

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 30, 2010
 ATTENTION: Medical Board of California
 DEPARTMENT: Licensing Operations
 SUBJECT: Challenge Program Modification – Maternidad La Luz
 STAFF CONTACT: Deborah Pellegrini, Chief

REQUESTED ACTION: Approve modification to the existing challenge program at Maternidad La Luz (MLL) and broaden the potential applicant category to include those who are Certified Professional Midwives.

STAFF RECOMMENDATION: Staff recommends that the Board approve modification to the existing challenge program and broadening the applicant category to include Certified Professional Midwives (CPMs) at MLL located in El Paso, Texas, as those changes are consistent with existing law.

EXECUTIVE SUMMARY: Business and Professions Code section 2513 states that an approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience (see attached language). The Midwifery Education Accreditation Council (MEAC) approved the curriculum prior to Board approval of MLL's three year direct-entry midwife program. In the spring of 2004, the Medical Board also approved the application from MLL to add a challenge program to their previously board approved direct-entry midwife program. The challenge program in place at this time requires a midwife applicant to spend one year on-campus to allow the school to verify skills, educational, and practical knowledge prior to allowing the applicant to take the challenge examination.

In December 2009, MLL approached the Medical Board to modify its existing curriculum of the challenge program curriculum to allow midwife applicants to challenge its program by distance education and practical verification. In addition, MLL is requesting approval to broaden the applicant acceptance criteria to allow Certified Professional Midwives (CPMs) to take the challenge examination by distance. MLL has named this broadened category the "Prior Learning and Experience Program (PLEP)." (See the attached flow chart that displays how an applicant will move through the challenge program.)

MLL submitted a matrix with the statute and regulatory requirements that the program meets. It used the same template that was submitted in 2004 for the original approval of the challenge program and updated the information to reflect the changes that are being proposed (see attached MLL matrix). Medical Board staff reviewed the matrix and concur that MLL continues to meet all of the requirements for a challenge program. It is important to note that the quality of education would not be compromised for midwives enrolling in the challenge program as these programs are already in existence, time-tested, and functioning successfully through the midwifery programs offered by the National Midwifery Institute located in Bristol, Vermont.

MLL's proposal mirrors NMI's midwife challenge programs. MLL is simply choosing to carve out additional programs from the current MEAC-approved challenge process, so that it may offer other avenues to licensure for those midwives who choose to practice their craft in California. MLL contacted MEAC and asked it if the changes in curriculum that are being proposed would be considered "substantive." MEAC advised MLL that it does not consider the proposed changes to be substantive, and MEAC approved MLL's three year direct-entry curriculum as well as the challenge program curriculum, prior to submission to the Board.

At this time, the National Midwifery Institute located in Bristol, Vermont, is the only other school in the United States that offers a challenge program. NMI is a board approved school and the challenge program is a distance learning and verification program. The Vermont school also accepts CPMs. MLL's proposed modification to its challenge program aligns this school's program with the Vermont program. The Board approval of the MLL proposed modification to its challenge program and applicant pool allows the program to be competitive in the midwifery market.

