MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: January 29, 2010
ATTENTION: Medical Board of California
DEPARTMENT: Licensing Operations
SUBJECT: Nizhoni Midwifery Institute, San Diego, CA
STAFF CONTACT: Deborah Pellegrini, Chief, Licensing Program

REQUESTED ACTION:

Determine if the Nizhoni Midwifery Institute’s program satisfies the minimum requirements of statute and regulation and should be granted recognition.

STAFF RECOMMENDATION:

Staff recommends that the Board grant recognition to the Nizhoni Midwifery Institute, based on the Medical Board Staff findings and recommendations. This would be consistent with the Board’s prior decisions regarding other midwifery programs of this type.

EXECUTIVE SUMMARY:

Business and Professions (B&P) Code section 2512.5 states, in part, that the midwifery education curriculum shall consist of no less than 84 semester units or 126 quarters unit. It specifies the areas that must be covered by the curriculum. In addition, Title 16, California Code of Regulations section 1379.30 requires the midwifery education program to prepare the midwife to practice specified procedures and to practice in specified areas. Copies of B&P Code sections 2512.5 and Title 16, CCR, section 1379 are attached for your reference.

The Nizhoni Institute of Midwifery is a 501 (c) non-profit educational institution and is a California-based direct-entry midwifery education program. It has achieved pre-accreditation status from the Midwifery Education Accreditation Council (MEAC) for the period of July 2, 2009 through July 1, 2012. MEAC approval letter is attached.

The school submitted an application package to the Board in August 2009. Over the next four months, there were multiple discussions between the Board and the applicant regarding the required documentation to be submitted to the Board for review. At a point during these discussions, Medical Board staff also provided the applicant with a matrix of the required statutes and regulations to assist in obtaining the required documentation. The matrix was returned to the Board on October 22, 2009 but educational modules that the matrix referred to were not included in the package.

Discussions continued, and by late November 2009, Medical Board staff received the first of 37 educational modules outlining the midwifery school curriculum. Over the next few weeks, all educational modules were provided and the institute’s officials addressed all pertinent questions and requests for additional information satisfactorily.
Medical Board staff reviewed all materials and concludes that the curriculum and clinical practice requirements meet California statutory and regulatory requirements. Medical Board staff recommends that the Board grant recognition to the Nizhoni Midwifery Institute retroactive to the initial date of application in August 2009.

**FISCAL CONSIDERATIONS:**

There is no fiscal impact to the Medical Board of California to granting recognition to the Nizhoni Midwifery Institute program. If the Board grants recognition to the school’s midwifery program, graduates of the program will apply for licensure in California. This will increase access to midwifery care in California.

**PREVIOUS MBC AND/OR COUNCIL ACTION:**

The Board previously granted approval to midwifery schools that met program qualifications as listed in the B&P Code and Title 16 of the California Code of Regulations.

Attachments
Midwifery Education Accreditation Council

Setting the Standards for Midwifery Education

July 7, 2009

Michael McCormick
Medical Board of California
2005 Evergreen St.
Suite 1200
Sacramento, CA 95815

Dear Mr. McCormick:

This letter is to inform you that Midwifery Education Accreditation Council has recently granted pre-accreditation status to Nizhoni Institute of Midwifery, 3802 Alameda Way, Bonita, CA 91902. This pre-accreditation covers the period from July 2, 2009 to July 1, 2012.

Please send any comments or concerns, in writing, to Midwifery Education Accreditation Council, PO Box 984, La Conner, WA 98257 or email us at info@meacschools.org. For more information, call us or visit our website at www.meacschools.org.

Sincerely,

Jo Anne Myers-Ciecko
Executive Director

JAMC:ai
The Course of Instruction

Each module in the midwifery program is completed in one month. The knowledge gained in each module provides the foundation for the next module's learning activities. There are thirty-seven required modules, an optional ALSO certification exam module and an Integration Phase.

1. **Foundations of Midwifery**
   - The Midwives’ Model of Care
   - Midwifery Practice and Professionalism
   - Contemporary Midwifery History and Politics
   - Informed Consent
   Midwives are introduced to the midwifery model of care. The context is set for professional midwifery practice. Students consider the sociopolitical ramifications of contemporary midwifery while exploring global, national and local professional issues. Students explore the contributions of modern midwives to current midwifery practice.

2. **Introduction to Medical Terminology**
   - Medical Terminology and Abbreviations
   Learn basic medical and midwifery terminology as a valuable means of creating commonality, mutual understanding and professionalism between health care providers.

