

**Summary of Proposed Changes  
Rules Pertaining to Licensed Lay Midwives  
3/31/17**

#	SECTION	REVISION	SUPPORTING INFORMATION
1	Through-out Document	<ol style="list-style-type: none"> <li>1. Added "Licensed" to term "Lay Midwife" where appropriate</li> <li>2. Changed references to "Division" to "ADH"</li> <li>3. Changed 36 weeks to 37 weeks</li> </ol>	<ol style="list-style-type: none"> <li>1. Requested by MAB to clarify their status</li> <li>2. To conform to ADH terminology</li> <li>3. To establish a safe standard by utilizing the nationally recognized definition for a term pregnancy.</li> </ol>
2	Cover page	Struck AR Code §§25-15-201(Administrative Procedure Act) and added AR Code §§20-7-109 (Authority to regulate public health – Exceptions)	Per legal.
3	Title Page	Changed title to match cover page	For consistency
4	Table of Contents	Automated Table of Contents.	For ease of updating document.
5	101	Purpose and Authority: Updated and cleaned up language	Outdated language removed.
6	102	Administration of Program <ol style="list-style-type: none"> <li>1. Deleted unnecessary language.</li> <li>2. Moved language regarding establishment of midwifery advisory board and specifics to separate section (109) - see Item #8</li> </ol>	<ol style="list-style-type: none"> <li>1. The phrase "to oversee the practice of Licensed Lay Midwives" causes confusion and is subject to interpretation.</li> <li>2. This is also to clarify that the MAB does not administer the LLM program and that their role is advisory.</li> </ol> <p>These decisions stem from the fact that the Act directs the Board of Health to administer the provisions of the Act, and the Board of Health has in turn delegated the authority to do that to the Arkansas Department of Health.</p>
7	103	Updated definitions list.	To correspond to changes in the Rules.
8	104	New Section: Scope of Practice <ol style="list-style-type: none"> <li>1. Client must be at low-risk for the development of complications and expect a healthy delivery.</li> <li>2. LLM is responsible for the care of the healthy newborn for the first 14 days of life but LLM can continue to provide counseling regarding routine newborn care and breastfeeding.</li> <li>3. If any abnormality is suspected newborn must be sent for evaluation.</li> <li>4. Moved "referral physician" (2008 Rules Section 500) here and modified. Removed sentence concerning duty of referral physician to provide support when serious conditions occur.</li> <li>5. Stated apprentice midwives and LLM assistants must work under the on-site supervision of their preceptor.</li> <li>6. Establishes a graduated system for informed refusal based on</li> </ol>	<p>To adequately describe the procedures, actions, and processes that an LLM is permitted and required to undertake in keeping with the terms of their credentials.</p> <ol style="list-style-type: none"> <li>1. Modified the existing sentence in the 2008 Rules Section 400 to clarify type of care to be provided.</li> <li>2. Specified that the healthy newborn up to 14 days is included in the term "client" and what type of care can continue after that period.</li> <li>3. Specified that newborn must be transferred in case of suspected abnormality.</li> <li>4. Fits within this section. Sentence removed since emergency situations may occur when it is not possible for referral physician to provide support so can't require as their duty.</li> <li>5. Clarified role of assistants to the LLM.</li> <li>6. In response to request from MAB</li> </ol>

		<p>credentials.</p> <ol style="list-style-type: none"> <li>7. LLMs with a CPM may care for clients who refuse a certain list of tests or procedures, or do not meet certain requirements as outlined.</li> <li>8. LLMs with a CPM and an MBC may care for clients who refuse any test, procedure, treatment, referral, or medication except for: <ol style="list-style-type: none"> <li>a. Precluded conditions</li> <li>b. Requirement of having the risk assessments</li> <li>c. Conditions requiring immediate transport</li> </ol> </li> <li>9. LLMs that do not have an CPM or an MBC may not continue care of clients that refuse recommended requirements except for the recommended Rh immunoglobulin as outlined.</li> <li>10. Procedures for informed refusal are listed including <ol style="list-style-type: none"> <li>a. Responsibility of LLM to inform client of risks to mother and baby and provide current evidence both written and verbal.</li> <li>b. Documentation of client's refusal</li> </ol> </li> <li>11. LLM has responsibility to engage in process of continuous evaluation and use judgment in assessing client's condition. LLM has right and responsibility to terminate care if client's condition exceeds LLM's knowledge, experience or comfort level.</li> <li>12. Procedures for medications that are administered at the home birth site are outlined.</li> <li>13. LLM must comply with HIPAA.</li> <li>14. LLM must comply with provisions of CLIA.</li> </ol>	<p>and upon advice of ad hoc committee asked to study and incorporate informed refusal.</p> <ol style="list-style-type: none"> <li>7. #7-10 outline the tiered system and procedures for documenting informed refusal.</li> <li>11. Stress LLM's responsibility and that process of evaluation is continuous.</li> <li>12. Procedures not listed in 2008 Rules.</li> <li>13. HIPAA compliance added.</li> <li>14. CLIA compliance added.</li> </ol>
9	105	<p>New Section: Title Protection:</p> <ol style="list-style-type: none"> <li>1. Outlines unlawful practice and compensation, legal jurisdiction, issuance of injunction.</li> <li>2. Requires LLM to use the title or initials "LLM" on all materials related to their practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. To provide protection of the public by distinguishing the licensed and regulated lay midwives from those midwives or other persons practicing without licensure and oversight in Arkansas.</li> <li>2. To provide an official and consistent title that will enable the public to readily distinguish the midwife who is licensed to practice in Arkansas.</li> </ol>
10	106	<p>New Section: Delegation of LLM Functions</p> <ol style="list-style-type: none"> <li>1. Provides for an LLM to engage an assistant.</li> <li>2. Lists what tasks LLM assistants may and may not perform.</li> <li>3. Requires LLM to monitor and document assistant's services.</li> <li>4. States that LLM is accountable to act according to the Rules until care for a client is terminated.</li> <li>5. Describes services performed by a registered nurse at request of LLM and parameters.</li> </ol>	<p>No Rules in 2008 cover delegation of functions.</p>