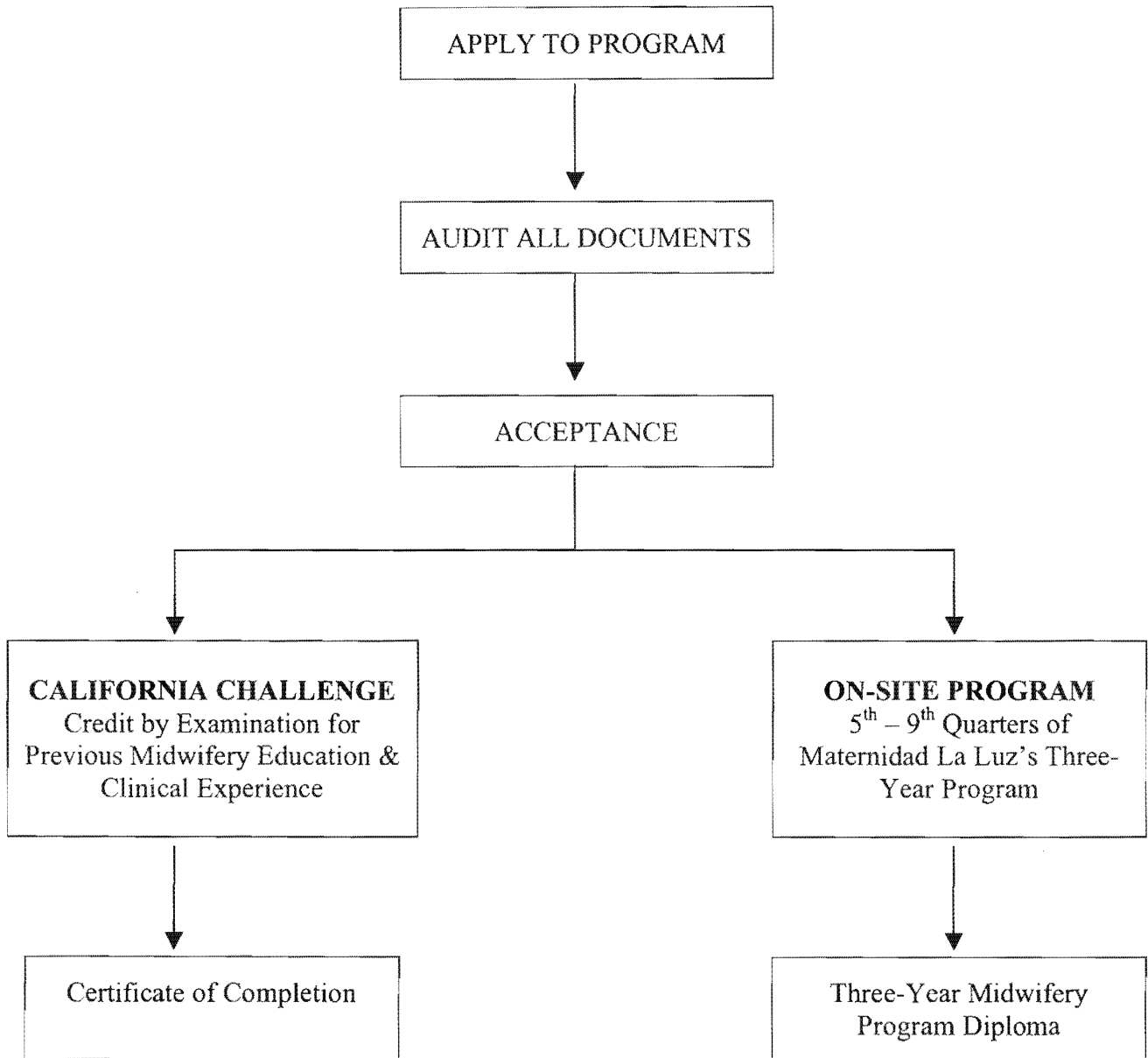
FISCAL CONSIDERATIONS:

None.

PREVIOUS MBC AND/OR COUNCIL ACTION:

In 2004, the Board approved MLL's three year direct-entry midwife program and approved its application to add a challenge program as well.

MATERNIDAD LA LUZ
PRIOR LEARNING AND EXPERIENCE PROGRAM



**CALIFORNIA CODES
BUSINESS AND PROFESSIONS CODE
SECTION 2513.**

2513. (a) An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience. The applicant shall demonstrate, by practical examination, the clinical competencies described in Section 2514 or established by regulation pursuant to Section 2514.5. The midwifery education program's credit by examination policy shall be approved by the board, and shall be available to applicants upon request. The proficiency and practical examinations shall be approved by the board.

(b) Completion of clinical experiences shall be verified by a licensed midwife or certified nurse-midwife, and a physician and surgeon, all of whom shall be current in the knowledge and practice of obstetrics and midwifery. Physicians and surgeons, licensed midwives, and certified nurse-midwives who participate in the verification and evaluation of an applicant's clinical experiences shall show evidence of current practice. The method used to verify clinical experiences shall be approved by the board.