3. **Practice Documentation**
   - Developing a Documentation System
   - Standardized Procedures and Practice Guidelines
   An introduction to legal and ethical guidelines for documentation of midwifery care. Students apply medical terminology to midwifery practice with simulated charting exercises. Informed consent is introduced as the context of care for the midwife-patient relationship.

4. **Communication Skills**
   - Midwifery in Multicultural Settings
   - Communication and Counseling Skills
   - Education Skills
   - Understanding and Working with Social Styles
   Communication, education and counseling skills for midwifery practice. Students learn to work with differing social styles as a means of improving communication in midwifery practice. The practice of midwifery in multicultural settings and the concepts of “cultural competency” and “cultural humility” are explored.

5. **Introduction to Midwifery Skills**
   - Hygiene
   - Clean and Aseptic Technique
   - Universal Precautions and OSHA Standards
   Introduction to Clinical Skills
Learn universal precautions, aseptic technique and basic midwifery skills with application to practice in clinical settings.

6. **Foundations of Reproductive Science**
   - Reproductive Anatomy and Physiology
   - Ethical Considerations in Reproductive Health
   An overview of reproductive anatomy and physiology with application to well-woman gynecologic care.

7. **From Conception to Birth**
   - Introduction to Genetics
   - Embryology, Fetal Development and Teratogens
   An introduction to genetics, fetal development and teratogenic complications of pregnancy with applications for pre-conceptional counseling and midwifery practice as well as referral to perinatal providers.

8. **Introduction to Microbiology for Midwives**
   - Introductory Microbiology
   - Introduction to Laboratory Skills
   An introduction to basic microbiology and laboratory skills with application to midwifery and well-woman healthcare.

9. **Complete Health Assessment**
   - Taking a Midwifery / Medical History
   - Assessing Histories from Other Care Professionals
   - The Complete Physical Examination
   Learn to take a detailed midwifery and medical history, evaluate histories from other health care providers and perform a physical exam in a clinical setting.

10. **Well-Woman Care**
    - Well-Woman Gynecologic Exam
    - Reproductive Tract Infections / Sexually Transmitted Infections
    - Pap Testing and Vaginal Cultures
    - Clinical Skills Practicum
    Learn to perform a well-woman gynecologic exam, including Pap tests and clinical and laboratory evaluation and treatment of sexually transmitted infections. Guidelines for referral of communicable diseases.

11. **Nutrition in Pregnancy**
    - Methods of Nutritional Assessment
    - Improving Perinatal Outcomes through Nutritional Applications
    - Nutritional Supplementation
    The impact of nutrition on pregnancy, including prevention of complications such as preterm labor, anemia, pre-eclampsia and abruptio placenta. Emphasis is placed on research regarding the direct impact of nutrition on perinatal outcomes and long-term health.

12. **Diagnostic Testing in the Childbearing Year**
    - Diagnostic Testing: Options, Ethics and Informed Consent
Improving Perinatal Outcomes through Diagnostic Testing
Clinical Skills Practicum
A survey of diagnostic testing and obstetrical technology with applications to pregnancy, birth and the postpartum period. Students learn selection of appropriate diagnostic tests during pregnancy and their clinical application to improving perinatal outcomes. Students learn phlebotomy skills.

13. **Prenatal Care I**
Facilitating Health during Pregnancy
The Place of Birth and Choices in Childbirth
Risk Assessment
The Midwifery Care Plan
Integrate material learned in previous modules with the midwifery model of care to develop critical thinking skills relative to midwifery care and treatment of common complaints during the normal pregnancy. Learn to evaluate client’s level of risk relative to place of birth and begin developing midwifery care plans and practice guidelines.

14. **Prenatal Care II**
Providing Prenatal Care
The Prenatal Home Visit
Issues of Abuse: Victims and Survivors Give Birth
Clinical skills involved in the provision of prenatal care. Learn about the unique value of the home visit and explore the psychosocial impact of abuse issues relative to pregnancy, birth and perinatal outcomes.

15. **Complications of Pregnancy I**
Recognizing and Treating Complications to 28 Weeks Gestation

16. **Complications of Pregnancy II**
Recognizing and Treating Complications at 28 Weeks Gestation and Beyond
Clinical Skills Practicum

17. **Assessment of Fetal Well-Being**
Midwifery Evaluation of Fetal Well-Being
Technological Approaches to Fetal Assessment
Introduction to Evaluation of Fetal Heart Tones
Learn low- and high-tech approaches to the assessment of fetal well-being during pregnancy and develop appropriate guidelines for referral in the presence of complications.