11	107	<p>New Section: Advertising</p> <p>Provides specifics and outlines what advertising would be deemed false, deceptive or misleading.</p>	<p>In 2008 Rules advertising was only referred to under revocation of license. No specifics were included.</p>
12	108	<p>New Section: Immunizations</p> <p>Encourage LLMs to have routine vaccinations.</p>	<p>Requirements for TB testing and proof of Rubella immunization have been dropped (see below). Instead advising routine vaccinations.</p>
13	109	<p>Midwifery Advisory Board (MAB) section:</p> <ol style="list-style-type: none"> <li>1. Moved from Section 102 Administration of Program to Section 109</li> </ol>	<ol style="list-style-type: none"> <li>1. To clarify that the role of the MAB is an advisory board and does not have a role in administering the program.</li> </ol>

		<ol style="list-style-type: none"> <li>2. Changed board composition to remove requirement for a physician practicing obstetrics and add member-at-large.</li> <li>3. Included information on nomination, terms of service, and organizational structure.</li> <li>4. Added to duties the review of statistical reports and disciplinary case reports.</li> </ol>	<ol style="list-style-type: none"> <li>2. In acknowledgement of the difficulty in getting a physician to participate on the MAB, the requirement has been changed to member-at-large.</li> <li>3. To clarify.</li> <li>4. Requested by the MAB for quality improvement purposes.</li> </ol>
14	110	New Section on Continuing Education Activities of the MAB	To outline specifics of the review of proposed courses.
15	200	<p>Licensing:</p> <ol style="list-style-type: none"> <li>1. Licensed for 3 years instead of 2.</li> <li>2. Added requirement of Certified Professional Midwife credential from NARM</li> <li>3. Allowance for currently continuously licensed LLMs to continue without CPM requirement</li> <li>4. Added language that LLM is responsible to keep all credentials current.</li> <li>5. Added LLMs who receive a CPM or Midwifery Bridge Certificate must provide verification with license, renewal or within 30 days of certification.</li> <li>6. Added procedure for lapse of credential.</li> <li>7. Added name change procedure.</li> <li>8. Added apprentices with valid permit prior to effective date of these Rules will follow current requirements listed in Appendix B.</li> <li>9. Added procedure for appeal of application decision.</li> </ol>	<ol style="list-style-type: none"> <li>1. To align with NARM's 3 year CPM credentialing cycle.</li> <li>2. To require national standard for credentials and licensing.</li> <li>3. Necessary allowance.</li> <li>4. #4-9 describe procedures for licensing, some of which had been included on 2008 forms but were not listed in the Rules.</li> </ol>
16	201	<p>Eligibility Requirements for Initial Licensure Added:</p> <ol style="list-style-type: none"> <li>1. Must provide photo and specifics</li> <li>2. Must be 21 years of age and documentation required</li> <li>3. CPM or CM (Certified Midwife) documentation</li> <li>4. Must provide documentation of MBC if held</li> <li>5. A list of all professional health-related licensure held</li> <li>6. How to appeal application decision</li> </ol> <p>Changed:</p> <ol style="list-style-type: none"> <li>7. Specified that Arkansas Rules examination will be administered 3 times a year</li> <li>8. Changed passing score of Rules exam from 75% to 80%</li> <li>9. Required proof of identity to sit exam</li> <li>10. ADH shall provide written notice of exam results</li> <li>11. Removed the limit of 3 re-tests</li> </ol> <p>Removed:</p> <ol style="list-style-type: none"> <li>12. Requirement for proof of TB status</li> <li>13. Requirement for proof of rubella immunity</li> <li>14. CPR certification documentation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Previously required on form but not listed in Rules.</li> <li>2. No age requirement in 2008 Rules. Establishing requirement for age-related level of maturity and judgement.</li> <li>3. #3-6 describe procedures.</li> <li>7. Reduces ADH administrative burden of administering exam on-demand.</li> <li>8. Reflects the average passing score of ADH apprentices. Ignorance of the Rules has been common excuse for practice and procedural errors.</li> <li>9. Previously required on form but not listed in Rules.</li> <li>10. Requested by MAB.</li> <li>11. After 3 tests, apprentice was required to repeat apprenticeship. Apprenticeship will now be done through NARM and request repeat not feasible.</li> <li>12. Home health workers are not required to have TB testing anymore, and it was determined that lay</li> </ol>

		<p>15. Practical experience documentation.</p> <p>16. Requirement to take the NARM written exam</p>	<p>midwives fit into this same category.</p> <p>13. Rubella has been eradicated from Western Hemisphere, and virtually all women have been vaccinated.</p> <p>14. CPR is required for CPM certification so can be assumed.</p> <p>15. Applicant will no longer submit this documentation since apprenticeship is done through NARM.</p> <p>16. Required for CPM so unnecessary to list.</p>
17	202	<p>Renewal:</p> <ol style="list-style-type: none"> <li>1. Changed renewal from every 2 years to every 3 years with specific dates.</li> <li>2. Outlined procedures for LLMs being grandfathered in who don't have CPM.</li> <li>3. Added specifics for CPR certification.</li> <li>4. Added requirement of neonatal resuscitation certification.</li> <li>5. Removed requirement for proof of negative TB status.</li> <li>6. Changed clinical skills requirement from 20 CEUs to 30 CEUs to conform to 3 year renewal period.</li> <li>7. Added section for renewal procedures for LLMs with a CPM.</li> <li>8. Added requirement that Arkansas Rules Examination must be taken for each licensing period.</li> <li>9. Added language on how to appeal decisions.</li> </ol>	<ol style="list-style-type: none"> <li>1. To align with NARM 3 year CPM renewal.</li> <li>2. #2-6 are renewal requirements for LLMs grandfathered in.</li> <li>7. New for CPMs.</li> <li>8. New requirement. Ignorance of the Rules has been common excuse for practice and procedural errors.</li> <li>9. Requested by MAB.</li> </ol>
18	2008 Rules, Section 301.03	Removed section "Practical Experience Equivalency"	Allowed for CPM certification to replace the ADH-overseen apprenticeship requirement. CPM certification will be the standard for licensing in the new Rules so section is no longer applicable.