(c) Upon successful completion of the requirements of paragraphs (1) and (2), the applicant shall also complete the licensing examination described in paragraph (1) of subdivision (a) of Section 2512.5.

MEDICAL BOARD OF CALIFORNIA
CHALLENGE MECHANISM AUDIT/SELF-ASSESSMENT MATRIX—MIDWIFERY PROGRAM
Maternidad La Luz (El Paso, Texas): Entry by One-Year MEAC-Accredited Program

Statutory Requirements		Maternidad La Luz Response	Does MLL's Program Satisfy California Regulatory Requirements?
B&P Code 2513(a)	"An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience."	Students with previous required midwifery education and clinical experience may "test out" of the first quarter at MLL. Students who complete the one-year program may challenge the three-year program through a practical and written examination per B&P Code 2513(a).	YES
B&P Code 2513.(a) and CCR 1379.30	The Challenge applicant shall demonstrate, by practical examination, the clinical competencies described in the statute.	See Appendix A, page 5.	YES
B&P Code 2513.(a)	The midwifery education program's credit-by-examination policy shall be approved by the Board, and shall be available to applicants upon request. Likewise, the proficiency and practical examinations shall be approved by the Board.	MLL's midwifery education program's credit-by-examination policy and proficiency and practical examinations were approved by the Board on...Applicants may request the application packet by mail, telephone, e-mail or through our website.	YES
B&P Code 2513(b)	Completion of clinical experiences shall be verified by a licensed midwife or certified nurse-midwife, <u>and</u> a physician and surgeon, all of whom shall be current in the knowledge and practice of obstetrics and midwifery.	MLL requires that all clinical experiences be verified by a licensed midwife or certified nurse-midwife <u>and</u> a physician, who signs a statement of intent and describes their current practice. The applicant obtains a copy of the license of the verifier	YES
B&P Code 2513(b)	Physicians and surgeons, licensed midwives, and certified nurse-midwives who participate in the verification and evaluation of an applicant's clinical experience shall show evidence of current practice.	MLL requires that verifiers/evaluators describe their current practice and sign a statement of intent and the applicant must obtain a copy of the verifier's current license.	YES
B&P Code 2513(b)	The method used to verify clinical experiences shall be approved by the Board.	The Board has approved MLL's method of verification for the One-Year Program, which consists of chart audit, direct observation,	YES

Statutory Requirements		Maternidad La Luz Response	Does MLL's Program Satisfy California Regulatory Requirements?
		verification of experience by telephone (e.g., talking with former clients, another midwife or someone else who was present at the birth).	
CCR 1379.15(b)	A person who applies for licensure as a midwife on or after January 1, 1998, who would rely on credit by examination for previous education and experience as his/her sole qualifications for taking the national written licensing exam <i>shall have obtained at least 50% of the experiences described in subsection (c) within five years immediately preceding the date of application.</i>	MLL states in Part I of its California Challenge Process Handbook: "At least 50 percent of the required clinical experiences having been obtained within five years of applying to the California Medical Board to either sit for the written exam or for initial licensure."	YES
CCR 1379.15(c)	An approved midwife education program shall verify the following number of clinical experiences.		
CCR 1379(c)	Statutorily required minimum number of clinical experiences: (1) 20 new antepartum visits clinical experiences; (2) 75 return antepartum visits; (3) 20 labor management experiences; (4) 20 deliveries; (5) 40 postpartum visits, within the first five days after birth; (6) 20 newborn assessments; (7) 40 postpartum/family planning/	MLL's requirements meet the CCR minimum requirements for the following clinical experiences: (1) MLL requires 20 new antepartum visits; (2) MLL requires 75 return antepartum visits; (3) MLL requires 20 labor management experiences; (4) MLL requires 20 deliveries; (5) MLL requires 40 postpartum visits within the first five days after birth; (6) MLL requires 20 newborn assessments; (7) MLL requires 40 postpartum/family planning/ gynecology visits	YES

