31 of the third year of licensure. Applications are due 60 days prior to that date.

In order to be reviewed an application for renewal must be complete and accompanied by all supporting documentation. **Type or print the application and review thoroughly before submitting. An incomplete application will delay processing.**

All applicants must submit the following items before your application will be considered:

- ☐ 1. Complete application form.
- ☐ 2. Copy of certificate documenting completion of ADH exam on the Arkansas Rules with a score of 80% or higher. Instructions for taking the exam are available from ADH.
- ☐ 3. Documentation, if applicable, in the form of a verification letter directly from the certifying body or a notarized copy of the applicant's certificate that applicant is currently certified:
  - ☐ By NARM as a certified professional midwife (CPM).
  - ☐ b. By the American Midwifery Certification Board (AMCP) as a certified nurse-midwife (CNM).
  - ☐ c. By the AMCP as a certified midwife (CM).
  - ☐ d. By certification deemed equivalent and approved by ADH.

  ADH may request additional documentation to support applicant's qualifications or certifications.
- ☐ 4. Verification of Midwifery Bridge Certificate (MBC), if held and not previously submitted. Documentation may be received in the form of a verification letter directly from NARM or a notarized copy of the applicant's certificate.

For applicants who are LLMs who have been continuously licensed in the state of Arkansas prior to the effective date of these Rules, and who have never received certification from NARM as a CPM, the following requirements must be met:

- ☐ 1. Complete application form.
- ☐ 2. Documentation of hours of continuing education obtained (LLM Rules, Section 202.#2.d.) Documentation must include a copy of the diploma or certificate and the following:
  - a. Type of training: College, Vocational Training, Continuing Education
  - b. Name of institution
  - c. Name of course
  - d. Dates attended (from-to)
  - e. Total number of credits/clock hours/contact hours
  - f. Date of diploma or certificate
- ☐ 3. Notarized copy of both sides of current certification adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross.
- ☐ 4. Notarized copy of both sides of current certification in neonatal resuscitation through a course recognized by NARM.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- It is the responsibility of the licensee to ensure relevant credentials are current at all times and documentation must be provided upon request.
- ADH has the option to request verification of current required certifications and of other licensure held.

Mail all forms and attachments to:

ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

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ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS FOR COMPLETING LLM REQUIRED REPORTS

Caseload and Birth Log

The Licensed Lay Midwife Caseload and Birth Report Log is required under Section 500 of the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas (Jun1 1, 2018). The form is available from the Arkansas Department of Health (ADH).

The Licensed Lay Midwife Caseload and Birth Report Log is designed to be a perpetual report, so that the same form may be copied and re-submitted on a monthly basis until the pages are full and new pages started. A new Caseload and Birth Report Log is opened each January 1. The current undelivered caseload will be carried over to a new birth log for the January 1 report. The report must be dated, completed and submitted monthly even if there is no new activity that month and must be postmarked no later than the 10th of the month.

The report consists of 2 pages:

- **Coversheet**: A continuous record of the year's activity. Each column represents one month. A new coversheet is initiated each January.
- **Caseload List**: Each page provides room for listing clients. Please copy and add additional sheets as needed. Each January, a caseload list of undelivered clients is submitted as the initial caseload for the calendar year.

The Caseload and Birth Report Log is used to report the following:

1. Women who receive prenatal care from the LLM for more than one month of the gestation period regardless of whether or not the LLM attended the birth.
   a. Enter the name and estimated due date on the Log at the time the client enters into care of the LLM.
   b. Enter the date the Disclosure Form is signed by client and LLM.
   c. ADH requires that all clients receiving care be listed on the Log in order to establish statistically reliable data for annual reports.
2. Clients who are referred for care, transferred to another provider, transported, lost to follow-up (or leave LLM care), or for other reasons are not attended by the LLM at birth.
3. Consultations between the LLM and a physician, CNM or an ADH clinician to discuss the status and future care of the client.
4. Labors/births attended by the LLM.
5. Apprentice name when apprentice *participates in the client's birth*.

On the Caseload List, the boxes for reporting Consults/Referrals and Transport or Hospitalization of Mother and/or Newborn shall be completed as follows:

- In the box write in the appropriate letter to indicate if it is a consult (C), referral (R) or transport for the mother (M), newborn (N) or both (B) and the date of the event.

Example: For a Consult : For a Maternal Transport:

C 2/17/2017	M 2/17/2017

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ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS FOR COMPLETING LLM REQUIRED REPORTS

Incident Report

The Incident Report form is used to document incidents or complications and must be submitted to ADH, postmarked by the 10th of the month. Please note that there is a different reporting time-frame for some complications. Refer to section 8 below or Rules section 400 for details. When a second page is needed to provide a comprehensive report, attach and number the second page. Do not write or record anything on the back of any pages.

The following events must be documented:

1. **Consultations and Referrals**. Refer to Rules definitions 103.10 and 103.22. Consultation is the process by which an LLM who maintains primary management responsibility for the client's care, seeks the advice of a physician, CNM, or ADH clinician. This may be by phone, in person or by written request. The physician, CNM, or ADH clinician may require the client to come into their office for evaluation. Referral is the process by which the client is directed to a physician, CNM or ADH clinician for management of a particular problem or aspect of the client's care, after informing the client of the risks to the health of the client or newborn.

