

CALIFORNIA CODES  
BUSINESS AND **PROFESSIONS CODE**  
SECTION **2505**-2521

**2505.** This article shall be known and may be cited as the Licensed Midwifery Practice Act of 1993.

2506. As used in this article the following definitions shall apply:

- (a) "Board" means the Medical Board of California.
- (b) "Licensed midwife" means an individual to whom a license to practice midwifery has been issued pursuant to this article.
- (c) "Certified nurse-midwife" means a person to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6.
- (d) "Accrediting organization" means an organization approved by the board.

2507. (a) The license to practice midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

(b) As used in this article, the practice of midwifery constitutes the furthering or undertaking by any licensed midwife, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred to a physician and surgeon immediately. The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.

(c) As used in this article, "supervision" shall not be construed to require the physical presence of the supervising physician and surgeon.

(d) The ratio of licensed midwives to supervising physicians and surgeons shall not be greater than four individual licensed midwives to one individual supervising physician and surgeon.

(e) A midwife is not authorized to practice medicine and surgery by this article.

(f) The board shall, not later than July 1, 2003, adopt in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government **Code**), regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery.

2508. (a) A licensed midwife shall disclose in oral and written form to a prospective client all of the following:

- (1) All of the provisions of Section 2507.
- (2) If the licensed midwife does not have liability coverage for

the practice of midwifery, he or she shall disclose that fact.

(3) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary.

(4) The procedure for reporting complaints to the Medical Board of California.

(b) The disclosure shall be signed by both the licensed midwife and the client and a copy of the disclosure shall be placed in the client's medical record.

(c) The Medical Board of California may prescribe the form for the written disclosure statement required to be used by a licensed midwife under this section.

2509. The board shall create and appoint a Midwifery Advisory Council consisting of licensees of the board in good standing, who need not be members of the board, and members of the public who have an interest in midwifery practice, including, but not limited to, home births. At least one-half of the council members shall be California licensed midwives. The council shall make recommendations on matters specified by the board.

2511. (a) No person, other than one who has been licensed to practice midwifery by the board, shall hold himself or herself out as a licensed midwife, or use any other term indicating or implying that he or she is a licensed midwife.

(b) Nothing in this article shall be construed to limit in any manner the practice of an individual to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6, or to prevent an individual to whom a certificate has been issued pursuant to Article 2.5 (commencing with Section 2746) of Chapter 6 from holding himself or herself out as a certified nurse-midwife, nurse midwife, midwife, or from using the initials "CNM."

2512. The board shall issue a license to practice midwifery to all applicants who meet the requirements of this article and who pay the fee required by Section 2520.

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.

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.

2514. Nothing in this chapter shall be construed to prevent a bona fide student who is enrolled or participating in a midwifery education program or who is enrolled in a program of supervised clinical training from engaging in the practice of midwifery in this state, as part of his or her course of study, if both of the following conditions are met:

(a) The student is under the supervision of a licensed midwife, who holds a clear and unrestricted license in this state, who is present on the premises at all times client services are provided, and who is practicing pursuant to Section 2507, or a physician and surgeon.

(b) The client is informed of the student's status.

2514.5. (a) Within 60 days following January 1, 1998, the board shall adopt regulations setting forth educational requirements. To develop these regulations, the board shall update the educational

requirements set forth in Sections 2512.5, 2513, and 2514. These updated sections shall reflect national standards for the practice of midwifery and shall be subject to public hearings prior to adoption. The board shall review and update the regulations every two years.

(b) The board shall adopt the written examination required by this article by July 1, 1994.

2515. The board shall approve specific educational programs intended to meet the requirements of subdivision (a) of Section 2512.5 and Section 2514 for the course of academic study, documentation of experience and skill, and clinical evaluation. These programs shall also be accredited by an accrediting organization approved by the board.

2515.5. Each applicant shall show by evidence satisfactory to the board that he or she has met the educational standards established by the board pursuant to this article or the equivalent thereof.