19	203	<p>Section Title "Revocation" changed to "Grounds for Denial of Application, Discipline, Suspension, or Revocation of License"</p> <p>Added:</p> <ol style="list-style-type: none"> <li>1. Securing a license or permit through deceit, fraud, or intentional misrepresentation.</li> <li>2. Practicing midwifery on expired credentials.</li> <li>3. 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.</li> <li>4. Failure to submit requested midwifery records in connection with an investigation.</li> <li>5. 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.</li> <li>6. Revocation of CPM certification by NARM.</li> <li>7. Knowingly or negligently allowing an LLM apprentice to practice midwifery without a supervising preceptor present, except in an emergency.</li> <li>8. 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 and Regulations for Free-Standing Birthing Centers.</li> <li>9. Displaying the inability to practice midwifery with reasonable skill and safety because of illness, disability, or psychological</li> </ol>	Expanded and modified section to clarify the possible actions that might affect licensing.

		<p>impairment.</p> <ol style="list-style-type: none"> <li>10. Judgment by a court of competent jurisdiction that the individual is mentally impaired.</li> <li>11. Disciplinary action taken by another jurisdiction affecting the applicant’s legal authority to practice midwifery in that jurisdiction.</li> <li>12. 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.</li> <li>13. Failure to comply with an order issued by the Arkansas State BOH or a court of competent jurisdiction.</li> </ol> <p>Modified list items:</p> <ol style="list-style-type: none"> <li>1. Submitting false or misleading information to ADH, the BOH, or the MAB.</li> <li>2. Knowingly or negligently employing, supervising, or permitting (directly or indirectly) any person to perform any work not allowed by these Rules.</li> <li>3. 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), RN (Registered Nurse), CNM, CM, APRN (Advanced Practice Registered Nurse), RNP (Registered Nurse Practitioner), EMT (Emergency Medical Technican) or paramedic, falsely implying involvement by such a medical professional.</li> <li>4. 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.</li> <li>5. Practicing outside the scope of practice and protocols as outlined in these Rules.</li> </ol> <p>Removed from list:</p> <ol style="list-style-type: none"> <li>1. Dereliction of any duty imposed by law.</li> </ol>	
20	204	Added new section listing possible disciplinary actions and process.	Requested by MAB.
21	205	<p>Inactive Status:</p> <ol style="list-style-type: none"> <li>1. Length of inactive status changed from maximum of 4 years to 3 years.</li> <li>2. Clarified procedure for reactivation of license and new requirements.</li> </ol>	<ol style="list-style-type: none"> <li>1. To align with CPM and new License length of 3 years.</li> <li>2. To conform to new renewal requirements.</li> </ol>
22	206	Reactivation of Expired License	Revised to conform to new Rules for licensure.
23	207	<ol style="list-style-type: none"> <li>1. Section Title "Apprentice Permit" changed to "Apprenticeships"</li> <li>2. Rules in this section moved to Appendix B.</li> <li>3. Language concerning LLM requirements to be a preceptor of apprentices.</li> <li>4. Language that all apprentices must follow all Arkansas laws, the Rules and comply with HIPAA.</li> </ol>	<ol style="list-style-type: none"> <li>1. Apprentice permits no longer issued by ADH as apprentices required to go through NARM.</li> <li>2. Only apply to current "transitional" apprentices.</li> <li>3. To specify requirements.</li> <li>4. To ensure apprentices understand that even though they do not receive a permit from ADH any longer they still fall under these Rules, HIPAA and Arkansas law.</li> </ol>
24	300	Moved Scope of Practice from this section’s title to new section	<ol style="list-style-type: none"> <li>1. Created new section for Scope of Practice and expanded content (see Section 104)</li> </ol>

		1. Reorganized entire Protocols section.	2. Provide better and sequential flow of information.
25	301 #1	Removed apprentice permit from requirement for licensing.	Apprentice permits will no longer be issued by ADH. Apprentices will do their apprenticeship through NARM.
26	301 #2	Required Disclosure Form will be provided by ADH. Eliminated list of what LLM should include in a consent form.	Provides standardization of required information being provided to LLM clients.
27	301 #3	Expanded information to be included in emergency plan.	To ensure client is thoroughly considering emergency plan.
28	301.01	New Section Added: Termination of Care	Clarification of process requested by MAB.