   A consultation or referral must be documented in the client record and Incident Report whether or not a Transfer or Transport becomes necessary. Consultation and/or Referral is required for:

   a. Pre-existing conditions listed in the Rules section 303.02
   b. Prenatal conditions listed in 303.03
   c. Intrapartum conditions listed in 305.02
   d. Postpartum conditions listed in 307.02
   e. Newborn conditions listed in 309.02
   f. Other problems not specified in the protocol in which there are significant deviations from normal

2. **Transfers.** Refer to Rules definition 103.22: The process by which the LLM relinquishes care of her client for pregnancy, labor, delivery, or postpartum care to a physician, CNM or ADH clinician, after informing the client of the risks to the health or life of the client. A transfer may result from a consultation and/or referral for a complication, or may occur for social reasons (relocation, preference for another provider, preference for a hospital birth, financial reasons, et al). *The delivery date for transfers is recorded when known by the LLM.* Transfers resulting from complications include:

   a. Conditions that preclude LLM care listed in 303.01
   b. Recommendation of the consultant (physician, CNM, ADH clinician) following a risk assessment, consultation or referral
   c. Other conditions as determined by the LLM

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ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS FOR COMPLETING LLM REQUIRED REPORTS

3. **Immediate Transport.** Occurs when the client must be taken to a medical facility by the most expedient method of transportation available, to obtain treatment or evaluation for an emergency condition and includes:

    a. Intrapartum conditions, Rules section 305.01
    b. Postpartum conditions, Rules section 307.01
    c. Newborn conditions, Rules section 309.01
    d. Other conditions as determined by the LLM

4. **LLM Terminated Care.** Refer to Rules section 301.01.

5. **Informed Refusals.** LLMs who have a current CPM or MBC credential must utilize the ADH Informed Refusal Form in specific situations outlined in the Rules section 104, #4-8. The Informed Refusal Form must be completed according to Rules section 104, #8.c - #8.f. which includes the requirement for the LLM to document the Informed Refusal by completing an Incident Report form and noting the Informed Refusal on the next Caseload and Birth Report Log to be submitted to ADH. The form is maintained in the client record and a copy does not have to be submitted with the required monthly reports.

6. **Third Risk Assessment (Post Dates).** Refer to Rules section 302.01 (3) and 303.01 (5). Between 41 weeks and 0/7 days and 42 weeks and 0/7 days of gestation, a third risk assessment is required. A documented plan for care beyond 42 weeks 0/7 days gestational age must be submitted to the ADH as a required incident report.

7. **Emergency Measures.** Refer to Rules section 400. Refers to emergency measures taken by the LLM when the attendance of a physician or CNM cannot be speedily secured. Unauthorized emergency measures must be reported by the LLM. Physician- or CNM-authorized emergency measures must be reported with documentation of the physician or CNM signed orders.

8. **Perinatal Hospitalization or Death.** Refer to Rules section 400.
    a. Complications resulting in intrauterine fetal death, or maternal or newborn death within 48 hours of delivery must be reported to ADH within two (2) business days.
    b. Maternal or newborn deaths that occur between two (2) through thirty (30) days of birth will be reported to ADH within 5 business days.
    c. Maternal or newborn hospitalizations that occur within thirty (30) days of delivery must be reported to ADH within five (5) business days.

The above reports must be mailed monthly to ADH and postmarked no later than the 10th of each month to the following address:

Arkansas Department of Health
Women's Health Section, Slot 16
4815 W. Markham
Little Rock, AR 72205

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FOR ADH USE ONLY			
Date Received			
By Mail		By Fax	.
# of Caseload Pages			
# of IR Pages			

ARKANSAS DEPARTMENT OF HEALTH
LLM CASELOAD AND BIRTH LOG

Midwife Name_____ Apprentice(s), Back-up LLM Name(s)_____

Year_____ Report Dates _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Client Name	Estimated Due Date	Disclosure Form Signed	Left LLM Care for Non-Medical Reason	Lost Contact	Incident Report Required								Incident Report	Home Delivery	Hospital Delivery	Apprentice/s or other LLM Providing Care @ Birth
					Transfer Of Care Due to Medical Reason	Consult (C) Or Referral (R)	Consult (C) Or Referral (R)	Consult (C) Or Referral (R)	Consult (C) Or Referral (R)	Transport of Mother (M) Newborn (N) Both (B)	Hospitalization of Mother (M) Or Newborn (N) Within 30 days of Delivery	Informed Refusal Signed				
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Initials

ARKANSAS DEPARTMENT OF HEALTH
LLM MONTHLY WORKSHEET

FOR ADH USE ONLY
DATE RECEIVED_____
BY FAX_____BY MAIL_____
NO. CASELOAD PAGES_____
NO. INCIDENT REPORTS_____

LLM Name_____Monthly Totals for Year_____

Enter the total number of events for each category for each month of the year. Enter 0 (zero) when there are no events in the month reporting.
Attach this report form as a cover sheet to the Caseload and Birth Log and all related Incident Reports for the reporting month.