2516. (a) Each licensed midwife who assists, or supervises a student midwife in assisting, in childbirth that occurs in an out-of-hospital setting shall annually report to the Office of Statewide Health Planning and Development. The report shall be submitted in March, with the first report due in March 2008, for the prior calendar year, in a form specified by the board and shall contain all of the following:

(1) The midwife's name and license number.

(2) The calendar year being reported.

(3) The following information with regard to cases in which the midwife, or the student midwife supervised by the midwife, assisted during the previous year when the intended place of birth at the onset of care was an out-of-hospital setting:

(A) The total number of clients served as primary caregiver at the onset of care.

(B) The total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon.

(C) The total number of clients served under the supervision of a licensed physician and surgeon.

(D) The number by county of live births attended as primary caregiver.

(E) The number, by county, of cases of fetal demise attended as primary caregiver at the discovery of the demise.

(F) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.

(G) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.

(H) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.

(I) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.

(J) The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting.

(K) The number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

- (i) Twin births.
- (ii) Multiple births other than twin births.
- (iii) Breech births.
- (iv) Vaginal births after the performance of a cesarean section.

(L) A brief description of any complications resulting in the mortality of a mother or an infant.

(M) Any other information prescribed by the board in regulations.

(b) The Office of Statewide Health Planning and Development shall maintain the confidentiality of the information submitted pursuant to this section, and shall not permit any law enforcement or regulatory agency to inspect or have copies made of the contents of any reports submitted pursuant to subdivision (a) for any purpose, including, but not limited to, investigations for licensing, certification, or regulatory purposes.

(c) The office shall report to the board, by April, those licensees who have met the requirements of subdivision (a) for that year.

(d) The board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirement of subdivision (a). Failure to comply with subdivision (a) will result in the midwife being unable to renew his or her license without first submitting the requisite data to the Office of Statewide Health Planning and Development for the year for which that data was missing or incomplete. The board shall not take any other action against the licensee for failure to comply with subdivision (a).

(e) The board, in consultation with the office and the Midwifery Advisory Council, shall devise a coding system related to data elements that require coding in order to assist in both effective reporting and the aggregation of data pursuant to subdivision (f). The office shall utilize this coding system in its processing of information collected for purposes of subdivision (f).

(f) The office shall report the aggregate information collected pursuant to this section to the board by July of each year. The board shall include this information in its annual report to the Legislature.

(g) Notwithstanding any other provision of law, a violation of this section shall not be a crime.

2517. A person who has been convicted of a misdemeanor violation of Section 2052, prior to the effective date of this article, shall not be barred from licensure under this article solely because of that conviction.

2518. (a) Licenses issued pursuant to this article shall be renewable every two years upon payment of the fee prescribed by Section 2520 and submission of documentation that the licenseholder has completed 36 hours of continuing education in areas that fall within the scope of the practice of midwifery, as specified by the board.

(b) Each license not renewed shall expire, but may be reinstated within five years from the expiration upon payment of the prescribed fee and upon submission of proof of the applicant's qualifications as the board may require.

2519. The board may suspend or revoke the license of a midwife for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, all of the following:

(1) Incompetence or gross negligence in carrying out the usual functions of a licensed midwife.

(2) Conviction of a violation of Section 2052, in which event, the record of the conviction shall be conclusive evidence thereof.

(3) The use of advertising which is fraudulent or misleading.

(4) Obtaining or possessing in violation of law, or prescribing, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administering to himself or herself, or furnishing or administering to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety **Code** or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and **Professions Code**.

(5) The use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety **Code**, or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and **Professions Code**, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

(6) Conviction of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in paragraphs (4) and (5), or the possession of, or falsification of, a record pertaining to, the substances described in paragraph (4), in which event the record of the conviction is conclusive evidence thereof.

(7) Commitment or confinement by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in paragraphs (4) and (5), in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.

