MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: February 19, 2019
ATTENTION: Members, Midwifery Advisory Council
SUBJECT: Administrative Procedure Manual
STAFF CONTACT: April Alameda, Chief of Licensing

Requested Action:
After review and discussion, determine if the Midwifery Advisory Council (MAC) wants to adopt an Administrative Procedure Manual.

Background and Analysis
Business and Professions Code section 2509 established the MAC to make recommendations to the Medical Board of California (Board) on midwifery matters. However, the law does not address all issues related to the MAC including the length of terms nor the maximum number of consecutive terms required for a MAC member.

At the August 16, 2018 MAC meeting, during a discussion related to the impact of setting term limits for MAC members, concerns were raised regarding replacement of vacant position(s). MAC members emphasized the importance of educating new members and prospective members joining the MAC, and suggested that additional mentoring was necessary. Board staff suggested the MAC establish an Administrative Procedure Manual as a reference similar to what the Board members have adopted. Board staff recommended drafting an Administrative Procedure Manual for MAC members to review and discuss at the December MAC meeting.

The Administrative Procedure Manual will serve as a reference tool, provide information regarding the roles and responsibilities of the MAC members, information about the MAC and the Board, and serves as a guide to assist the MAC in the administrative functions. In addition, the Administrative Procedure Manual will address concerns regarding term limits, options for replacing candidates, provide resources of laws and regulations, policies, and ensure effectiveness and consistency among the MAC.

Staff Recommendations:
Staff recommends the MAC members adopt the Administrative Procedure Manual.

ATTACHMENTS:

1. Midwifery Advisory Council Administrative Procedure Manual - Draft

State of California

Business, Consumer Services, and Housing Agency

MEDICAL BOARD OF CALIFORNIA

MIDWIFERY ADVISORY COUNCIL

Administrative Procedure Manual

Adopted March 2019

Table of Contents

Overview

This Midwifery Advisory Council (MAC) Administrative Procedure Manual contains important laws, regulations, and policies to guide the actions of the MAC. This manual will properly guide the MAC members to be consistent with the Medical Board of California (Board) and improve its effectiveness and efficiency. Further, this manual serves to provide assistance, and is intended to be used as a reference guide to a newly appointed member regarding their roles and responsibilities while serving on the MAC.

Effective January 1, 2007, the Board was mandated to establish the MAC. Senate Bill 1638 (Figueroa, Ch. 536, Stat. 2006), added Section 2509 of the Business and Professions Code (BCP), which authorized the Board to create a MAC and appoint members. The MAC consists of three licensed midwives and three members of the public (one of which, by policy, is a physician). MAC meetings are held in public to discuss topics of importance related to the practice of midwifery in order to make recommendations and provide advice to the Board. The MAC does not take action on disciplinary or licensing matters. MAC recommendations require Board approval.

Additionally, pursuant to BPC Section 2516(e) the MAC assists the Board, in consultation with the Office of Statewide Health Planning and Development, in devising a system to aid in the annual reporting process related to care provided by licensed midwives in California. The existing report titled, “Licensed Midwife Annual Report” (LMAR) is utilized to collect data for statistical purposes from California licensed midwives relating to the outcomes of out-of-hospital births. Each licensed midwife is required to submit an LMAR by March 30 each calendar year, and a summary report of the collected data is provided at the August MAC meeting that year.

General Rules of Conduct

The Midwifery Advisory Council (MAC) members shall use the following General Rules of Conduct as guidelines to promote an efficient and orderly operation of meetings.

- Council members' actions shall uphold the Board's primary mission – protection of the public.

- Council members shall not speak to interested parties (such as venders, lobbyists, legislators, reporters, or other governmental entities) on behalf of the Board or the MAC, or act for the Board or the MAC without proper authorization in writing from the Executive Director conveying the declaration of authority.