MONTH	NEW CLIENTS	LEFT CARE Non-Medical Reason	LOST CONTACT	TRANSFER CARE for Medical Reason	NUMBER Of CONSULTS	NUMBER Of REFERRALS	TRANSPORTS Mother(M) Newborn(N) Both(B)	Hospitalized within 30 days of Delivery Mother(M) Newborn(N)	Number of Home Births	Number of Hospital Delivery	Number of Incident Reports
JANUARY											
FEBRUARY											
MARCH											
APRIL											
MAY											
JUNE											
JULY											
AUGUST											
SEPTEMBER											
OCTOBER											
NOVEMBER											
DECEMBER											

A copy of the Caseload and Birth Log is submitted monthly listing all clients by 4 weeks of care and postmarked by the 10th of the following month. All required incidents that must be reported to the ADH shall be documented on the Incident Report Form in the month they occur and submitted with the Caseload and Birth Log. When necessary to change a name or date on the Caseload and Birth Log, draw a single line through the incorrect entry and write the correct entry beside it. Hospitalization of the mother/newborn within 30 days of delivery must be reported within 5 business days. Complications within 48 hours of delivery that result in death of mother, infant or fetus must be reported to the department within 2 business days. Maternal and/or newborn deaths that occur between 2-30 days of delivery must be reported to the ADH within 5 business days. Submit the Caseload and Birth Log and attachments by the 10th of the following month to: **Arkansas Department of Health, Women's Health Section, Slot 16, 4815 W. Markham, Little Rock AR 72205.**

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ARKANSAS DEPARTMENT OF HEALTH
LLM INCIDENT REPORT

FOR ADH USE ONLY			
Date Received			
By Mail		By Fax	.
# of Report Pages			

LLM Name:_____**Apprentice Name:**_____

Date of Incident: _____**Date of Report:**_____

Client Name:_____ **EDD:**_____ **Delivery/Birth Date:**_____

LLM Action: Informed Refusal _____ Consult_____ Referral_____ Transfer_____ Transport_____

Third Risk Assessment (Post Dates)_____Authorized Emergency Measures_____ Un-Authorized Emergency Measures _____

Other Incident: Hospitalization of Mother/Newborn within 30 Days of Delivery_____ Unattended Home Birth_____
(Must report within 5 business days)

Maternal/Newborn Death within 48 hours Delivery _____ OR Within 2-30 days of Birth_____
(Must report within 2 business days) (Must report within 5 business days)

Describe the Condition identified by the LLM and the Related History that led to the LLM's Action:

CPM/MBC Informed Refusal Form Date Signed:_____ List the Refused Requirement(s):

Consultants Name (Physician, CNM, or ADH Clinician):_____

Hospital_____Address_____Phone Number_____

Findings of Consultant:

Recommendations and Actions of Consultant of the Consultant (for authorized emergency measures attach signed MD/CNM orders):

LLM Plan of Care:

Outcome of Care. With delivery of the newborn, include the Method of Birth, Birth Weight, Apgars, any Complications:

In accordance with the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas the Incident Report must be mailed to ADH by the 10th of the month following the event; earlier reporting is required for certain events as noted in this form. Enclose the report with the corresponding Caseload and Birth Log for the month. Documentation of medical consults must be maintained in the client health record and made available upon request.

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ARKANSAS DEPARTMENT OF HEALTH
PRECEPTOR-APPRENTICE AGREEMENT FOR NARM PEP APPRENTICES

The preceptor must submit a signed Preceptor-Apprentice Agreement for each apprentice. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The preceptor shall provide instruction prior to the performance of clinical skills, and shall sign off on the required clinical experiences and skills.

Should any Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptors unless a signed Preceptor-Apprentice Agreement is on file with ADH.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

Preceptors must meet all preceptor requirements of the North American Registry of Midwives (NARM).

Apprentice Information (PRINT):

Name_____

Address _____

City _____ State_____ Zip_____

Phones: (h)_____ (c)_____ email:_____

Preceptor Information (PRINT):

Name_____

Address _____

City _____ State_____ Zip_____

Phones: (h)_____(c)_____email:_____

Licensed by (state) _____ Date of expiration _____

CPM number_____ Date of expiration _____MBC: □ Yes □ No

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature_____ Date_____

Signature of Preceptor _____ Date_____

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ARKANSAS DEPARTMENT OF HEALTH
LLM PRE-LICENSURE CRIMINAL BACKGROUND CHECK PETITION

Last Name	First	Middle	Date
Street Address	City	State	Zip
Mailing Address, if different			
Home Phone ( )	Business Phone ( )	Other Phone (cellular, pager, etc.) ( )	Email

Criminal Record Information (Attach additional paper if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____

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ARKANSAS DEPARTMENT OF HEALTH
HOSPITAL REPORTING FORM – LAY MIDWIFE PATIENT TRANSFER

Act 977 of the 2019 Regular Session of the Arkansas Legislature requires that "A hospital or licensed healthcare facility shall report to the Department of Health when a known transfer occurs of a patient from the care of a lay midwife during the labor and delivery process to the hospital or licensed healthcare facility." Transfer reports regarding a lay midwife patient during the labor and delivery process may be filed electronically through the Lay Midwife Patient Transfer Reporting Form below or via call, mail, fax or email directed to:

Women's Health Section Phone: (501) 661-2480
Arkansas Department of Health Fax: (501) 661-2464
4815 W. Markham, Slot 16 Email: adh.whgen@arkansas.gov
Little Rock, AR 72205