29	301.02	New Section Added: Transfer of Care	Clarification of process requested by MAB.
30	302.01	Risk Assessments: <ol style="list-style-type: none"> <li>1. Included information on the third risk assessment in this section which was previously only listed under 303.03 Antepartum Monitoring</li> <li>2. Expanded section to include details of requirements of each risk assessment.</li> </ol>	<ol style="list-style-type: none"> <li>1. To re-organize the requirements for all risk assessments into one section.</li> <li>2. To clarify the requirements of each assessment.</li> </ol>
31	2008 Rules, Section 402.01	Frequency of Visits moved to Routine Antepartum LLM Care (new 302.04)	No change in requirements.
32	302.02	<ol style="list-style-type: none"> <li>1. Section Title "Routine Services" changed to "Antepartum Services at or near the Initiation of Care"</li> <li>2. Added sentence that exceptions to required services are at the discretion of the clinician performing the risk assessment and must be documented.</li> <li>3. Added/clarified required services: <ol style="list-style-type: none"> <li>a. #5a Added "HPV test" to Pap test</li> <li>b. #5d Added "CBC with platelets or" to H&amp;H</li> <li>c. #5e Changed VDRL to "Test for Syphilis"</li> <li>d. #5f Changed to "Urine culture"</li> <li>e. #5g Changed Blood Sugar to test according to national standards</li> </ol> </li> <li>4. Moved Group B Strep screening at 35-37 weeks</li> </ol>	<ol style="list-style-type: none"> <li>1. To clarify these are services performed at initial risk assessment</li> <li>2. To clarify the procedure that was practiced under 2008 Rules but not noted in Rules.</li> <li>3. <ol style="list-style-type: none"> <li>a. Updated test to reflect national standards.</li> <li>b. Expanded test requirement to reflect national standards.</li> <li>c. Clarified testing for syphilis.</li> <li>d. Expanded test requirement to reflect national standards.</li> <li>e. Clarified testing according to national standards.</li> </ol> </li> <li>4. Not appropriate to be listed in this section since not required at initial risk assessment</li> </ol>
33	302.03	New Section: Collection of Laboratory Specimens Expanded information previously listed under routine services.	To clarify testing procedures and requirements for interpretation of test results.
34	302.04	Routine Antepartum LLM Care <ol style="list-style-type: none"> <li>1. Moved "Frequency of Visits" section here (see Item 31)</li> <li>2. H&amp;H must be repeated at or near 28 weeks moved to new section "Services Required at 24-28 Weeks" (302.05).</li> <li>3. Transfer of care sentence removed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reorganized for ease of reference</li> <li>2. Reorganized for ease of reference</li> <li>3. Transfer of care information listed in new section (301.02).</li> </ol>
35	302.05	New Section: "Required Antepartum Services at 24-28 Weeks Gestation" <ol style="list-style-type: none"> <li>1. Moved Rh Protocol here.</li> <li>2. Clarified protocol.</li> </ol>	<ol style="list-style-type: none"> <li>1. Moved requirements from 2008 Rules 402.04 "Rh Follow-Up Protocol" to 302.05 improve organization and ease of reference for requirements at 24-28 weeks</li> </ol>

		<ol style="list-style-type: none"> <li>3. Added language and option for declining Rh immunoglobulin.</li> <li>4. Blood test moved here and changed from H&amp;H to required CBC with platelets.</li> </ol>	<p>gestation.</p> <ol style="list-style-type: none"> <li>3. Clarified use of signed refusal form when client declines Rh immunoglobulin.</li> <li>4. To meet national standards.</li> </ol>
36	302.06	<p>New Section: "Required Antepartum Service at 35-37 Weeks Gestation"</p> <ol style="list-style-type: none"> <li>1. GBS Screening moved here.</li> </ol>	<p>To improve organization of required services at 35-37 weeks gestation.</p> <ol style="list-style-type: none"> <li>1. Moved from initial risk assessment (302.02) section since not necessary at that time.</li> </ol>
37	302.07	<p>New Section "Antepartum Preparation for Home Birth"</p> <ol style="list-style-type: none"> <li>1. Included 2008 Rule 402.05 "Pre-delivery Home Visit" in this section.</li> <li>2. Moved information on obtaining newborn medications at LHUs from 2008 Rule 405.04 and added information to it on the Newborn care Package provided by ADH.</li> <li>3. Created section "Obtaining Medications for Newborn" and moved "Care of Eyes" (2008 Rule 405.03) and "Vitamin K"(2008 Rule 405.04) sections here.</li> <li>4. Added information on the requirements for the administration of medications. Added language to allow LLM to act as the agent of the client and administer these medications.</li> <li>5. Added information about intrapartum and postpartum medications for mothers.</li> <li>6. Added information on preparation for bottle-feeding mothers.</li> <li>7. Moved information on required genetic/metabolic Newborn Screening from 2008 Rule 405.05.</li> <li>8. Included information on Newborn Hearing Screening requirement.</li> <li>9. Added section "Preparation for Well-Baby Care"</li> <li>10. Added section "Preparation for Secondary Prevention of Newborn Early-Onset Group B Strep Disease"</li> </ol>	<ol style="list-style-type: none"> <li>1. No change in requirement.</li> <li>2. To clarify ADH policy on obtaining Newborn Care package.</li> <li>3. Updated information on procedures for administration of eye medication and Vitamin K.</li> <li>4. Not addressed in 2008 Rules and requested by MAB.</li> <li>5. Not addressed in 2008 Rules. Added need to make arrangements for medications. Added ability for LLMs to administer Benzocaine as requested by MAB.</li> <li>6. Not previously addressed in past Rules.</li> <li>7. To provide education to client on screening requirement.</li> <li>8. To clarify the LLM role in preparing the mother for this requirement. Not previously stated in the Rules.</li> <li>9. To alert mother of parameters of LLM care and the necessity of arranging for continuing well-baby care.</li> <li>10. To clarify the LLM role in preparing the mother for this requirement.</li> </ol>
38	303	<p>"Protocols for Antepartum Conditions Requiring Intervention" section moved here 2008 Rules, Section 406</p>	<p>Logical to include right after Antepartum section.</p>
39	303.01	<ol style="list-style-type: none"> <li>1. Changed title from "Initial Risk Assessment" to "Conditions Precluding Midwifery Care"</li> <li>2. List of precluded conditions changed: <ol style="list-style-type: none"> <li>a. Removed "position other than vertex at the onset of labor"</li> <li>b. Removed "labor prior to 36 weeks gestation"</li> <li>c. Added "Insulin-dependent diabetes"</li> <li>d. Added "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."</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>2.a. This condition occurs late in pregnancy so doesn't preclude initial midwifery care. Now found in section 303.03 and requires consultation or possible transfer of care; and section 305.01 for intrapartum conditions requiring immediate transport.</li> <li>2.b. This is not a condition that precludes care but rather a situation that requires immediate transport and is listed as such in Section 305.01 Immediate Transport.</li> <li>2.c. This condition makes the client high risk and requires medical care.</li> </ol>

			2.d. Not a change in protocol but is now included in this section for clarity of policy.