Statutory Requirements		Maternidad La Luz Response	Does MLL's Program Satisfy California Regulatory Requirements?
	gynecology visits.		
CCR 1379.30	<p>The midwifery education program shall prepare the midwife to practice as follows:</p> <p>(a) management of the normal pregnancy</p> <p>(b) management of normal labor and delivery in all birth settings, including the following when indicated. Statutorily required minimum number of clinical experiences:</p>	<p>(a) Please see the 1st – 9th Quarter Curriculum & Syllabus & Clinical Practice: Qtr 1-p 4; Qtr 2-p 1; Qtr 3-p 1; Qtr 4-p 1; Qtr 5-p 1; Qtr 6-p 4; 7th Qtr-p 1; 8th Qtr-p 1; Qtr 9-p 1</p> <p>(b) Please see the 1st – 9th Quarter Curriculum & Syllabus & Clinical Practice</p>	YES
CCR 1379.30	<p>(1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM;</p> <p>(2) Amniotomy during labor;</p> <p>(3) Application of external or internal monitoring devices;</p> <p>(4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration;</p> <p>(5) Episiotomy;</p> <p>(6) Repair of episiotomies and lacerations;</p> <p>(7) Resuscitation of the newborn</p> <p>(c) Management of the normal postpartum period;</p> <p>(d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis; and</p> <p>(Continued on next page)</p>	<p>(1) See 1st Qtr Cur/Syl: Basic Emergency Procedures, p 69; Hospital Procedures, p 75. 2nd Qtr Cur/Syl: Basic Suturing, p 86. Continued in Note 1, Appendix B, page 6</p> <p>(2) See Note 2, Appendix B, page 6</p> <p>(3) See 1st Qtr Cur/Syl: Hospital Procedures, p 75. Continued in Note 3, Appendix B, page 6.</p> <p>(4) See 1st Qtr Cur/Syl: Emergency Procedures, p 69; Hospital Procedures, p 75. Continued in Note 4, Appendix B, page 6.</p> <p>(5) and (6) See Appendix C, p. 7</p> <p>(7) See Note 5, Appendix B, p 6.</p> <p>(c) See 1st Qtr Cur/Syl: Basic Neonatal Skills, p 60. Continued in Note 6, Appendix C, p. 7</p> <p>(d) See 1st Qtr Cur/Syl: Basic Neonatal Skills, p 60. 2nd Qtr Cur/Syl: Normal Neonatal Adaptation, p 41; Newborn Issues, p 78. 4th Qtr Cur/Syl: Pharmacology, p 13. See Clinical Practice for Quarters 1-9.</p>	
CCR	(e) Management of family planning and	(e) See 1 st Qtr Cur/Syl: Principles of Community	

Statutory Requirements		Maternidad La Luz Response	Does MLL's Program Satisfy California Regulatory Requirements?
1379.30 (Continued)	routine gynecological care including methods of contraception, such as diaphragms and cervical caps.	Health & Well Woman Care, p 84; Physical Assessment, p 89; Family Planning, p 92; STDs, p 98; Breast Exam, p 43. Continued in Note 7, Appendix C, p 7.	YES
CCR 1379.31	<p>Satisfactory evidence that an applicant has met the educational standards required for licensure as a midwife includes either (a) or (b).</p> <p>(a) a diploma is issued by a midwifery program approved by the Division; or</p> <p>(b) A notice of successful completion of the CHALLENGE Program (credit by examination) issued by a program approved by the Division.</p>	Candidates must have earned a diploma from MLL before applying for the Challenge Program.	YES

APPENDIX A—CHALLENGE MECHANISM MATRIX

1. Evaluation of clinical competencies requires applicants to demonstrate entry-level midwifery clinical assessment and management skills through skills simulations. Midwifery skills will be assessed through the observation of care with client models from six of the following topics:
 1. Initial antepartum visit
 2. Routine prenatal follow-up visits
 3. Postpartum visits for mother
 4. Postpartum visits for baby
 5. Family planning visits
 6. Intrapartum skills:
 - Normal and/or complicated vertex delivery
 - Normal and/or complicated third stage
 - Infiltration and repair of perineal laceration
 - Newborn exam

The level of proficiency of clinical skills is expected to be equivalent to the skill level of a student completing the 9th Quarter at MLL. The expected proficiency level is described in the study guide in the 9th Quarter Skills List.