(8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).

(b) Procuring a license by fraud or misrepresentation.

(c) Conviction of a crime substantially related to the qualifications, functions, and duties of a midwife, as determined by the board.

(d) Procuring, aiding, abetting, attempting, agreeing to procure, offering to procure, or assisting at, a criminal abortion.

(e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of this chapter.

(f) Making or giving any false statement or information in connection with the application for issuance of a license.

(g) Impersonating any applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license or a certificate.

(h) Impersonating another licensed practitioner, or permitting or allowing another person to use his or her license or certificate for the purpose of providing midwifery services.

(i) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance

of or arranging for a violation of any of the provisions of Article 12 (commencing with Section 2221) of Chapter 5.

2520. (a) (1) The fee to be paid upon the filing of a license application shall be fixed by the board at not less than seventy-five dollars (\$75) nor more than three hundred dollars (\$300).

(2) The fee for renewal of the midwife license shall be fixed by the board at not less than fifty dollars (\$50) nor more than two hundred dollars (\$200).

(3) The delinquency fee for renewal of the midwife license shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than twenty-five dollars (\$25) nor more than fifty dollars (\$50).

(4) The fee for the examination shall be the cost of administering the examination to the applicant, as determined by the organization that has entered into a contract with the Division of Licensing for the purposes set forth in subdivision (a) of Section 2512.5. Notwithstanding subdivision (b), that fee may be collected and retained by that organization.

(b) The fees prescribed by this article shall be deposited in the Licensed Midwifery Fund, which is hereby established, and shall be available, upon appropriation, to the board for the purposes of this article.

2521. Any person who violates this article is guilty of a misdemeanor.



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**CALIFORNIA  
CODE OF  
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**Title 16. Professional and  
Vocational Regulations**

**Division 13. Medical Board of California**

Vol. 21

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tion 94310 of the Education Code or an educational institution located outside the state which has accreditation by a national or applicable regional accrediting agency recognized by the United States Department of Education;

(d) Require each research psychoanalyst student prior to admission to have shown achievement in teaching, training or research with demonstrated aptitude in his or her primary field of scholarly or scientific endeavor;

(e) Require each student to participate in at least 560 hours of classroom training over at least three (3) years on all phases of psychoanalysis;

(f) Require each student to participate in continuous case conferences conducted by graduate psychoanalysts;

(g) Require each student to undergo a minimum of 300 hours personal psychoanalysis conducted by a graduate psychoanalyst who has a minimum of five years of postgraduate clinical experience in psychoanalysis following the completion of his or her psychoanalytic education;

(h) Require each student to conduct at least three (3) psychoanalyses under the supervision of three different graduate psychoanalysts, at least one of which is taken to termination except in those rare instances where a delay may post an extreme hardship to the student and the institute has made provision for continuing supervision of the student after graduation until at least one case is taken to termination;

(i) Require each student to either pass a comprehensive examination or write an approved thesis.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529, Business and Professions Code.

#### HISTORY:

1. Editorial correction of printing error restoring subsection (g) designation (Register 90, No. 51).
2. Amendment of subsection (h) filed 11-9-90; operative 12-9-90 (Register 90, No. 51).

### § 1375. Applicants from Equivalent Institutions.

(a) Any applicant from a psychoanalytic institution which is claimed to be equivalent to an institute specified in Section 2529 shall have presented to the division evidence that such institution complies with the criteria set forth in Section 1374.

(b) In its discretion the division may register an applicant who graduated from an equivalent institution before the time of its approval by the division, if the program undertaken by the applicant as a student otherwise complies with the provisions of Section 1374.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529, Business and Professions Code.

### § 1376. Unprofessional Conduct.

The division may deny, suspend, revoke or impose probationary conditions upon a registrant for unprofessional conduct as specified in Section 2529 of the code which includes, but is not limited to, the following:

(a) Any violation of the research psychoanalysts law.