18. **Pharmacology I: American Herbal Pharmacology**
American Herbal Pharmacopoeia
Exploring traditional American herbal pharmacopoeia with applications to the childbearing year.

19. **Pharmacology II: Introduction to Chinese Medicine**
Introduction to Chinese Medicine and Acupressure
An introduction to the basic theory and philosophy of Chinese medicine and acupressure with applications to pregnancy, birth and the postpartum period.

20. **Pharmacology III: Homeopathy for Midwives**  
Introduction to Classical Homeopathy  
Homeopathy for the Childbearing Year  
The history and foundation principles of homeopathic practice. Techniques for acute prescribing in the context of midwifery care of mother and infant are discussed with case studies provided.

21. **Pharmacology IV: Introduction to Allopathic Pharmacology**  
Allopathic Pharmacopoeia and the Childbearing Year  
Clinical Skills Practicum  
Allopathic treatment of problems during pregnancy, birth and the postpartum period. Case studies are provided.

22. **Pharmacology V: Intravenous Therapy for Midwives**  
Introduction to Chemistry and Fluid and Electrolyte Balance  
Use and Administration of IV Fluids  
An introduction to basic chemistry and its applications to fluid and electrolyte balance. Correct selection and usage of intravenous fluids during labor, birth and the postpartum periods.

23. **Intravenous Skills Practicum**  
IV Equipment and Technique  
IV Certification and Clinical Skills Practicum  
Learn and practice techniques for starting an intravenous infusion. This Clinical Skills Practicum satisfies standards set by the California Licensed Midwifery Practice Act.

24. **Normal Labor and Birth**  
The Physiology of Labor and Birth  
Common Variations in Labor and Birth

25. **Intrapartum Care I**  
Students learn skills to assist in supporting the woman in labor and are introduced to the practices, skills and attributes necessary to assist a primary midwife during labor, birth and the immediate postpartum period.

26. **Intrapartum Care II**  
Midwifery Care during Normal Labor and Birth  
Introduction to the principles and practices of primary midwifery care during labor, birth and the immediate postpartum period. Advanced evaluation of fetal heart tone patterns during labor.

27. **Intrapartum Care III**  
Midwifery Care in Complications of Labor, Birth and the Immediate Postpartum
A comprehensive overview of the treatment of complications of labor and birth, including malpresentation, prolonged labor, shoulder dystocia, the birth of multiples, breech birth, postpartum hemorrhage and treatment of shock.

Practice clinical skills relative to birth and complications of birth. Students are provided with timed, simulated clinical case scenarios to assist them in integrating theory and practice.

28. **The Normal Postpartum Period**  
Develop a standard of midwifery care for the normal postpartum period, including guidelines for practice.

29. **Complications of the Postpartum Period**  
Recognition and Treatment of Postpartum Complications

30. **Perineal Integrity and Repair**  
Anatomic Review of Pelvic Structures  
Performing Episiotomies and Assessing Perineal Lacerations  
Principles and Techniques of Perineal Repair  
Clinical Skills Practicum  
A comprehensive overview of the anatomy of the female pelvis. Recognize degrees of laceration and practice techniques of perineal repair for first and second degree lacerations. The appropriate and timely use of episiotomy is discussed. Review sterile technique, learn selection of appropriate equipment and sutures, administration of local anesthesia, and practice the use of instruments, throws and hand and instrument ties.

31. **Care of the Normal Newborn**  
The Newborn Assessment, Care and Development  
Issues in Newborn Care  
Clinical Skills Practicum  
Recognize the signs of normal newborn transition and learn effective practices for stabilizing a baby following birth. Learn to perform a complete newborn physical examination. Care of the infant during the postpartum period and genetic screening (pursuant to California Code of Regulations Title 17) are also addressed in this module.

32. **Complications of the Neonatal Period**  
Recognition of Newborn Complications  
Care of the Newborn with Complications  
When Grief Is Part of Birth  
Clinical Skills Practicum: Neonatal Resuscitation Program  
Recognize neonatal complications and develop guidelines for treatment and referral to hospital-based providers. The American Academy of Pediatrics Neonatal Resuscitation Program (NRP) certification course (sections I-IV) is offered to participants who do not hold current NRP certification.

33. **Infant Feeding**  
Healthy Mother, Healthy Baby: Maternal Nutrition for Lactation
Initiating and Sustaining the Breastfeeding Relationship
Nourishing the Special Needs Baby
The Politics of Breastmilk and Breastfeeding
An introduction to the intricate maternal-infant physiology of breastfeeding. Short- and long-term benefits of breastfeeding for mother and baby are discussed. Students become familiar with techniques to assist the new mother in establishing breastfeeding and learn to advise her regarding nursing complications.