40	303.02	<ol style="list-style-type: none"> <li>1. New Section: "Pre-Existing Conditions Requiring Antepartum Consultation, Referral, Or Transfer Of Care".</li> <li>2. Removed "Lack of documented prenatal care by a Physician, CNM, or Division Clinician prior to 34 weeks."</li> <li>3. Added to list "Previous surgery involving the uterus or cervix"</li> <li>4. Added to list "Pregnancy termination or loss <math>\geq</math> three (3)"</li> </ol>	<ol style="list-style-type: none"> <li>1. The 2008 Rules, Section 406.1. information was separated from the precluded conditions and forms this new section.</li> <li>2. Not necessary to list here. Initial risk assessment by clinician informs LLM of client's status.</li> <li>3-4. To include these high risk conditions that pose a potential threat to safely carrying a term pregnancy without labor complications. These conditions require further assessment and may require co-management or referral for safe care. These conditions were not included in the 2008 Rules.</li> </ol>
41	303.03	<ol style="list-style-type: none"> <li>1. Moved 2008 Rules Section 406.02 Antepartum Monitoring and retitled "Antepartum Conditions Requiring Consultation, Referral Or Transfer Of Care"</li> <li>2. Conditions changed/updated: <ol style="list-style-type: none"> <li>a. Updated fetal movement/kick count parameters.</li> <li>b. Clarified GBS requirements for different client situations.</li> <li>c. Changed post term pregnancy parameters from greater than 42 weeks to greater than 41 weeks 0/7 days. Specified that a third risk assessment is required between between 41 weeks 0/7 days and 42 weeks 0/7 days, and transfer of care may be required depending on results.</li> <li>d. Changed "primary herpetic outbreak" to genital herpetic lesions</li> <li>e. Changed weight loss after the first trimester to "Persistent or significant weight loss after the first trimester"</li> <li>f. Added to H&amp;H parameters: platelets &lt;100,000</li> <li>g. Changed blood pressure readings from "140/90 or more" to "at least one hour apart of systolic <math>\geq</math> 140 or diastolic <math>\geq</math> 90"</li> <li>h. Changed "positive Coombs" to "positive antibody screen"</li> <li>i. Changed Pap "smear" to "test"</li> <li>j. Changed sexually transmitted "disease" to "infection"</li> <li>k. Changed "Ruptured membranes without onset of labor within 18 hours" to "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."</li> <li>l. Changed "Fetal heart rate below 120 bpm or above 160 bpm or irregular while lying on left side" to "Fetal heart rate below 110 bpm or above 160 bpm"</li> <li>m. Added "Rh negative mothers with abdominal trauma, with or without antepartum bleeding."</li> <li>n. Added " Position other than vertex any time after 35 weeks 6/7 days."</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Reorganized for ease of reference.</li> <li>2. <ol style="list-style-type: none"> <li>a. For clarification.</li> <li>b. For clarification and to improve compliance with CDC standards.</li> <li>c. To facilitate obtaining the 3rd risk assessment by 42 weeks 0/7 days.</li> <li>d. To clarify all herpetic lesions require consultation, referral or transfer.</li> <li>e. For clarification.</li> <li>f. To establish safe parameters for referral.</li> <li>g. To clarify BP abnormal BP readings.</li> <li>h-l. To establish consistent terminology for the required test.</li> <li>j. To utilize current accepted terminology.</li> <li>k. To clarify the rule for prolonged rupture of membranes and the CDC guidelines for GBS prophylaxis.</li> <li>l. To establish safe parameters consistent with national standards.</li> <li>m. To establish guideline for care consistent with national standards.</li> <li>n. To provide the opportunity for external version if physician deems appropriate. 2008 Rules 406.01 #5 and 407.01 required immediate transport for the women in labor with this condition</li> </ol> </li> </ol>

			but did not address identification of the condition prior to the onset of labor.