(b) Any violation of the Research Psychoanalysts Regulations.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529, Business and Professions Code.

#### § 1376.1. Disciplinary Actions.

Any action taken by the division to deny, suspend, revoke or impose probationary conditions upon a registrant shall be pursuant to the Administrative Procedure Act (Section 11500 et seq. of the Government Code).

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529, Business and Professions Code.

### § 1377. Fees.

(a) The registration fee is \$100 for research psychoanalysts and students, except that if the registration will expire less than one (1) year after its issuance, then the registration fee is \$75.

(b) The biennial renewal fee is \$50.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529.5, Business and Professions Code.

### § 1377.5. Verification of Student Status.

Students renewing their registration shall present to the division verification of their continuing student status from the registrar or similar official of the psychoanalytic institute attended.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2529.5, Business and Professions Code.

### § 1378. Expiration of Registration.

All registrations expire and become invalid at midnight on the last day of February of each even-numbered year if not renewed. To renew an unexpired registration, the registrant shall, on or before the date on which it would otherwise expire, apply for renewal on a form provided by the division, accompanied by a required verification and the prescribed renewal fee.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 152.6 and 2529.5, Business and Professions Code.

## Article 4. Standardized Procedure Guidelines

### § 1379. Standardized Procedures for Registered Nurses.

A physician and surgeon or a podiatrist who collaborates in the development of standardized procedures for registered nurses shall comply with Title 16 California Administrative Code Sections 1470 through 1474 governing development and use of standardized procedures.

NOTE: Authority cited: Sections 2018 and 2725, Business and Professions Code. Reference: Section 2725, Business and Professions Code.

#### HISTORY

1. Renumbering and amendment of former Article 4 (Sections 1376-1377.1) to Article 2 (Sections 1366 and 1366.1), and new Article 4 (Section 1379) filed 8-3-83; effective thirtieth day thereafter (Register 83, No. 32). For prior history, see Registers 81, No. 32; and 78, No. 17.

## Article 5. Research Psychoanalysts

NOTE: Authority cited: Sections 2529 and 3510, Business and Professions Code. Reference: Section 3510 and Chapter 5.1 (commencing with Section 2529), Division 2, Business and Professions Code.

#### HISTORY

1. Renumbering of Article 15 (Sections 1379-1379.86) to Article 5 (Sections 1379-1379.86) of Subchapter 3 filed 5-20-77; effective thirtieth day thereafter (Register 77, No. 21). For latest prior history, see Register 76, No. 52.
2. Repealer of Article 5 (Sections 1379-1379.86) and redesignation as Chapter 13.7 (Sections 1399.50, et seq.) filed 11-22-77; effective thirtieth day thereafter (Register 77, No. 48). For prior history, see Register 72, Nos. 39 and 49, Register 73, Nos. 18, 21, 35 and 38, Register 74, No. 45, Register 76, Nos. 30, 33 and 52; and Register 77, No. 25.
3. Editorial correction of History note No. 2 (Register 78, No. 33).
4. New Article 5 (Sections 1378-1378.32, not consecutive) filed 10-12-78; effective thirtieth day thereafter (Register 78, No. 41).
5. Renumbering and amendment of Article 5 (Sections 1378-1378.32, not consecutive) to Article 3 (Sections 1367-1378, not consecutive) filed 8-3-83; effective thirtieth day thereafter (Register 83, No. 32). For prior history, see Registers 81, No. 32; and 79, No. 29.

## Chapter 4. Licensed Midwives

### Article 1. General Provisions

#### § 1379.1. Location of Office.

The Midwifery Licensing Program is located at 1426 Howe Avenue, Sacramento, CA 95825.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2505 through 2521, Business and Professions Code.

#### HISTORY

1. New chapter 4, article 1 and section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).

**§ 1379.2. Definitions.**

For the purposes of the regulations contained in this chapter and for purposes of Article 24 of Chapter 5 of Division 2 (commencing with section 2505) of the code:

(a) "Accrediting organization approved by the board," as used in section 2515 of the code, means either an accrediting organization that is recognized by the United States Department of Education, Division of Accreditation, or an accrediting organization that is equivalent thereto.