- Media inquiries should promptly be referred to the Board's Chief of Licensing. The MAC member should then send an email to the Chief of Licensing and Executive Director indicating they received a media call and relay any information supplied by the caller. Expressing a personal opinion can be seen as a MAC policy or position, when it is not.

- Council members shall maintain the confidentiality of confidential documents and information.

- Council members shall commit time, actively participate in MAC activities, and prepare for MAC meetings, which includes reading MAC packets and all required legal documents.

- Council members shall respect and recognize equal roles and responsibilities of all Council members, whether public or licensee.

- Council members shall act fairly and in a nonpartisan, impartial, and unbiased manner.

- Council members shall not use their positions on the MAC for political, personal, familial, or financial gain.

Meeting Protocols

The following protocols relate to open meetings and provide information for the Midwifery Advisory Council (MAC) on the arrangements and procedures during a MAC meeting.

Meetings are subject to all provisions of the Bagley - Keene Open Meeting Act. The Open Meeting Act establishes meeting notice and agenda requirements and prohibits discussion or taking action on matters not included on the agenda. It also establishes guidelines for public participation.

- Frequency of Meetings – The MAC meets three times a year in Sacramento. MAC meeting dates are determined at every December MAC meeting for the following year.

- MAC Attendance – MAC members shall attend each meeting of the MAC. If a member is unable to attend, he or she must notify Board staff within a responsible amount of time to ensure that a quorum is established for each meeting, as required by law.

- Quorum - Four members of the MAC constitute a quorum for the transaction of business. The concurrence of a majority of those members of the MAC present and voting at a duly noticed meeting at which a quorum is present shall be necessary to constitute an act or decision of the MAC.

- Notice of Meetings – In accordance with the Bagley - Keene Open Meeting Act, meeting notices must be posted 10 days in advance of the meeting to the Board's website, and the agenda must be mailed to those that subscribe to the Board's mailing list.

- Agenda Items - Agenda items are recommended by the MAC at each meeting and require final approval by the Board. Following approval, the Chief of Licensing, in consultation with the chair, establishes the meeting agenda.

- Minutes – The minutes are a summary of the actions taken by and deliberation of, not a transcript, of each MAC meeting. They shall be prepared by Board staff and submitted to MAC members for review and approval at the next scheduled meeting of the MAC. Minutes serve as the official record of the meeting and shall be posted to the Board's website once approved.

- Tape Recording/Webcasting – The meeting may be tape-recorded/webcasted. Tape recordings will be disposed of upon approval of the minutes in accordance with the record retention schedule. Webcasts are posted to the Board's website.

Midwifery Advisory Council Membership Recruitment

The Midwifery Advisory Council (MAC) is an advisory council that makes recommendations to the Board on issues related to the practice of midwifery in California. The MAC represents the midwifery community and the organizations/associations that represent licensed midwives. The MAC consists of three licensed midwives and three members of the public (one of which, by policy, is a physician). MAC members volunteer to serve and attend all MAC meetings for up to a three-year term.

Board staff will advertise vacant positions as necessary to be evaluated by MAC members. To be considered for an appointment, candidates must complete the Midwifery Advisory Council Member Application and provide supporting documentation regarding their eligibility. Eligible candidates will be reviewed and discussed during a public MAC meeting. Candidates have the opportunity to appear before the MAC regarding their interest to be a MAC member; however, this is not required. MAC members will, by vote, select a candidate and provide a recommendation to the Board for approval. At the next scheduled quarterly Board meeting, the Board will consider the candidate for appointment.