The clinical examination is based on the clinical competencies established by California midwifery regulations including:

- 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.

APPENDIX B—NOTES

1. 4th Qtr Cur/Syl: IV Therapy, p 17; Pharmacology, p 13. See Cur/Syl for Qtrs 1-9: Clinical Practice & Emergency Skills (Qtr 1--p 155; Qtr 2-p 97; Qtr 3-p 24; Qtr 4-p 53; Qtr 5-p 15; Qtr 6-p 17; 7th Qtr-p 15; 8th Qtr-p 14; Qtr 9-p 13.)
2. See 1st Qtr Cur/Syl: Emergency Procedures, p 69; Hospital Procedures, p 75. 2nd Qtr Cur/Syl: Normal First Stage of Labor, p 25. See Cur/Syl for Qtrs 1-9: Emergency Skills & Clinical Practice.
3. See 2nd Qtr Cur/Syl: Fetal Heart Tones, p 21. See Cur/Syl for Qtrs 1-9: Emergency Skills & Clinical Practice.
4. See 2nd Qtr Cur/Syl: Normal 3rd & 4th Stage of Labor, p 32. 4th Qtr Cur/Syl: Pharmacology, p 13. See Cur/Syl for Qtrs 1-9: Emergency Skills & Clinical Practice.
5. See 2nd Qtr Cur/Syl: Neonatal Resuscitation, p 15. See Cur/Syl for Qtrs 1-9: Clinical Practice: Qtr 1-p 4; Qtr 2-p 1; Qtr 3-p 1; Qtr 4-p 1; Qtr 5-p 1; Qtr 6-p 4; 7th Qtr-p 1; 8th Qtr-p 1; Qtr 9-p 1 and Emergency Skills: Qtr 1--p 155; Qtr 2-p 97; Qtr 3-p 24; Qtr 4-p 53; Qtr 5-p 15; Qtr 6-p 17; 7th Qtr-p 15; 8th Qtr-p 14; Qtr 9-p 13.
6. See 2nd Qtr Cur/Syl: Normal Neonatal Adaptation, p 41; Newborn Issues, p 78. 4th Qtr Cur/Syl: Pharmacology, p 13. See Clinical Practice for Quarters 1-9.
7. See 1st Qtr Cur/Syl: Anatomy & Physiology Classes, pp 110-130. 2nd Qtr Cur/Syl: Normal Postpartum, p 38. 3rd Qtr Cur/Syl: Childbirth Education, p 14; Advanced Physical Assessment & Well Woman Care, p 17; 5th Qtr Cur/Syl: Advanced Physical Assessment & Principles of Preventive and Community Health in Well Woman Care. See Clinical Practice Qtrs 1-9.

Appendix C

Criteria 3.b.5. Episiotomy—Learning Objectives from Maternidad La Luz’s Curriculum

Theory

From 1st Quarter Curriculum/Syllabus:

- Hospital Procedures, p 75
- Applied Anatomy & Physiology I: Reproductive System, p 116

From 2nd Qtr Curriculum/Syllabus:

- Basic Suturing, p; 86
- Normal 2nd Stage, p 28
- Postpartum Complications, p 91
- Normal Postpartum, p 38

From 4th Qtr Curriculum/Syllabus:

- Suturing II, p 27

See Clinical Practice for Quarters 1 – 9: Qtr 1-p 4; Qtr 2-p 1; Qtr 3-p 1; Qtr 4-p 1; Qtr 5-p 1; Qtr 6-p 4; 7th Qtr-p 1; 8th Qtr-p 1; Qtr 9-p 1

See Emergency Skills Classes for Quarters 1 – 9: Qtr 1--p 155; Qtr 2-p 97; Qtr 3-p 24; Qtr 4-p 53; Qtr 5-p 15; Qtr 6-p 17; 7th Qtr-p 15; 8th Qtr-p 14; Qtr 9-p 13.