*required information TYPE OR PRINT LEGIBLY IN INK

REPORTING HOSPITAL OR HEALTHCARE FACILITY INFORMATION			
Name of Facility*	Telephone Number*	Date of Patient Transfer*	
Street Address*	City*	State*	Zip Code*
CONTACT PERSON AT REPORTING HOSPITAL OR HEALTHCARE FACILITY			
Name*	Title*	Phone Number*	
Email Address			
INFORMATION ABOUT THE PATIENT			
Patient's Last Name*	Patient's First Name*	Patient's Date of Birth*	
Street Address	City	State	Zip Code

REASON FOR TRANSFER* (Check all that apply)

INTRAPARTUM	**POSTPARTUM**	**NEWBORN**
☐ Prolonged or Arrested Labor ☐ Fetal Position other than Vertex ☐ Active Genital Herpes Lesions ☐ Labor prior to 37 weeks 0 days ☐ Bleeding in Labor ☐ Meconium ☐ Prolapsed Cord ☐ Non-reassuring Fetal Heart Rate ☐ Maternal Infection ☐ Suspected or Confirmed Fetal Death ☐ Maternal Elevated Blood Pressure ☐ Unknown GBS Status ☐ Other (Please describe): _____ **Outcome of Delivery:** ☐ Vaginal Birth ☐ Cesarean Birth ☐ Additional Complications: _____	☐ Hemorrhage ☐ Symptoms of Shock ☐ Elevated Blood Pressure ☐ Tear or Laceration ☐ Maternal fever ☐ Inability to urinate ≥ 6 hours after delivery ☐ Other (Please describe): _____ _____	☐ Respiratory Distress/Cyanosis ☐ Seizures ☐ Abnormal temperature ☐ Jaundice ☐ Abnormal heart rate ☐ Unable/Refuse to Feed ☐ Congenital anomaly ☐ Petechiae or bruising ☐ Other (Please describe): _____ _____

INFORMATION ABOUT THE MIDWIFE			
Midwife's Last Name*		Midwife's First Name*	
Street Address	City	State	Zip Code

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APPENDIX B: TRANSITIONAL PROVISIONS AND FORMS

5. Transitional Apprentices
6. Preceptor-Apprentice Agreement for Transitional Apprentices
7. Apprentice Acquisition of Clinical Skills Form

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TRANSITIONAL APPRENTICES

Apprentices with active permits issued prior to the effective date of these Rules, henceforth referred to as "Transitional Apprentices", will have three (3) years from the date these Rules take effect to successfully complete their apprenticeship and submit an application for lay midwifery licensure to ADH, and request approval to sit for the NARM written examination under the requirements listed in this Appendix. If they have not done so by that date, it will be necessary for the applicant to fulfill the requirements listed in Section 201 (Initial Licensure).

1. The apprentice must submit a signed Preceptor-Apprentice Agreement to ADH within thirty (30) days of signing for each preceptor under which the apprentice trains during the course of their apprenticeship. The ADH Preceptor-Apprentice Agreement form (found in this Appendix) or available on the ADH website) shall be used for this notification.

2. Should the Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptor(s) unless a new signed Preceptor-Apprentice Agreement is on file with ADH.

3. Preceptors must be an Arkansas-licensed midwife or certified nurse-midwife, or if outside of Arkansas, preceptors must be licensed by the state of residency as a direct-entry midwife or certified nurse midwife, or have a Certified Professional Midwife credential from the North American Registry of Midwives.

4. Any changes in the apprentice's contact information must be provided to ADH by the apprentice within thirty (30) days of the status change.

5. Apprentices shall follow all applicable Arkansas laws and these Rules.

6. Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

7. Permit Renewal

   For those apprentices holding valid Apprentice Permits, on or before the effective date of these Rules, the permit must be renewed by the permit's expiration date if necessary. Renewal will only occur upon application and favorable review by ADH. This review will assure that the lay midwife apprentice is acting under the supervision of the preceptor and in accordance with these Rules. The permit will be valid until three (3) years from the effective date of these Rules. If an apprentice has not obtained Arkansas licensure by that date, the applicant will no longer be considered a transitional apprentice and must follow the guidelines for licensure found in Section 201 (Initial Licensure).

   To renew the permit, the Apprentice shall submit the following evidence at least sixty (60) days before the expiration date of the permit:

   a. A completed application (Appendix A).

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b. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include courses that are approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.

c. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.

d. Documentation of clinical experience for the time period covered for the current permit period. This includes progress made toward licensure for those years, i.e. number of antepartum (AP) visits conducted, labor managements and deliveries, newborn evaluations and postpartum examinations conducted under supervision.

e. Verification of all current Preceptor-Apprentice relationships documented by a Preceptor-Apprentice Agreement form for each preceptor signed within 90 days of application submission.

8. Initial Licensure

Transitional apprentices who are approved by ADH to sit for, and who pass, the NARM written examination will be issued a license upon completion of all other requirements.

A transitional apprentice who receives licensure must go through NARM and become certified as a CPM in order to be eligible to renew their license at the end of their initial licensure period. License renewal will follow the procedures outlined in Section 202.

