

Draft Midwifery Regulations Pursuant to Business and Professions Code Section 2507

Business and Professions Code Section 2507(b) states:

As used in this article, the practice of midwifery constitutes the further or undertaking by any licensed midwife to assist a woman in childbirth as long as progress meets criteria accepted as normal.

(1) Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:

(A) There is an absence of both of the following:

- (i) Any preexisting maternal disease or condition likely to affect the pregnancy.**
- (ii) Significant disease arising from the pregnancy.**

Suggested Regulation:

Article 3.5. Midwifery Practice

§ 1379.17. Midwifery Client Selection and Retention

(a) For purposes of Section 2507(b)(1)(A)(i) of the code, “Any preexisting maternal disease or condition likely to affect the pregnancy” includes, but is not limited to, clinically significant evidence of conditions such as the following:

- (1) Significant pelvic or uterine abnormalities, including tumors or malformations;
- (2) History of uterine surgery, including, but not limited to myomectomy, hysterotomy, or prior cesarean section;
- (3) Current or significant history of cardiovascular disease, renal disease, hepatic disorders, neurological disorders, severe gastrointestinal disease;
- (4) Current or significant history of endocrine disorders (excluding controlled mild hypothyroidism);
- (5) Current or significant history of pulmonary disease, active tuberculosis, or asthma, if severe or symptomatic on medication;
- (6) Current or history of pulmonary embolus or deep vein thrombosis;
- (7) Current or history of epilepsy;
- (8) Collagen-vascular diseases;
- (9) Significant hematological disorders or coagulopathies;
- (10) Current or significant history of cancer;
- (11) Isoimmunization;
- (12) History of three consecutive spontaneous abortions;
- (13) History of cervical cerclage;
- (14) Previous unexplained neonatal mortality or stillbirth;
- (15) History of postpartum hemorrhage requiring transfusion;
- (16) Essential hypertension (blood pressure greater than 140/90 on two or more

- occasions, six hours apart);
- (17) Insulin-dependent diabetes mellitus;
 - (18) Serious congenital abnormalities affecting childbirth;
 - (19) Family history of serious genetic disorders or hereditary diseases;
 - (20) Prior fetal structural or chromosomal abnormality;
 - (21) History of pre-term birth (< 36 weeks);
 - (22) History of intrauterine growth restriction (IUGR);
 - (23) History of severe postpartum hemorrhage;
 - (24) History of eclampsia, severe pre-eclampsia, or HELLP;
 - (25) History of gestational diabetes;
 - (26) Adverse obstetrical history;
 - (27) No prenatal care prior to the third trimester;
 - (28) Current or significant history of alcoholism or abuse;
 - (29) Current or significant history of drug addiction or abuse;
 - (30) Positive HIV status or AIDS;
 - (31) Current serious psychiatric illness;
 - (32) Age 35 years or older at delivery;
 - (33) Social or familial conditions unsatisfactory for domiciliary birth services;
 - (34) Other significant physical abnormality, or social or mental functioning that affects pregnancy, parturition and/or the ability to safely care for a newborn; and
 - (35) Other known conditions likely to affect the pregnancy.

(b) For purposes of Section 2507(b)(1)(A)(ii) of the code, “Significant disease arising from the pregnancy” includes, but is not limited to, clinically significant evidence of conditions such as:

- (1) Threatened or spontaneous abortion after 14 weeks;
- (2) Significant vaginal bleeding;
- (3) Persistent vomiting with dehydration;
- (4) Symptoms of malnutrition or anorexia;
- (5) Protracted weight loss or failure to gain weight;
- (6) Gestational diabetes, uncontrolled by diet;
- (7) Severe anemia, not responsive to treatment;
- (8) Severe or persistent headache;
- (9) Evidence of pregnancy induced hypertension (PIH) or pre-eclampsia (two blood pressure readings greater than 140/90, 6 hours apart);
- (10) Deep vein thrombosis (DVT);
- (11) Urinary tract infection (UTI), unresponsive to treatment;
- (12) Pyelonephritis;
- (13) Severe systemic disease;
- (14) Significant signs or symptoms of infection;
- (15) Isoimmunization, positive Rh antibody titer for Rh-negative mother, or any other positive antibody titer which may have a detrimental effect on mother or fetus;
- (16) Placental anomaly or previa;
- (17) Low lying placenta in woman with history of previous cesarean;

- (18) Fetal growth restriction suspected;
- (19) Fetal abnormality suspected;
- (20) Fetal demise;
- (21) Oligohydramnios;
- (22) Hydramnios;
- (23) Abnormal maternal serum alpha-fetoprotein test
- (24) Hyperemesis, persisting beyond the first trimester;
- (25) Preterm labor (before the completion of the 37 0/7 completed weeks of pregnancy);
- (26) Premature rupture of membranes (before 37 0/7 completed weeks of pregnancy);
- (27) Pregnancy with non-reactive stress test and/or abnormal biophysical profile or amniotic fluid assessment;
- (28) Post-term pregnancy defined as gestation greater than 42 0/7 weeks; and
- (29) Other known diseases arising from the pregnancy.