On-Site Clinical

1. Students may observe a licensed midwife cutting an episiotomy in the birth center (It should be noted that midwives rarely perform episiotomies.)
2. During 2nd Stage of labor, midwives discuss with students why, when and how an episiotomy would be cut.
3. Students then learn how to cut mediolateral and midline episiotomies in normal second stage class
4. They observe a licensed midwife performing the procedure.
5. The student may perform episiotomies on clients under the direct supervision of a licensed midwife.
6. When students observe hospital births, they have additional learning opportunities for performing episiotomies and repair.

Criteria 3.b.6. Repair of Episiotomy & Lacerations—Learning Objectives from Maternidad La Luz’s Curriculum

Theory

- See 1st Qtr Curriculum/Syllabus: Hospital Procedures, p 75; Applied Anatomy & Physiology I: Reproductive System, p 116
- See 2nd Qtr Curriculum/Syllabus: Basic Suturing, p 86; Normal 3rd & 4th Stage, p 32; Postpartum Complications, p 91; Normal Postpartum, p 38
- See 4th Qtr Curriculum/Syllabus: Suturing II, p 27; Pharmacology, p 13
- See Clinical Practice for Quarters 1 – 9
- See Emergency Skills Classes for Quarters 1 - 9

On-Site Clinical

At Maternidad La Luz, students go through a process to learn repair of lacerations and episiotomies:

1. They observe a licensed midwife performing sutures in the birth center
2. They learn basic suturing in class using beef hearts or chicken breasts and real suturing instruments and material, including Lidocaine
3. They assist the midwife in the birth center while she repairs lacerations or episiotomies.
4. The student has a more advanced suturing class in the 4th Quarter of studies to learn more complicated repairs.
5. The student may repair 1st and 2nd degree lacerations and episiotomies on clients under the direct supervision of a licensed midwife.

The midwives at Maternidad La Luz repair only 1st and 2nd degree lacerations and episiotomies as per protocol. Clients with more severe lacerations or extended episiotomy are referred to a physician.

MEDICAL BOARD OF CALIFORNIA
CHALLENGE MECHANISM AUDIT/SELF-ASSESSMENT MATRIX—MIDWIFERY PROGRAM
Maternidad La Luz (El Paso, Texas): Entry by Certified Professional Midwife (CPM) Credential

Statutory Requirements		Maternidad La Luz Response
B&P Code 2513(a)	“An approved midwifery education program shall offer the opportunity for students to obtain credit by examination for previous midwifery education and clinical experience.”	Students who have a current Certified Professional Midwife (CPM) credential and are in good standing with the North American Registry of Midwives may challenge the three-year program through a practical and written examination per B&P Code 2513(a). We are using NARM’s CPM obtained either via the PEP or MEAC-accredited graduate.
B&P Code 2513.(a) and CCR 1379.30	The Challenge applicant shall demonstrate, by practical examination, the clinical competencies described in the statute.	Students who have a current Certified Professional Midwife (CPM) credential and are in good standing with the North American Registry of Midwives may challenge the three-year program through a practical and written examination per B&P Code 2513(a).
B&P Code 2513.(a)	The midwifery education program’s credit-by-examination policy shall be approved by the Board, and shall be available to applicants upon request. Likewise, the proficiency and practical examinations shall be approved by the Board.	MLL’s midwifery education program’s credit-by-examination policy and proficiency and practical examinations for students who complete the One-Year Program were approved by the Board. MLL will use the same policy and written and practical exams for applicants who enter the process with a CPM. Applicants may request the application packet by mail, telephone, e-mail or through our website.
B&P Code 2513(b)	Completion of clinical experiences shall be verified by a licensed midwife or certified nurse-midwife, <u>and</u> a physician and surgeon, all of whom shall be current in the knowledge and practice of obstetrics and midwifery.	MLL requires that all clinical experiences be verified by a licensed midwife or certified nurse-midwife <u>and</u> a physician, who signs a statement of intent and describes their current practice. The applicant obtains a copy of the license of the verifier. Applicants have also had clinical experiences verified by NARM.
B&P Code 2513(b)	Physicians and surgeons, licensed midwives, and certified nurse-midwives who participate in the verification and evaluation of an applicant’s clinical experience shall show evidence of current practice.	MLL requires that verifiers/evaluators describe their current practice and sign a statement of intent and the applicant must obtain a copy of the verifier’s current license.
B&P Code 2513(b)	The method used to verify clinical experiences shall be approved by the Board.	The Board has approved MLL’s method of verification for the One-Year Program, which consists of chart audit, direct observation, verification of experience by telephone (e.g., talking with former clients, another midwife or someone else who