(b) "Board" means the Division of Licensing of the Medical Board of California.

(c) "Code" means the Business and Professions Code.

(d) "Midwifery education program" includes but is not limited to nurse midwifery education programs.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference: Sections 2505 through 2521, Business and Professions Code.

**HISTORY**

1. New section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).
2. Amendment of first paragraph, new subsection (a), subsection relettering, and amendment of NOTE filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

**§ 1379.3. Delegation of Functions.**

Except for those powers reserved exclusively to the "agency itself" under the Administrative Procedure Act (Section 11500 et seq. of the Government Code), the board delegates and confers upon the executive director of the board, or his/her designee, all functions necessary to the dispatch of business of the board in connection with investigative and administrative proceedings under the jurisdiction of the board.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2505 through 2521, Business and Professions Code.

**HISTORY**

1. New section filed 4-26-95; operative 5-26-95 (Register 95, No. 17).

**Article 2. Fees****§ 1379.5. Midwifery Fees.**

The licensed midwifery fees are fixed as follows:

- (a) The license application fee shall be \$300.00.
- (b) The biennial renewal fee shall be \$200.00.
- (c) The delinquency fee shall be \$50.00.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2520 through 2521, Business and Professions Code.

**HISTORY**

1. New article 2 and section filed 4-25-95; operative 5-25-95 (Register 95, No. 17).
2. Change without regulatory effect amending section number filed 9-14-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 37).

**Article 3. Application****§ 1379.10. Application for Licensure as a Midwife.**

An application for licensure as a midwife shall be filed with the board at its principal office on the prescribed application form (Application for Midwife License - 62A-1 (Revised 5-2000) which is incorporated by reference. The application shall be accompanied by such evidence, statements or documents as therein required and filed with the fee required by section 1379.5.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2512, 2517 and 2520, Business and Professions Code.

**HISTORY**

1. New article 3 and section filed 6-30-95; operative 7-30-95 (Register 95, No. 26).
2. Amendment filed 11-6-2000; operative 12-6-2000 (Register 2000, No. 45).

**§ 1379.11. Review of Applications; Processing Time.**

(1) The board shall inform an applicant for licensure as a midwife in writing within 30 days of receipt of an application as to whether the application is complete and accepted for filing or is deficient and what specific information is required.

(2) The board shall inform an applicant for licensure as a midwife in writing within 30 days after notification that an application has been accepted for filing as to whether the applicant meets the requirements for licensure.

NOTE: Authority cited: Section 2018, Business and Professions Code; and Section 15376, Government Code. Reference: Section 2512, Business and Professions Code; and Section 15376 et seq., Government Code.

**HISTORY**

1. New section filed 10-5-95; operative 11-4-95 (Register 95, No. 40).

**§ 1379.15. Verification of Minimum Clinical Experiences Required.**

(a) A person may obtain educational credit by examination for previous midwifery education and clinical experience. An applicant for licensure on or before December 31, 1997, who would rely upon such education and experience as his/her sole qualifications for taking the comprehensive licensing exam pursuant to sections 2512.5 and 2513 of the code shall have obtained all of the experiences described in subsection (c) within ten years immediately preceding the date of application.

(b) A person who applies for licensure as a midwife on or after January 1, 1998, who would rely upon credit by examination for previous education and experience as his/her sole qualifications for taking the comprehensive licensing exam pursuant to sections 2512.5 and 2513 of the code shall have obtained at least 50 percent of the experiences described in subsection (c) within five years immediately preceding the date of application.

(c) For purposes of satisfying section 2513(b) of the code, an approved midwifery education program shall verify the following 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/gynecology visits

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2513, Business and Professions Code.