34. **Human Sexuality and Family Planning**
Contraceptive Options and Counseling and Natural Family Planning methods

Human Sexuality

35. **Midwifery Research**
Introduction to Statistics for Health Professionals
Reading and Understanding Midwifery and Medical Research
Analysis of Selected Midwifery and Obstetric Studies
Introduction to basic statistical applications for midwifery and medical studies. Learn to evaluate studies for statistical merit and evidence-based practice.

36. **Midwifery and the Law**
Licensure and Certification: Maintaining Your Right to Practice
Covering Your Assets: Protecting Your Livelihood
Facilitating Good Practice Outcomes with Disgruntled Clients
The Progress of Midwifery Legislation
Research the laws relative to midwifery practice in the students' intended area of practice. A comprehensive overview of the historical impact of case law on midwifery practice. Students explore the use of legal and legislative systems as mechanisms for improving the climate of birth locally, nationally and globally.

37. **The Business of Midwifery**
Establishing Your Midwifery Practice
Billing and Coding
Marketing Midwifery and Multiple Streams of Midwifery Income
Taxes
Introductory midwifery business practices, including structure of the practice, marketing, insurance coding and billing, and tax requirements.

38. **ALSO Certification** (optional)
This course prepares the student to participate in the Advanced Life Support in Obstetrics (ALSO) course sponsored by the American Academy of Family Practice. This intensive workshop provides a comprehensive review of recognition and treatment of obstetric emergencies and grants the nationally-recognized ALSO certification.

39. **Integration Phase**
During the integration phase, the student completes a business plan and practice guidelines as well as the preceptor-supervised externship, during which the student assumes all primary midwife responsibilities under supervision.
Nizhoni Midwifery Institute  
San Diego, CA  
Three-Year Direct-Entry Midwifery Program  

B&P Code section 2512.5: Qualifications

(a)(1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but no identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.
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<th>B&amp;P 2512.5</th>
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<td>(a)(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:</td>
<td>Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. <em>Lecture Hours are considered to be “Theory”. Practicum Hours are considered to be “Clinical Practice”.</em></td>
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<td>(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.</td>
<td>Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. <em>Lecture Hours are considered to be “Theory”. Practicum Hours are considered to be “Clinical Practice”.</em></td>
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<td>(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.</td>
<td>Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. <em>Lecture Hours are considered to be “Theory”. Practicum Hours are considered to be “Clinical Practice”.</em></td>
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<td>(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in program accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:</td>
<td>Requirements met by the Instructional Clock Hours Disclosure Form 1 and the Course Outline within the Course Syllabus. <em>Lecture Hours are considered to be “Theory”. Practicum Hours are considered to be “Clinical Practice”.</em></td>
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<td>(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and post partum care.</td>
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<td>(B) Communications skills that include the principles of oral, written, and group communications.</td>
<td>Requirements met by Modules 2, 3 and 4.</td>
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<td>(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.</td>
<td>Requirements met by Modules 6 thru 12; 21 thru 23; 25 thru 27; and 30 thru 32.</td>
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<td>(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.</td>
<td>Requirements met by Modules 4, 5, 8, 10, 28, 33, and 34.</td>
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<td>(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, birth centers, homes, and hospitals.</td>
<td>Requirements met by Modules 13, 14, 24, 25, 26, and 28.</td>
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<td>(F) The following shall be integrated throughout the entire curriculum:</td>
<td>Not Applicable.</td>
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<td>(i) Midwifery process.</td>
<td>Requirements met by Modules 1, 3, 5, and 9; modules 10 thru 35.</td>
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<td>(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.</td>
<td>Requirements met by Modules 9 thru 34.</td>
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<td>(iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.</td>
<td>Requirements met by Modules 1 thru 4; module 27.</td>
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<td>(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.</td>
<td>Requirements met by Modules 4 and 11; modules 13 thru 16; modules 25 thru 33.</td>
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<td>(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.</td>
<td>Requirements met by Module 34.</td>
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<td>(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.</td>
<td>Requirements met by Modules 4, 9, and 34.</td>
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<td>(vii) Assuming direct responsibility for implementing the plan of care.</td>
<td>Requirements met by Modules 3, 4, 9, and 34.</td>
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<td>(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.</td>
<td>Requirements met by Modules 15 thru 17; modules 21 thru 23; modules 26, 17, 29, 30, and 32.</td>
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<td>(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.</td>
<td>Requirements met by Modules 3, 4, 9, and 34.</td>
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- Course Outline with a Description of each Module is Attached.