Statutory Requirements		Maternidad La Luz Response
		was present at the birth). MLL will use the same method to verify clinical experiences for CPMs.
CCR 1379.15(b)	A person who applies for licensure as a midwife on or after January 1, 1998, who would rely on credit by examination for previous education and experience as his/her sole qualifications for taking the national written licensing exam <i>shall have obtained at least 50% of the experiences described in subsection (c) within five years immediately preceding the date of application.</i>	MLL states in Part I of its California Challenge Process Handbook: “At least 50 percent of the required clinical experiences having been obtained within five years of applying to the California Medical Board to either sit for the written exam or for initial licensure.”
CCR 1379.15(c)	An approved midwife education program shall verify the following number of clinical experiences.	
CCR 1379(c)	<p>Statutorily required minimum number of clinical experiences:</p> <p>(1) 20 new antepartum visits clinical experiences;</p> <p>(2) 75 return antepartum visits;</p> <p>(3) 20 labor management experiences;</p> <p>(4) 20 deliveries;</p> <p>(5) 40 postpartum visits, within the first five days after birth;</p> <p>(6) 20 newborn assessments;</p> <p>(7) 40 postpartum/family planning/ gynecology visits.</p>	<p>MLL’s requirements meet the CCR minimum requirements for the following clinical experiences:</p> <p>(1) MLL requires 20 new antepartum visits;</p> <p>(2) MLL requires 75 return antepartum visits;</p> <p>(3) MLL requires 20 labor management experiences;</p> <p>(4) MLL requires 20 deliveries;</p> <p>(5) MLL requires 40 postpartum visits within the first five days after birth;</p> <p>(6) MLL requires 20 newborn assessments;</p> <p>(7) MLL requires 40 postpartum/family planning/ gynecology visits</p>
CCR 1379.30	The midwifery education program shall prepare the midwife to practice as follows:	In order to fulfill NARM requirements to be a CPM, applicants must have already satisfactorily and completely demonstrated ALL of the MANA Core Competencies and NARM Comprehensive Skills, Knowledge, And Abilities Essential For Competent Midwifery Practice. Following are the specifics enumerated by the

Statutory Requirements		Maternidad La Luz Response
	(a) management of the normal pregnancy	<p>California Business and Professional Code:</p> <p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • MANA Guiding Principals of Practice • General Knowledge and Skills • Care During Pregnancy <p>NARM Skills:</p> <ul style="list-style-type: none"> • I. Midwifery Counseling, Education, and Communication A – J (1 – 9). • II. General Healthcare Skills A – D (3, 8, 9, 10, 13, 14, 15, 16, 19, 20, 22, 23, 24, 26, 27), F, G, J, L, M, N. • III. Maternal Health Assessment A – L.
	(b) management of normal labor and delivery in all birth settings, including the following when indicated.	<p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • MANA Guiding Principals of Practice • General Knowledge and Skills • Care During Labor, Birth and Immediately Thereafter. <p>NARM Skills:</p> <ul style="list-style-type: none"> • I. Midwifery Counseling, Education, and Communication A – J (2, 6, 8, 10, 11). • II. General Healthcare Skills A – I, K, M.. • III. Maternal Health Assessment A, D, E, L. • IV. Labor, Birth, and Immediate Postpartum A – F.
CCR 1379.30	(1) Administration of intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM;	<p>MLL requires current certification in IV Therapy</p> <p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Care During Labor, Birth and Immediately Thereafter H, K, M. <p>NARM Skills:</p> <ul style="list-style-type: none"> • General Healthcare Skills: K (1 – 6) • IV. Labor, Birth, and Immediate Postpartum E 7 e, h, I and F 6 b.
	(2) Amniotomy during labor;	<p>NARM Skills:</p> <ul style="list-style-type: none"> • II. General Healthcare Skills: D I
	(3) Application of external or internal monitoring devices;	<p>NARM Skills:</p> <ul style="list-style-type: none"> • General Healthcare Skills D 8 - 9, L, M, N • IV. Labor, Birth, and Immediate Postpartum B 1 f, C 11 a.
	(4) Administration of local anesthesia, paracervical blocks, pudendal blocks, and local infiltration;	<p>NARM Skills:</p> <ul style="list-style-type: none"> • IV. Labor, Birth, and Immediate Postpartum E 6 c (2), F b.