**HISTORY**

1. New section filed 5-22-96; operative 6-21-96 (Register 96, No. 21).

**Article 3.5. Midwifery Practice****§ 1379.19. Standards of Care for Midwives.**

(a) For purposes of Section 2507(f) of the code, the appropriate standard of care for licensed midwives is that contained in the "Standard of Care for California Licensed Midwives" (September 15, 2005 edition) ("SCCLM"), which is hereby incorporated by reference.

(b) With respect to the care of a client who has previously had a caesarean section ("C-section") but who meets the criteria set forth in the SCCLM, the licensed midwife shall provide the client with written informed consent (and document that written consent in the client's midwifery record) that includes but is not limited to all of the following:

(1) The current statement by the American College of Obstetricians and Gynecologists regarding its recommendations for vaginal birth after caesarean section ("VBAC").

(2) A description of the licensed midwife's level of clinical experience and history with VBACs and any advanced training or education in the clinical management of VBACs.

(3) A list of educational materials provided to the client.

(4) The client's agreement to: provide a copy of the dictated operative report regarding the prior C-section; permit increased monitoring; and, upon request of the midwife, transfer to a hospital at any time or if labor does not unfold in a normal manner.

(5) A detailed description of the material risks and benefits of VBAC and elective repeat C-section.

NOTE: Authority cited: Sections 2018 and 2507, Business and Professions Code. Reference: Section 2507, Business and Professions Code.

## HISTORY

1. New article 3.5 heading and new section filed 2-7-2006; operative 3-9-2006 (Register 2006, No. 6).

**§ 1379.20. Liability Insurance Disclosure.**

A midwife who does not have liability insurance coverage for the practice of midwifery shall disclose that fact to the client on the first visit or examination, whichever comes first.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2508, Business and Professions Code.

## HISTORY

1. New section filed 5-17-96; operative 6-16-96 (Register 96, No. 20).
2. Change without regulatory effect amending section filed 1-24-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 4).

**§ 1379.22. Physician Requirements.**

A physician described in Section 2508 of the code shall have hospital privileges in obstetrics and shall be located in reasonable geographic and/or temporal proximity to the patient whose care the physician will assume should complications arise.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2508, Business and Professions Code.

## HISTORY

1. New section filed 11-28-95; operative 12-28-95 (Register 95, No. 48).

## Article 4. Continuing Education

**§ 1379.25. Definitions.**

For purposes of this article:

(a) "Continuing education" means the variety of forms of learning experience undertaken by licensed midwives for relicensure, which are meant to directly enhance the licensee's knowledge, skill or competence in the provision of midwifery services.

(b) "Continuing education hour" means at least fifty (50) minutes of participation in an organized learning experience. One academic quarter unit is equal to ten (10) continuing education hours. One academic semester unit is equal to fifteen (15) continuing education hours.

(c) "Course" means a systematic learning experience, at least one hour in length, which deals with and is designed for the acquisition of knowledge, skills, and information related to the practice of midwifery.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

## HISTORY

1. New article 4 (sections 1379.25-1379.28) and section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

**§ 1379.26. Approved Continuing Education Programs.**

(a) The following programs are approved by the division for continuing education credit:

- (1) Programs offered by the American College of Nurse Midwives;
- (2) Programs offered by the Midwives Alliance of North America;
- (3) Programs offered by a midwifery school approved by the division;
- (4) Programs offered by a state college or university or by a private postsecondary institution accredited by the Western Association of Schools and Colleges;
- (5) Programs offered by a midwifery school accredited by the Midwives Education Accreditation Council;
- (6) Programs which qualify for Category I credit from the California Medical Association or the American Medical Association;
- (7) Programs offered by the Public Health Service;
- (8) Programs offered by the California Association of Midwives;
- (9) Programs offered by the American College of Obstetricians and Gynecologists; and

(10) Courses offered by a provider approved by the California Board of Registered Nursing or the board of registered nursing of another state in the United States.