Once the CPM certification is received, a notarized copy of the certificate or a verification letter sent directly from NARM must be submitted to ADH within thirty (30) days of certification.

Eligibility requirements for approval for transitional apprentices to sit for the NARM written examination:

a. A completed application.

b. Additional documentation as follows:

i. A passport style and size photo of the applicant, head and shoulders, taken within sixty (60) days of the submission date of the application and attached to the application.

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ii. A copy of one of the following documents that demonstrates the applicant is 21 years of age or older:

A. The applicant's birth certificate.

B. The applicant's U.S. passport, U.S. Driver's License or other state-issued identification document.

C. Any document issued by federal, state or provincial registrar of vital statistics showing age.

c. A copy of both sides of current certification in adult and infant cardiopulmonary resuscitation (CPR). Approved CPR courses include courses that are approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

d. A copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Note: Only certification from courses which include a hands-on skills component are accepted. Online-only courses are not accepted. It is the responsibility of the licensee to ensure this certification is current at all times and documentation must be provided upon request.

e. Documentation of a high school diploma, or its equivalent, and documentation of the highest degree attained after high school. This documentation should include the name of the issuing school or institution and the date issued. Applicant's name must be the same as on the copy of the diploma or degree. If applicant's name is not the same, applicant must submit proof of name change with application.

f. Verification of professional health-related licensure in other jurisdictions may be requested by ADH.

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9. Documentation of Practical Experience

Applicants for licensure must demonstrate competency in performing clinical skills during the antepartum, intrapartum, postpartum, and the immediate newborn periods. Each applicant must successfully complete an evaluation of clinical skills. The applicant must submit a statement that the following minimal practical experience requirements have been performed under the supervision of a physician, CNM, or LLM.

These forms should be submitted only after the applicant has a "pass" on each item, except for certain emergencies that may not occur during a preceptorship. The following required forms must be submitted:

a. Clinical Experience Documentation for Births as a Primary Midwife form

b. Preceptor Verification Form for LLM Application

c. Documentation of Acquisition of Clinical Knowledge and Skills (completed by each Preceptor Midwife)

   i. The applicant must attend a minimum of 20 births as an active participant.

   ii. Functioning in the role of primary LLM under direct on-site supervision, the applicant must attend a minimum of an additional 20 births, of these:

      A. A minimum of 10 must occur in an out-of-hospital setting and

      B. A minimum of 3 must include at least 4 prenatal exams, birth attendance, the newborn exam, and 1 postpartum exam, each conducted personally by the applicant with direct supervision.

      C. 75 prenatal exams, including 20 initial exams

      D. 20 newborn exams

      E. 40 postpartum exams

10. Licensing Examination

   a. After the provisions listed above are satisfactorily completed, the applicant is eligible to take the NARM licensing exam.

   b. Upon receipt of documentation that the applicant has passed the NARM examination the applicant is eligible to take the Arkansas Rules Examination, administered at ADH at least three (3) times each year.

   c. The applicant shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the test.

   d. If an applicant scores eighty percent (80%) or higher correct answers on the Arkansas Rules Examination, ADH shall provide to an applicant a written notice of examination results and a license will be issued.

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ARKANSAS DEPARTMENT OF HEALTH
PRECEPTOR-APPRENTICE AGREEMENT FOR TRANSITIONAL APPRENTICES

The apprentice must submit a signed Preceptor-Apprentice Agreement for each preceptor under whom they train. The preceptor is responsible for the training of the apprentice and for supervision of the apprentice's performance as an assistant or primary midwife in the attainment of the required clinical experiences and demonstration of skills. The preceptor shall provide instruction prior to the performance of clinical skills, and shall sign off on the required clinical experiences and skills.

Should any Preceptor-Apprentice Agreement be terminated by either party, it is the responsibility of both parties to notify ADH immediately. An apprentice must not continue to perform under any preceptors unless a signed Preceptor-Apprentice Agreement is on file with ADH.

Apprentices shall follow all applicable Arkansas laws and these Rules.

Apprentices are required to comply with all provisions of HIPAA (Health Insurance Portability and Accountability Act).

Apprentice Information (PRINT):

Name_____

Address _____

City _____ State_____ Zip_____

Phones: (h)_____ (c)_____ email:_____

Preceptor Information (PRINT):

Name_____

Address _____

City _____ State_____ Zip_____

Phones: (h)_____(c)_____email:_____

Licensed by (state) _____ Date of expiration _____

CPM number_____ Date of expiration _____MBC: □ Yes □ No

If preceptor is not licensed in Arkansas, a notarized copy of state license or CPM certificate must be submitted or a verification letter sent by NARM directly to ADH.

I agree to provide training in all of the required clinical knowledge and skills, and to supervise by direct, on-site, supervision, all clinical experiences that will have my signature on the clinical documentation experience forms for:

Apprentice's signature_____ Date_____

Signature of Preceptor _____ Date_____

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ARKANSAS DEPARTMENT OF HEALTH
APPRENTICE PERMIT RENEWAL

Renewed permits will be valid until three (3) years from the effective date of the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.