42	304.01	<ol style="list-style-type: none"> <li>To "Initial Labor Assessment" section, added "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 Licensed Lay Midwife LLM" must assess and record:</li> <li>Changed requirement to assess "Condition of cervix, vaginal walls and pelvic floor" to "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."</li> </ol>	<ol style="list-style-type: none"> <li>To clarify LLM responsibilities. To redefine active labor using national standards for the amount of cervical dilation.</li> <li>To clarify the LLM responsibilities for suspected rupture of membranes prior to the onset of labor.</li> </ol>
43	304.02	<p>Management of Labor section</p> <ol style="list-style-type: none"> <li>Expanded specifications for assessing fetal heart rate and included 2008 Rules, #1.b regarding ruling out prolapsed cord.</li> <li>Separated information on assessing blood pressure and temperature and expanded specifications on assessing each.</li> </ol>	<ol style="list-style-type: none"> <li>To clarify LLM responsibilities consistent with national standards.</li> <li>To improve organization and ease of reference. To clarify normal and abnormal ranges of vital signs.</li> </ol>
44	305	"Protocols For Intrapartum Conditions Requiring Physician Or CNM Intervention" section moved here (2008 Rules, Section 407)	Logical to include right after Intrapartum section.
45	305.01	<ul style="list-style-type: none"> <li>Added Conditions requiring Immediate Transport: <ol style="list-style-type: none"> <li>Bleeding in labor that exceeds scant amount with each cervical examination;</li> <li>Prolapsed Cord;</li> </ol> </li> <li>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: <ol style="list-style-type: none"> <li>Variable decelerations: Abrupt decreases in the FHR by 15 bpm or more lasting 15 seconds or more</li> <li>Late decelerations: Gradual decreases in the FHR occurring in the latter portion of the contraction, returning to baseline after the end of the contraction</li> <li>Prolonged decelerations: A decrease in the FHR baseline by 15 bpm or more lasting between two (2) minutes and ten (10) minutes</li> <li>Tachycardia: FHR baseline &gt; 160 bpm</li> <li>Bradycardia: FHR baseline &lt; 110 bpm;</li> </ol> </li> <li>Signs of maternal infection - any of the following: <ol style="list-style-type: none"> <li>Temperature of <math>\geq 100.4</math> (moved from "Physician Consultation 305.02)</li> <li>Fetal tachycardia (baseline heart rate &gt; 160)</li> <li>Maternal tachycardia (heart rate &gt; 110)</li> </ol> </li> <li>Signs of fetal infection: baseline FHR &gt; 160 or a baseline FHR that is continually increasing;</li> <li>Suspected or confirmed fetal death;</li> <li>Unknown GBS status prior to eighteen (18) hours of ruptured membranes, when delivery is not imminent (prophylactic antibiotics are indicated by eighteen (18) hours of ruptured membranes).</li> </ul> <ul style="list-style-type: none"> <li>Moved conditions here from "Physician Consultation" section (2008 Rules, Section 407.02):</li> </ul>	<ol style="list-style-type: none"> <li>1-2. To clarify LLM responsibility to recognize and transport for complications not addressed in 2008 Rules.</li> <li>3. To clarify LLM responsibility for monitoring and interpreting fetal heart rate patterns according to national standards.</li> <li>4-5 Expanded the criteria to assess for signs of infection.</li> <li>7. To clarify the CDC criteria for GBS prophylaxis.</li> </ol>

		<ol style="list-style-type: none"> <li>1. "Persistent Fetal heart rate above 160 or below 120 while mother is on left side" and changed to "Signs of fetal infection: baseline FHR &gt; 160 or a baseline FHR that is continually increasing"</li> <li>2. Thick meconium stained fluid if birth is not imminent.</li> <li>3. Suspected or confirmed fetal death.</li> </ol>	To establish a higher standard of care for these complications recognized by ADH physicians as warranting prompt transfer to a physician.
46	305.02	<p>"Physician Consultation"</p> <ol style="list-style-type: none"> <li>1. Changed parameters of prolonged labor in primigravida and in multigravida.</li> <li>2. Moved conditions to Immediate Transport (305.01) as noted above.</li> <li>3. Deleted: <ol style="list-style-type: none"> <li>a. Abnormal urine protein associated with signs and symptoms of pre-eclampsia.</li> <li>b. Abnormal bleeding.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. To establish safe parameters consistent with national standards.</li> <li>a-b. No longer needed because new rules redefined abnormal BP readings and amount of bleeding that warrant transfer of care.</li> </ol>
47	306.01	<p>Immediate Care</p> <ol style="list-style-type: none"> <li>1. Added that LLM may apply benzocaine for repair of lacerations.</li> <li>2. Moved wording regarding follow-up care and home visit to new section 306.02</li> </ol>	<ol style="list-style-type: none"> <li>1. To allow a topical medication that improves patient comfort, recognizing that LLMs are trained and licensed to repair minor lacerations in childbirth.</li> </ol>
48	306.02	<p>New Section: Follow-Up Postpartum Care</p> <ol style="list-style-type: none"> <li>1. Changed follow-up home visit requirement from 12-24 hours postpartum to 12-36.</li> <li>2. Included Rh protocol.</li> <li>3. Changed wording that mother is given an appointment for postpartum follow up to state that LLM is required to follow mother for minimum of 30 days and list what care should include. (moved from 306.01 Immediate Care)</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintains safe parameters for follow-up and provides greater flexibility for LLM and the mother.</li> <li>2. To improve organization and ease of reference. Previously addressed in 2008 Rules in the Antepartum section 402.04 "Rh Follow-Up Protocol" but was not addressed in the Postpartum section.</li> <li>3. To clarify the LLM role and requirements in providing postpartum care.</li> </ol>