MEDICAL BOARD OF CALIFORNIA
Midwifery Program

Midwifery Advisory Council Member Application

The Midwifery Advisory Council (MAC) is an advisory council responsible for making recommendations on matters presented by the California Medical Board (Board) members, Board staff, or designees. The MAC represents the midwifery community and licensed midwives in the State of California. The MAC is comprised of three licensed midwifes, one physician and surgeon, and two public members. Public member representatives have an interest in midwifery, but are not licensed midwives. The MAC members volunteer to serve and attend all MAC meetings for up to a three-year term. This application form has been developed to review volunteers interested in serving on the MAC. To be considered for appointment, please mail, email, or fax your MAC Member Application form no later than xxxx to:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
Attention: Midwifery Program
FAX: (916) 263-8936

Name:	Last	First	Middle Initial	Suffix
Address:	Street	City	State	Zip Code
Phone:	Cell#	Home #	Work#	Fax#
Email:				

Are you a California Licensed Midwife?	☐ YES ☐ NO *License Number: LM #* _____
Are you a California Licensed Physician?	☐ YES ☐ NO *License Number:* _____ *If yes, are you currently practicing as an obstetrician/gynecologist?* ☐ YES ☐ NO
Are you, or have you ever been, a board member of a midwifery or physician related entity?	☐ YES ☐ NO *If yes, please list the name of the board(s):* Name — Dates of Membership Name — Dates of Membership
Organization/Association: *(If volunteering as a non-licensee "public member" please insert the word "SELF – PUBLIC Interest")*	
Position within the Organization/Association: *(Board member, executive, or member)*	

Do you know anyone who might oppose your appointment to the MAC Advisory Council?	☐ YES ☐ NO
Is there anything in your background, if made known to the general public through service on the Advisory Council, would cause embarrassment to you and/or the Board?	☐ YES ☐ NO
Have you ever been formally disciplined or cited for a breach of ethics or unprofessional conduct by an organization?	☐ YES ☐ NO

MEDICAL BOARD OF CALIFORNIA
Midwifery Program

Please attach your resume or curriculum vitae.
Please attach a letter outlining your qualifications and interest in midwifery and home birth, including prior involvement with midwifery-related organizations.
Please attach three letters of recommendation from licensed midwives or clients in your area. (If applying for midwife position at least 2 of the letters must be from practicing midwives in your area)

_____ _____
(Signature) *(Date)*

DISCLOSURE: *Providing this information is strictly voluntary. The personal information requested on this form is being collected for consideration of appointment as a member of the MAC. This information will be reviewed by Board staff and members of the Board and/or MAC. This form will be retained in the files of the Licensing Program. This form and attachments must be returned no later than xxxx.*

Term Limits and Selection of Officers

Business and Professions Code section 131, provides that for any committee, no member shall serve more than two consecutive full terms. That would apply to a member of a board, committee, or council under the Department of Consumer Affairs.

The Midwifery Advisory Council (MAC) consists of three licensed midwives and three members of the public (one of which, by policy, is a physician). MAC members fill non-salaried positions, approved by the Medical Board of California (Board), and are reimbursed travel expenses. MAC members shall serve a term of three years with a maximum of two consecutive terms.

If a MAC member must resign prior to the expiration of their term limit, the MAC member must notify the MAC chair and the Chief of Licensing to ensure prompt recruitment to fill this vacancy. A MAC member appointed to a position that became vacant prior to the expiration of the term limit, shall serve the remainder of the term, and may still be appointed to serve a maximum of two three-year consecutive terms. Members must take a break between terms if they have reached the maximum term limit.

The MAC selects the chair and vice chair from its members to serve one year terms. The officers are elected at the first meeting of the fiscal year.

The chair facilitates MAC meetings and provides a chair update at each MAC meeting, works closely with Board staff on midwifery matters, and attends and presents a MAC update at the Board's quarterly Board meetings. Additionally, the chair may appoint individuals to serve on committees or task forces to work on MAC projects. The vice chair serves as back-up in the chair's absence.

Mandatory Training and Policies

Every year all Department of Consumer Affairs (DCA) employees are required to complete the Non-Discrimination Policy and Sexual Harassment Prevention Policy (SHP) training. This includes Board/Committee Members.