Last Name First Middle	Date of Birth	Date
It is your responsibility to notify us of any change in name or address	Social Security Number	

Address (include Street, City, State, Zip)	Home Phone ( )
	Business Phone ( )
Mailing Address, if different from above	Other Phone (pager, etc.) ( )
	Email Address

Current Health Related Licenses	State	License Number	Expiration Date

Have you ever had a license revoked in any health-related field **since last application**? o Yes o No If yes, specify _____ _____	Have you ever been convicted of a felony **since last application**? o Yes o No If yes, specify _____ _____

_____
Signature of Applicant Date

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PROCEDURES FOR APPLYING FOR RENEWAL OF LAY MIDWIFERY APPRENTICE PERMIT
For Transitional Apprentices

Transitional Apprentices will have three (3) years from the effective date of the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas to successfully complete their apprenticeship and submit an application for lay midwifery licensure to ADH. If necessary, the apprentice permit may be renewed during this period and will be valid until three (3) years from the effective date of the Rules. The permit must be renewed by the permit's expiration date. All renewal requirements must be received by ADH at least 60 days before the permit's expiration date.

In order to be reviewed an application for renewal must be complete and accompanied by all supporting documentation. **Type or print the application and review thoroughly before submitting. An incomplete application will delay processing.**

All applicants must submit the following items before your application will be considered:

- ☐ 1. Complete application form.
- ☐ 2. Copy of both sides of current certification in adult and infant cardiopulmonary resuscitation. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. Approved CPR courses include the American Heart Association and the American Red Cross. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- ☐ 3. Copy of both sides of current certification in neonatal resuscitation through a course approved by NARM. Only certifications from courses which include a hands-on component are accepted. Online-only courses are not accepted. It is the responsibility of the apprentice to ensure this certification is current at all times and documentation must be provided upon request.
- ☐ 5. Verification of all current Preceptor-Apprentice relationships documented by Preceptor-Apprentice Agreement forms for each preceptor signed within 90 days of application submission.
- ☐ 6. Notarized documentation of clinical experience for the time period covered for this licensing period. This includes progress made toward licensure that year, i.e. number of AP visits conducted, labor managements and deliveries, newborn evaluations and post-partum examinations conducted under supervision.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- A Preceptor-Apprentice Agreement form must be signed by each preceptor under which the apprentice trains during the course of the apprenticeship and sent to ADH by the apprentice within 30 days of signing. An apprentice shall submit written notice to ADH within 30 days after any change to the relationship with a preceptor.

Mail all forms and attachments to:

ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205

DRAFT

DOCUMENTATION OF ACQUISITION OF CLINICAL KNOWLEDGE AND SKILLS FOR TRANSITIONAL APPRENTICES ONLY:

Instructions for the Documentation of Clinical Experiences

All apprentices must have a Preceptor-Apprentice agreement on file with ADH for each preceptor under whom the apprentice trains. These preceptors are responsible for the training of the apprentice and for the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences.

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms at the time the skill is performed competently. Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor should be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the midwife's prenatal exam, initial interview and history (Appendix B, #9.c.).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

**It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved.

Documentation of Acquisition of Clinical Knowledge and Skills

Clinical Experience Documentation for Births as an Active Participant

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Assist at Initial Midwife Exam	Number of Additional Prenatals	Assist at Birth	Date of birth	Place of birth	Assist Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	4	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
Minimum required			20					
Your numbers								

There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport.
There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.

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Clinical Experience Documentation for Births as Primary Midwife

*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice _____

Client Initials	Perform Initial Midwife Exam	Number of Additional Prenatals	Manage Labor and Birth	Date of birth	Place of birth	Perform Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	8	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
Minimum required	20	55	20			20	40	
Your numbers								

The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatals, birth, newborn, and 2 postpartum exams. Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward required primary births, but may be documented for prenatal exams, etc.**

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Documentation of Acquisition of Clinical Knowledge and Skills

Apprentice's name _____

The following skills must be documented by a qualified preceptor as being competently performed by the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the knowledge implied by the performance of the skill. Please indicate "by discussion" if skill is not performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor Verification Form.

General Skills

Demonstrates use of universal health precautions relevant to midwifery care_____
Demonstrates appropriate application of aseptic and sterile technique_____
Demonstrates thorough and accurate documentation of care_____

Pharmacology

Demonstrates knowledge of the benefits and risks of the following and refers for prescription and administration when indicated:
Rh Immune Globulin (RhoGam) for an Rh negative mother _____
Vitamin K & erythromycin for the newborn _____
Pitocin _____
Safe use, care, and transport of oxygen _____
Prophylaxis for Group B Strep_____
Postpartum Rubella immunization when non-immune_____

Antepartum

Assessment Skills:

Basic health history/OB and gynecological history/family history_____
Obtains diet history and provides nutritional education _____
Obtains interval updates of medical history_____
Evaluates general appearance _____
Obtains weight and height _____
Assesses maternal weight gain_____
Vital signs: temp, pulse, respirations, blood pressure_____
Urine testing for glucose, protein and nitrites_____
Examination of the skin for color and appearance_____
Examination of the pupils, whites and conjunctiva of the eyes_____
Examination of the thyroid gland for enlargement_____
Examination of lymph glands of the neck and underarm for enlargement_____
Auscultates heart for rate and rhythm_____
Auscultates lungs for abnormal breath sounds_____
Percusses the costovertebral angle for pain_____
Speculum examination of the vagina for color, discharge, leakage of fluid_____
Identifies position, presentation, lie of fetus (Leopold's maneuvers) _____
Assessment of Fetal Heart Rate auscultated by fetascope or doppler _____
Identifies pelvic landmarks, assesses pelvis_____
Measurement of fundal height_____