Prepared by Robin Jones, Associate Analyst, Midwifery Program, Medical Board of California. December 2009.
2512.5. A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

(2) The midwifery education program curriculum shall consist of not less than 84 semester units or 126 quarter units. The course of instruction shall be presented in semester or quarter units under the following formula:

(A) One hour of instruction in the theory each week throughout a semester or quarter equals one unit.
(B) Three hours of clinical practice each week throughout a semester or quarter equals one unit.

(3) The midwifery education program shall provide both academic and clinical preparation equivalent, but not identical to that provided in programs accredited by the American College of Nurse Midwives, which shall include, but not be limited to, preparation in all of the following areas:

(A) The art and science of midwifery, one-half of which shall be in theory and one-half of which shall be in clinical practice. Theory and clinical practice shall be concurrent in the areas of maternal and child health, including, but not limited to, labor and delivery, neonatal well care, and postpartum care.
(B) Communications skills that include the principles of oral, written, and group communications.
(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.
(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.
(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

(i) Midwifery process.
(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.
(iii) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines.
(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

(G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.
(H) The program shall include the midwifery management process, which shall include all of the following:

(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.
(ii) Identifying problems based upon correct interpretation of the data base.
(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.
(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.
(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.
(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.
(vii) Assuming direct responsibility for implementing the plan of care.
(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.
(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

(b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.
2512.5. A person is qualified for a license to practice midwifery when he or she satisfies one of the following requirements:

(a) (1) Successful completion of a three-year postsecondary midwifery education program accredited by an accrediting organization approved by the board. Upon successful completion of the education requirements of this article, the applicant shall successfully complete a comprehensive licensing examination adopted by the board which is equivalent, but not identical, to the examination given by the American College of Nurse Midwives. The examination for licensure as a midwife may be conducted by the Division of Licensing under a uniform examination system, and the division may contract with organizations to administer the examination in order to carry out this purpose. The Division of Licensing may, in its discretion, designate additional written examinations for midwifery licensure that the division determines are equivalent to the examination given by the American College of Nurse Midwives.

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(B) Communications skills that include the principles of oral, written, and group communications.

(C) Anatomy and physiology, genetics, obstetrics and gynecology, embryology and fetal development, neonatology, applied microbiology, chemistry, child growth and development, pharmacology, nutrition, laboratory diagnostic tests and procedures, and physical assessment.

(D) Concepts in psychosocial, emotional, and cultural aspects of maternal and child care, human sexuality, counseling and teaching, maternal and infant and family bonding process, breast feeding, family planning, principles of preventive health, and community health.

(E) Aspects of the normal pregnancy, labor and delivery, postpartum period, newborn care, family planning or routine gynecological care in alternative birth centers, homes, and hospitals.

(F) The following shall be integrated throughout the entire curriculum:

(i) Midwifery process.

(ii) Basic intervention skills in preventive, remedial, and supportive midwifery.

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(iv) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior related to maternal and child health, illness, and wellness.

(G) Instruction shall also be given in personal hygiene, client abuse, cultural diversity, and the legal, social, and ethical aspects of midwifery.
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(i) Obtaining or updating a defined and relevant data base for assessment of the health status of the client.

(ii) Identifying problems based upon correct interpretation of the data base.

(iii) Preparing a defined needs or problem list, or both, with corroboration from the client.

(iv) Consulting, collaborating with, and referring to, appropriate members of the health care team.

(v) Providing information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(vi) Assuming direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(vii) Assuming direct responsibility for implementing the plan of care.

(viii) Initiating appropriate measures for obstetrical and neonatal emergencies.

(ix) Evaluating, with corroboration from the client, the achievement of health care goals and modifying the plan of care appropriately.

(b) Successful completion of an educational program that the board has determined satisfies the criteria of subdivision (a) and current licensure as a midwife by a state with licensing standards that have been found by the board to be equivalent to those adopted by the board pursuant to this article.
§ 1379.30. Midwifery Education Program.

The midwifery education program shall prepare the midwife to practice as follows:

(a) Management of the normal pregnancy.

(b) Management of normal labor and delivery in all birth settings, including the following, when indicated:

(1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM.

(2) Amniotomy during labor.

(3) Application of external or internal monitoring devices.

(4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration.

(5) Episiotomy.

(6) Repair of episiotomies and lacerations.

(7) Resuscitation of the newborn.

(c) Management of the normal postpartum period.

(d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis.

(e) Management of family planning and routine gynecological care including barrier methods of contraception such as diaphragms and cervical caps.