Statutory Requirements	Maternidad La Luz Response
(5) Episiotomy;	<p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Care During Labor, Birth and Immediately Thereafter K, M, N <p>NARM Skills:</p> <ul style="list-style-type: none"> • II. General Healthcare Skills D 17 • IV. Labor, Birth, and Immediate Postpartum C 11 c) (6) h.
(6) Repair of episiotomies and lacerations;	<p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Care During Labor, Birth and Immediately Thereafter N <p>NARM Skills:</p> <ul style="list-style-type: none"> • General Healthcare Skills A – C, D 11, 16, 17, 21, K 1. • IV. Labor, Birth, and Immediate Postpartum F 5 – 6.
(7) Resuscitation of the newborn	<p>MLL requires a current NRP card.</p> <p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Care During Labor, Birth and Immediately Thereafter K, L <p>NARM Skills:</p> <ul style="list-style-type: none"> • II. General Healthcare Skills D 2, 4, 7, E. • IV. Labor, Birth, and Immediate Postpartum D 8.
(c) Management of the normal postpartum period;	<p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Postpartum Care <p>NARM Skills:</p> <ul style="list-style-type: none"> • Midwifery Counseling, Education, and Communication A, C, F, G, H, I, J-2, 4, 5, 6, 7, 8, 9, 10, 11 • V. Postpartum
(d) Management of the normal newborn care, including administration of vitamin K and eye prophylaxis; and	<p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Newborn Care <p>NARM Skills:</p> <ul style="list-style-type: none"> • I. Midwifery Counseling, Education, and Communication A, F, G, H, I, J-10. • II. General Healthcare Skills D 14, 20, 22, 23; K 4. • IV. Labor, Birth, and Immediate Postpartum D 13. • VII. Well-baby Care
CCR 1379.30 (Continued)	<p>(e) Management of family planning and routine gynecological care including methods of contraception, such as diaphragms and cervical caps.</p> <p>MANA Core Competencies:</p> <ul style="list-style-type: none"> • Well-woman Care and Family Planning <p>NARM Skills:</p> <ul style="list-style-type: none"> • II. General Healthcare Skills A – D 20, 27.

Statutory Requirements		Maternidad La Luz Response
		<ul style="list-style-type: none"> • III. Maternal Health Assessment A, B 12 – 14. • VI. Well Woman Care
CCR 1379.31	<p>Satisfactory evidence that an applicant has met the educational standards required for licensure as a midwife includes either (a) or (b).</p> <p>(a) a diploma is issued by a midwifery program approved by the Division; or</p> <p>(b) A notice of successful completion of the CHALLENGE Program (credit by examination) issued by a program approved by the Division.</p>	<p>Candidates must have earned a CPM and be enrolled in MLL's Previous Learning and Experience Program before applying for the Challenge Program.</p> <p>Maternidad La Luz will send a copy of grades and a certificate to the successful candidate; Maternidad La Luz will send a copy of grades, certificate, and the L-12 form to the California Medical Board.</p>