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Documentation of Acquisition of Clinical Knowledge and Skills

Estimates fetal size_____
Lower extremities for varicosities _____
Edema of face legs and hands_____
Determines estimated due date _____
Assesses well-being _____

Intervention Skills:

Evaluates knowledge of self- breast exam techniques _____
Instruction of clean catch urine specimen _____
Recognizes the indications for genetic counseling and refers as appropriate_____
Understands and applies knowledge of good eating practices_____
Evaluates and makes recommendations for discomforts of pregnancy _____
Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis_____
Demonstrates knowledge of normal and abnormal of required prenatal screening tests
_____
Completes pre-delivery home visit_____
Educates regarding home birth supplies _____

Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:

Suspected abnormality on physical examination_____
Size/Date discrepancy _____
Elevated Blood Pressure Readings _____
Abnormal Kick Count_____
Abnormal weight gain or loss_____
Abnormal Prenatal screening tests _____
Symptoms of urinary tract infections_____
Hyperemesis_____
Abnormal Fetal Heart Rate Patterns_____
Absence of Fetal Heart Rate_____
Position other than vertex presentation _____
Preterm labor_____
Symptoms of Ectopic (Tubal)pregnancy _____
Abnormal vaginal bleeding_____
Prolonged or Premature rupture of membranes _____
Post term pregnancy _____

<u>Labor and Birth</u>

Assessment Skills:

Takes history relevant to labor _____
Assesses effacement and dilation of cervix _____
Assesses station of presenting part _____
Assesses fetal lie, position, and descent _____
Assesses uterine contractions for frequency, duration, and intensity _____
At required intervals, monitors and assesses fetal heart rate during and between contractions
_____
Assesses food and fluid intake and output_____

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Assesses maternal well-being and responds appropriately:
Vital signs_____
Emotional well being _____
Assesses labor progress_____

Intervention Skills:

Demonstrates basic labor support skills and comfort measures_____
Uses maternal position changes to facilitate labor _____
Demonstrates perineal support and hand techniques for delivery _____
Demonstrates proficiency in assisting normal, spontaneous vaginal birth _____
Supports father and other family members _____
Organizes birth equipment _____
Follows sterile technique _____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:

Abnormal fetal heart rates/patterns _____
Prolapsed cord _____
Breech presentation and birth _____
Face presentation and birth _____
Multiple birth _____
Shoulder dystocia _____
Abnormal bleeding _____
Nuchal hand, arm, or cord _____
Edematous cervical lip _____
Rupture of membranes _____
Meconium stained fluids _____
Abnormal changes in vital signs (maternal)_____
Maternal dehydration and/or exhaustion_____
Prolonged labor in:
Primagravida_____
Multigravida_____
Abnormal progress of labor_____
Symptoms of Pre-eclampsia_____
Suspected fetal death_____

<u>Postpartum Period</u>

Assessment Skills

Determines signs of placental separation _____
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color _____
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots _____
Identifies bladder distention and consults or refers if indicated _____
Assesses and estimates blood loss _____
Assesses lochia: amount, odor, consistency, color _____
Recognizes postpartum hemorrhage_____
Recognizes symptoms of shock_____
Assesses perineum and cervix for lacerations _____

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Identifies potential perineal infection or suture breakdown_____
Identifies abnormal uterine size after delivery of placenta_____
Identifies signs of uterine infection _____
Identifies need for Family Planning counseling and refers as indicated_____

Intervention Skills:

Appropriately assists with placental delivery _____
Demonstrates competency in repair of 1st and 2nd degree perineal lacerations_____
Demonstrates plan for referral for extensive lacerations_____
Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan)_____
_____
Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan_____
Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void)_____
_____
Develops guidelines for emergency transport of mother or baby _____
Performs maternal exam at 12-24 hours _____
Performs Postpartum evaluation at 2-6 weeks_____

Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:

Abnormal uterine involution_____
Maternal fever_____
Signs of uterine infection_____
Signs of breast infection_____
Hemorrhage_____
Third and fourth degree lacerations_____
Signs and symptoms of shock_____
Activates emergency transport plan_____

Newborn Care

Assessment Skills:

Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns_____
Determines APGAR scores at one and five minutes_____

Performs newborn assessment and evaluation to minimally include:

General appearance _____
Alertness _____
Flexion of extremities and muscle tone _____
Sucking _____
Palate: visualization and palpation _____
Skin color, lesions, birthmarks, vernix, lanugo, and peeling _____
Measurements of length, head and chest circumference _____
Weight _____
Head: molding, fontanels, hematoma, caput, sutures _____
Eyes: jaundice of whites, pupils, tracking, spacing _____

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Ears: positioning, responds to sound, appear patent _____
Observe chest for symmetry _____
Listen to and count heart rate and respirations _____
Fingers and toes, normal structure and appearance, creases, prints _____
Genitalia: normal appearance, testicle descent in males _____
Takes and records temperature _____
Takes and records femoral pulse _____
Assesses baby for jaundice _____
Gestational age assessment and refers for less than 36 weeks gestation_____
Performs newborn exam at 24-48 hours _____