Attached are the policies MAC members must review and complete:

http://inside.dca.ca.gov/documents/eeo_1401.pdf (Annual Acknowledgement of Receipt and Understanding of Non-Discrimination Policy and Complaint Procedures)

http://inside.dca.ca.gov/documents/eeo_1201.pdf (Annual Acknowledgement of Receipt and Understanding of Sexual Harassment Prevention Policy)

After reviewing both policies, MAC members must complete the following acknowledgement forms:

- Annual Acknowledgement of Receipt and Understanding of Non-Discrimination Policy and Complaint Procedures (Attachment A)

- Annual Acknowledgement of Receipt and Understanding of Sexual Harassment Prevention Policy (Attachment A)

In addition to the yearly policies, MAC Members are required to complete biennial SHP training, Ethics training, and a Defensive Driver Training. New members are required to complete SHP training within six months of their appointment date. The training may be accessed at http://solid.dca.ca.gov/.

The MAC is required to take an online Ethics Training Course to educate them on the ethical standards required of any individual who works in state or local government. California law requires state officials to complete an ethics-training course within six months of being appointed and completed every two years. The online Ethic Training course can be accessed at https://oag.ca.gov/ethics.

All state employees who frequently drive on state business should successfully complete an approved Defensive Driver Training course at least once every four years. The training may be accessed at http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx.

All completed forms must be mailed to Board staff at the following address:

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815.

Travel Guidelines

MAC members are entitled to reimbursement for traveling to and from a meeting location, for meals and for lodging when attending a MAC meeting or Quarterly Board meeting (Chair only). Within two weeks of a meeting, Board staff will contact MAC members to arrange any car rental or flight arrangements. Following the meeting, submission of a Travel Expense Claim (TEC) form is required along with the appropriate supporting documents (i.e. receipts, etc.) Once the Board receives a TEC form, staff will ensure the forms are accurate and will process accordingly. MAC members must submit TEC forms by June 1st for accounting purposes.

In order to obtain reimbursement for travel, MAC members must have a Volunteer Packet on file. The Volunteer Packet must be submitted within 30 days from appointment. The Volunteer Packet consists of the following:

1. Volunteer Service Agreement (Form HR19)
2. Oath of Allegiance and Declaration of Permission to Work for Persons Employed by the State of California. (Form Std. 689)
3. Authorized to use Privately Owned Vehicles on State Business (Form Std. 261)

Mode of Transportation

The mode of transportation for which the State incurs expenses shall be that which is in the best interest of the State. When in need of travel arrangements, such as flight arrangements, staff will contact members to arrange the mode of transportation. TEC forms should be submitted immediately after returning from a trip and no later than two weeks following the trip.

Uber, Lyft or Taxi Service

Uber, Lyft or Taxi should be used for trips within, but not more than a 10 – 15 miles radius. Receipts are required for these expenses. Tips are not reimbursable.

Private Vehicle

Travelers driving a privately owned vehicle on official State business must have completed the Authorized to Use Privately Owned Vehicle Form on file. The mileage rate as of January 8, 2018 is 54.5* cents a mile.

*Mileage rate is subject to change.

Rental Car

Members must contact Board staff to assist with rental car arrangements.

Airline Travel

Members must contact Board staff to assist with flight arrangements.

Meals

One-day Travel (Less than 24 hours/more than 100 miles round trip)

Reimbursement is allowed for actual costs up to the maximum reimbursement for each meal, incidental, and lodging expense incurred while on travel status.

Timeframe	Meal Reimbursement	Maximum Reimbursement
Travel beginning at or before 6 a.m. and end at or after 9 a.m.	Breakfast	$7
*****Meals of Appointees	Lunch	$11
Travel beginning at or before 4 p.m. and end at or after 7 p.m.	Dinner	$23
Incidentals during travel	Incidental	$5

*****Meals of Appointees - Meals of non-salaried boards, commissions, and duly constituted advisory committees may be reimbursed for actual expenses up to the maximum meal allowance when attending official board, commission, or committee meetings. Travel status restrictions do not apply, but members must meet the time requirements for each meal. A copy of the meeting agenda needs to be attached to the expense claim.