49	307	"Protocols For Postpartum Conditions Requiring Physician Or CNM Intervention" section moved here (2008 Rules, Section 408)	
50	307.01	<p>Immediate Transport</p> <ol style="list-style-type: none"> <li>1. Expanded conditions: <ol style="list-style-type: none"> <li>a. Hemorrhage to include "estimated blood loss of 500 milliliters or more"</li> <li>b. Signs of shock to include specific measures of BP and heart rate, and signs of maternal agitation.</li> </ol> </li> <li>2. Added conditions: <ol style="list-style-type: none"> <li>a. Specified parameters of BP</li> <li>b. Inability to urinate by 6 hours after delivery</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1.a. To establish a clear definition of excess blood loss requiring transport.</li> <li>1.b. To clearly define the signs of shock.</li> <li>2.a. To clearly define safe and unsafe BP parameters</li> <li>2.b. To establish the necessity to transporting for this condition.</li> </ol>
51	307.02	<p>Consultation or Referral</p> <ol style="list-style-type: none"> <li>1. Removed requirement of clinician having privileges in a hospital within 50 miles of delivery site</li> <li>2. Moved conditions to Immediate Transport section as noted above.</li> <li>3. Deleted condition "Uterine size 16-20 weeks after delivery of</li> </ol>	<ol style="list-style-type: none"> <li>1. Requested by MAB, recognizing that not all postpartum conditions necessitate a need for a consultant with hospital privileges.</li> <li>3. Determined not to be a reliable sole</li> </ol>

		<p>placenta.</p> <p>4. Changed “signs of uterine infection” to “Signs and symptoms of postpartum infection: Endometritis, Mastitis, Urinary tract infection”</p> <p>5. Added:</p> <ol style="list-style-type: none"> <li>a. “Signs and symptoms of sub-involution”</li> <li>b. “Signs and symptoms of postpartum pre-eclampsia”</li> <li>c. “Signs and symptoms of postpartum depression”</li> </ol>	<p>indicator of a complication.</p> <p>4. Clarified LLM responsibility to assess for common postpartum complications not addressed in the 2008 Rules.</p>
52	308	<p>Protocol for Required Newborn Care section:</p> <p>Clarified that care is for the first 14 days of life for the healthy newborn and specified timing for medical evaluation if abnormality is suspected.</p>	<p>2008 Rules were insufficient in clarifying the role of the LLM providing normal newborn care.</p>
53	308.01	<p>Immediate Care:</p> <ol style="list-style-type: none"> <li>1. Added: <ol style="list-style-type: none"> <li>a. Assess presence of meconium</li> <li>b. Assess baby’s status as vigorous or non-vigorous</li> </ol> </li> <li>2. Removed: <ol style="list-style-type: none"> <li>a. Dry infant in a warm towel, with special attention to the head</li> </ol> </li> <li>3. Changed: <ol style="list-style-type: none"> <li>a. “Wrap infant in a warm blanket and place on side or next to mother” to “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.”</li> </ol> </li> <li>4. Added to “Observe and record” that “routine care can be done with the baby and mother in skin-to-skin contact to insure warmth” <ol style="list-style-type: none"> <li>a. Removed parameters from heart rate and respiration rate.</li> <li>b. Changed temperature to only axillary</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. To provide a more comprehensive examination of the newborn.</li> <li>2. Replaced with greater detail in #3.</li> <li>3. To clarify safe standard for the immediate care of the newborn.</li> <li>4.a. Normal/abnormal parameters are moved to 309.01 Immediate Transport</li> </ol>
54	308.02	<p>Feeding:</p> <p>Updated wording.</p>	
55	308.03	<p>Care of Eyes:</p> <ol style="list-style-type: none"> <li>1. Moved wording on obtaining medication to new section 302.07</li> <li>2. Changed wording to reflect eye medication is only required if indicated and the specific medications to use.</li> <li>3. Changed wording from “assure” medication is received to “advise parents”</li> </ol>	<ol style="list-style-type: none"> <li>1. To improve organization and ease of reference.</li> <li>2-3. For clarification.</li> </ol>
56	308.04	<p>Vitamin K:</p> <ol style="list-style-type: none"> <li>1. Moved wording on obtaining medication to new section 302.07.</li> <li>2. Changed wording from “assure” medication is received to “advise parents”</li> </ol>	<ol style="list-style-type: none"> <li>1. To improve organization and ease of reference.</li> <li>2. For clarification.</li> </ol>
57	308.05	<p>Newborn Screening</p> <ol style="list-style-type: none"> <li>1. Added wording on timeframe for blood sample for genetic/metabolic screening and moved information on advising parents regarding law to new section 302.07.</li> <li>2. Infant Hearing Screening information added.</li> </ol>	<ol style="list-style-type: none"> <li>1. Revised to establish consistency with the law regarding newborn screening.</li> <li>2. Was not addressed in 2008 Rules.</li> </ol>
58	309	<p>“Protocols for Newborn Conditions Requiring Physician Intervention” section moved here (2008 Rules, Section 409)</p>	<p>To improve organization of the Rules and for ease of reference.</p>
59	309.01	<p>Immediate Transport:</p> <ol style="list-style-type: none"> <li>1. Added that LLMs must submit additional incident reports if participating in the care of newborns transported for the noted conditions.</li> </ol>	<ol style="list-style-type: none"> <li>1. To clarify the LLM responsibility in reporting required incidents.</li> </ol>