Intervention Skills:

Assures that the baby's airway is clear, uses suction when indicated_____
Promotes temperature regulation of newborn _____
Supports the establishment of emotional bonds among the baby, mother, and family_____
Cuts, clamps, and cares for cord_____
Collects cord blood when indicated _____
Documents administration of eye prophylaxis _____
Performs or refers for the state required Newborn Screening test _____
Completes Infant Hearing Loss Screening Form_____
Educates mother/parents regarding cord care _____
Assists mother in establishing breastfeeding _____
Provides breastfeeding instruction information _____
Instructs mother in normal and abnormal feeding patterns_____
Assists with breastfeeding positioning and milk expression _____

Identifies and takes appropriate action including consultation ,referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:

Apgar score of less than 5 at one minute or 7 at 5 minutes_____
Jaundice at 0-24 hours_____
Meconium staining on the skin_____
Abnormal heart rate_____
Birth weight less than 5 lbs or greater than 10 lbs_____
Abnormal voiding or stool pattern_____
Temperature over 100 or less than 97.7_____
Abnormal cry_____
Abnormal feeding patterns (vomiting, poor suck, lethargy)_____
Jaundice at 24-48 hours_____
Abnormal respiratory pattern (tachypnea or apnea)_____
Signs of bleeding (i.e. petechia, bruises)_____
Rupture of membranes more than 24 hours before birth_____

<u>Education and Counseling Skills</u>

Interaction, Support and Counseling Skills:

Understands and applies principles of informed choice _____
Exhibits communication skills with women, peers, other health care providers
_____

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Functions as women's advocate during pregnancy, birth, and postpartum period_____
Assesses maternal support system _____
Consults with other health care professionals regarding problems _____

Basic Prenatal Education

Understands and can demonstrate knowledge of:

Emotional and physical changes during pregnancy and postpartum _____
Signs of labor _____
Fetal development _____
Preparing home and family members for birth, as is culturally relevant _____
Preparation for breastfeeding _____
Effects of smoking, drugs, and alcohol consumption _____
Signs and symptoms that necessitate an immediate call to the midwife _____
Preparation for the postpartum period _____
Exploration of fears, concerns, and psycho-social status with family, as appropriate_____
Benefits of exercise _____
Sexuality education appropriate to pregnancy and postpartum _____
Information about required prenatal tests and lab work _____
Circumcision information, as culturally appropriate _____
Information regarding eye prophylaxis _____
Information regarding vitamin K _____
Information regarding the LLM Newborn Care Kit provided by ADH_____
Information regarding the state required PKU for newborn screening_____
Information regarding the Newborn Screening test _____
Information regarding Screening for Infant Hearing Loss_____

Record Keeping and Forms

Demonstrates knowledge on completion of the Birth Certificate_____
Demonstrate knowledge on completion of the Acknowledgement of Paternity Affidavit_____
Demonstrate knowledge of LLM Caseload and Birth Log and ADH submission requirements_____
Demonstrate knowledge of Incident Report and ADH submission requirements_____
Understand components of Emergency Back-up Plans_____
Understand components of LLM Disclosure Form_____
Understand the LLM record keeping requirements_____
Understand the ADH record audit requirements_____
Understand requirements for CLIA certification to perform laboratory tests_____

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Documentation of Acquisition of Clinical Knowledge and Skills

By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas.

_____ _____

Signature of Preceptor date

<u>*Notarize here if you are an Apprentice applying for the Lay Midwife License</u>

Notary seal for verification of preceptor's signature:

_____ _____ _____

Signature of Notary date signed date of expiration

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Documentation of Acquisition of Clinical Knowledge and Skills

Preceptor Verification Form for LLM Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health for each preceptor under whom they train. Preceptors are responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with ADH. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as a licensed midwife or CNM, or must have the credential Certified Professional Midwife (CPM). Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM: ☐ Yes ☐ No CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

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Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

Name _____
Address _____ _____
Phone_____ E-mail_____
Licensed in which state?_____ License number_____
CPM? _____ CPM #_____ date of expiration _____
Dates of supervision _____ to _____
Number of births supervised as assistant _____ number primary_____
Number PRIMARY: initials_____, prenatals_____, newborns_____, postpartums_____
Signature of Preceptor _____

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APPENDIX C: CEU CALCULATIONS

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CEU CALCULATIONS

CALCULATIONS FOR NUMBER OF CEUS REQUIRED FOR LLM RENEWAL OF LICENSE BASED ON ALL BEING RENEWED IN AUGUST EVERY 3 YEARS.

Months since license was issued	Number of CEUs required
36	30 hours
35	29 hours
34	28 hours
33	27 hours
32	27 hours
31	26 hours
30	25 hours
29	24 hours
28	23 hours
27	23 hours
26	22 hours
25	21 hours
24	20 hours
23	19 hours
22	18 hours
21	17 hours
20	17 hours
19	16 hours
18	15 hours
17	14 hours
16	13 hours
15	12 hours
14	11 hours
13	10 hours
12	10 hours
11	9 hours
10	8 hours
9	7 hours
8	6 hours
7	5 hours
6	4 hours
5	3 hours
4	3 hours
3	2 hours
2	1 hours
1	0 hours

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