(b) Only those courses and other education activities that meet the requirements of Section 1379.27 which are offered by these organizations shall be acceptable for credit under this section.

(c) A maximum of one third of the required hours of continuing education may be satisfied by teaching or otherwise presenting a course or program approved under this section.

(d) Tape-recorded courses and correspondence courses offered by an approved provider shall be accepted for no more than half of the total required hours.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

## HISTORY

1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).
2. Amendment of subsection (a)(9) and new subsection (a)(10) filed 10-25-2004; operative 11-24-2004 (Register 2004, No. 44).

**§ 1379.27. Criteria for Acceptability of Courses.**

(a) Those courses and programs referred to in section 1379.26 above shall meet the following criteria in order to be acceptable to the division:

(1) Faculty—the course or program instructor shall: (A) be currently licensed or certified in his/her area of expertise, if appropriate, and (B) show evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject area. The curriculum vitae of all faculty members shall be kept on file.

(2) Rationale—The need for the course and how the need was determined shall be clearly stated and maintained on file.

(3) Course content—The content of the course or program shall be directly related to midwifery, patient care, community health or public health, preventive medicine, professional ethics, the Medical Practice Act, the Licensed Midwifery Practice Act, or improvement of the midwife-client relationship.

(4) Educational objectives—Each course or program shall clearly state educational objectives that can be realistically accomplished within the framework of the course.

(5) Method of instruction—Teaching methods for each course or program shall be described, e.g. lecture, seminar, audio-visual, simulation.

(6) Evaluation—Each course or program shall include an evaluation method which documents that the educational objectives have been met—for example, written examination or written evaluation by each participant.

(7) Attendance—A course provider shall maintain a record of attendance of each participant.

(b) The division will not give prior approval to individual courses or programs; however, the division will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course providers will be asked to submit to the division documentation concerning each of the items described in subsection (a) above.

(c) Credit toward the required hours of continuing education will not be accepted for any course deemed unacceptable by the division after an audit has been made pursuant to this section.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2518, Business and Professions Code.

## HISTORY

1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

**§ 1379.28. Audit and Sanctions for Noncompliance.**

(a) The division shall audit once every two years a random sample of midwives who have reported compliance with the continuing education requirement. No midwife shall be subject to random audit more than once every four (4) years. Those midwives selected for audit shall be required to document their compliance with the continuing education requirements of Section 2518 of the code and this article.

(b) Any midwife who is found not to have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period. Such midwife shall document to the division the completion of any deficient hours identified by audit. Any midwife who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his/her license to practice midwifery until such time as the deficient hours of continuing education are documented to the division.

(c) It shall constitute unprofessional conduct for any midwife to misrepresent his/her compliance with the provisions of this article.

(d) The division requires that each midwife retain for a minimum of four years records of all continuing education programs attended, including the title of the course or program attended, the length of the course or program, the number of continuing education hours, the sponsoring organization and the accrediting organization, if any, which may be needed in the event of an audit by the division.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2518 and 2519, Business and Professions Code.

#### HISTORY

1. New section filed 7-8-97; operative 8-7-97 (Register 97, No. 28).

## Article 5. Educational Requirements

### § 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.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference: Sections 2512.5 and 2514.5, Business and Professions Code.

#### HISTORY

1. New article 5 (sections 1379.30-1379.31) and section filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

### § 1379.31. Evidence of Completion of Educational Requirements.

For purposes of Section 2515.5 of the code, either of the following shall be deemed satisfactory evidence that an applicant has met the educational standards required for licensure as a midwife:

(a) A diploma issued by a midwifery program approved by the division; or

(b) A notice of successful completion of the challenge program (credit by examination) issued by a program approved by the division.

NOTE: Authority cited: Section 2514.5, Business and Professions Code. Reference: Section 2515.5, Business and Professions Code.

#### HISTORY

1. New section filed 7-23-98; operative 8-22-98 (Register 98, No. 30).

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