		<ol style="list-style-type: none"> <li>2. Changed temperature parameters.</li> <li>3. Moved from Physician Consultation: <ol style="list-style-type: none"> <li>a. Apgar score of &lt; five (5) at one minute or &lt; seven (7) at five minutes</li> <li>b. Apnea lasting &gt; ten (10) seconds</li> <li>c. Heart rate &gt; 160 bpm or &lt;100 bpm (changed parameters)</li> <li>d. Poor suck or refusal to feed (modified wording)</li> <li>e. Any significant congenital anomaly including ambiguous genitalia (modified wording)</li> <li>f. Skin with petechiae or significant bruises (modified wording)</li> </ol> </li> <li>4. Added: <ol style="list-style-type: none"> <li>a. Poor response to sound or touch</li> <li>b. Poor tone (floppy)</li> <li>c. Pallor and poor capillary refill</li> <li>d. High-pitched cry</li> </ol> </li> </ol>	<p>2.-3. To establish safe parameters for care.</p> <p>4.a-d. To include critical assessments not addressed in the 2008 Rules.</p>
60	309.02	<p>Physician Consultation</p> <ol style="list-style-type: none"> <li>1. Added wording for assessing newborn and when to transfer care.</li> <li>2. Added that LLM must coordinate physician consultation and must follow-up.</li> <li>3. Moved conditions to Immediate Transport (309.01) as noted above.</li> <li>4. Deleted conditions: <ol style="list-style-type: none"> <li>a. Meconium staining on the skin</li> <li>b. Gestational age of less than 36 weeks</li> </ol> </li> <li>5. Changed “Mother’s membranes ruptured for more than 24 hours” to “Mother’s membranes ruptured for more than 18 hours and unknown GBS status”</li> <li>6. Added conditions: <ol style="list-style-type: none"> <li>a. 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).</li> <li>b. Jittery</li> <li>c. Floppy</li> <li>d. Eye rolling</li> </ol> </li> </ol>	<p>1-2. To clarify the role and responsibility of the LLM for consulting, transporting, or referring newborns for care of identified conditions.</p> <p>4.a-b. Determined by ADH pediatric staff to be unnecessary when other assessments remain within normal limits.</p> <p>5. To clarify the CDC standards for GBS prophylaxis.</p> <p>6.a-e. To include critical assessments not addressed in the 2008 Rules.</p>
61	2008 Rules Section 500	Referral Physician section moved to Section 104 #2.	Better fit.
62	400	Emergency Measures	Clarifying language added
63	500	Record Keeping and Reporting Requirements: Divided section into 7 subsections.	
64	501	Monthly Reports	Clarified specifics.
65	502	<p>Incident reports:</p> <ol style="list-style-type: none"> <li>1. Changed name from complications to incidents</li> <li>2. Added clarifying language.</li> <li>3. Added the protocol for reporting on LLM client that delivers outside of hospital without attendance by LLM.</li> </ol>	<ol style="list-style-type: none"> <li>1. Changed name from complications to incidents to encompass a broader group of occurrences.</li> <li>2. Clarified procedures.</li> </ol>
66	503	Record Audits	Added clarifying language.
67	504	Documentation by LLM Apprentices	Added clarifying language and specified clinical services by apprentices must be documented.

68	505	Reporting Maternal, Fetal, or Newborn Events	Expanded reporting requirements.
69	506	Clinical Health Record	Added that client ID # must be recorded on each page of record.
70	507	Vital Records	Added language that all applicable laws must be followed.
71	600	Added clarifying language throughout section	To clarify.
72	604	New section: "Investigation"	Expanded investigation language to outline investigation procedures and outcomes.
73	605	Administration of Tests; Added that test will be administered at least 3 times per year.	New timing.
74	Appendix A	Added Appendix of Forms  <ol style="list-style-type: none"> <li>1. New required Disclosure Form</li> <li>2. New Informed Refusal Form</li> <li>3. New Monthly Worksheet</li> <li>4. Updated following forms to conform to Rule changes: <ol style="list-style-type: none"> <li>a. License Application</li> <li>b. License Renewal</li> <li>c. Instructions for Completing forms</li> <li>d. Caseload and Birth Log</li> <li>e. Incident Report</li> <li>f. Preceptor-Apprentice Agreement for NARM PEP Apprentices</li> </ol> </li> </ol>	Forms were approved separately and after the 2008 Rules. They have been added to the revised Rules so everything is in one document. Appendix A contains forms that apply to all LLMs. 2008 forms have been updated. Three new forms have been added: <ol style="list-style-type: none"> <li>1. To standardize the disclosure form given to clients by the LLM which was previously developed by them individually.</li> <li>2. Form for newly instated informed refusal process.</li> <li>3. Cover sheet of monthly totals aids program to monitor LLMs.</li> </ol>
75	Appendix B	Added Appendix "Transitional Provisions and Forms" <ol style="list-style-type: none"> <li>1. Information for current apprentices moved here.</li> <li>2. Forms for current apprentices updated and located here: <ol style="list-style-type: none"> <li>a. Preceptor-Apprentice Agreement for Transitional Apprentices</li> <li>b. Apprentice Permit Renewal Form</li> <li>c. Apprentice Acquisition of Clinical Skills Form</li> </ol> </li> </ol>	Appendix B contains the forms for those apprentices currently possessing a permit who will continue the process established in the 2008 Rules to complete their apprenticeship. Slight changes have been made to some forms to improve process.
76	Appendix C	Added Appendix "CEU Calculations"	Provide chart for LLMs of how CEUs are to be calculated.