Lodging

Members must contact Board staff to assist with hotel arrangements.

Incidentals

Reimbursement is allowed only for a full 24 hours of travel. Incidentals include expenses for fees and tips for services such as porter, baggage carriers, and hotel staff. No other items may be claimed as incidentals.

Submitting Travel Expense Claims

Members must submit the following when submitting an expense reimbursement:

- Copy of airline itinerary that shows cost of ticket, and ticket number.
- Hotel receipt that shows a zero balance (received at time of checkout).
- Original parking receipts.
- Original Uber/Lyft/taxi/shuttle receipts.
- Reason for trip.
- Date/time trip started and concluded (time left from home for business trip and time returned to home).
- Rental car receipts that show cost of rental (received when car is returned).
- Fuel receipt showing when car was used (date and time of car rental).
- If personal car was used, provide license plate number and mileage from home to meeting location and back to home.

BUSINESS AND PROFESSIONS CODE - BPC
DIVISION 2. HEALING ARTS [500 - 4999.129]
CHAPTER 5. Medicine [2000 - 2525.5]

ARTICLE 24. Licensed Midwives [2505 - 2521]

2505. Citation of article

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

2506. Definitions

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. Practice of midwifery; Scope; Physician referral; Adoption of regulations

(a) The license to practice midwifery authorizes the holder to attend cases of normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b), 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 to assist a woman in childbirth as long as progress meets criteria accepted as normal.
(1) Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:
(A) There is an absence of both of the following:
(i) Any preexisting maternal disease or condition likely to affect the pregnancy.
(ii) Significant disease arising from the pregnancy.
(B) There is a singleton fetus.
(C) There is a cephalic presentation.
(D) The gestational age of the fetus is greater than $37^{0}/_{7}$ weeks and less than $42^{0}/_{7}$ completed weeks of pregnancy.
(E) Labor is spontaneous or induced in an outpatient setting.
(2) If a potential midwife client meets the conditions specified in subparagraphs (B) to (E), inclusive, of paragraph (1), but fails to meet the conditions specified in subparagraph (A) of paragraph (1), and the woman still desires to be a client of the licensed midwife, the licensed midwife shall provide the woman with a referral for an examination by a physician and surgeon trained in obstetrics and gynecology. A licensed midwife may assist the woman in pregnancy and childbirth only if an examination by a physician and surgeon trained in obstetrics and

gynecology is obtained and the physician and surgeon who examined the woman determines that the risk factors presented by her disease or condition are not likely to significantly affect the course of pregnancy and childbirth.
(3) The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part of 1 of Division 3 of Title 2 of the Government Code) specifying the conditions described in subparagraph (A) of paragraph (1).
(c) (1) If at any point during pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife shall immediately refer or transfer the client to a physician and surgeon. The licensed midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.
(2) If a physician and surgeon determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy or childbirth, the licensed midwife may resume primary care of the client and resume assisting the client during her pregnancy, childbirth, or postpartum care.
(3) If a physician and surgeon determines the client's condition or concern has not been resolved as specified in paragraph (2), the licensed midwife may provide concurrent care with a physician and surgeon and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. A licensed midwife shall not resume primary care of the client.
(d) A licensed midwife shall not provide or continue to provide midwifery care to a woman with a risk factor that will significantly affect the course of pregnancy and childbirth, regardless of whether the woman has consented to this care or refused care by a physician or surgeon, except as provided in paragraph (3) of subdivision (c).
(e) The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.
(f) A midwife is authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.
(g) This article does not authorize a midwife to practice medicine or to perform surgery.

2508. Required disclosures to client; Consent

(a) A licensed midwife shall disclose in oral and written form to a prospective client as part of a client care plan, and obtain informed consent for, all of the following:
(1) All of the provisions of Section 2507.
(2) The client is retaining a licensed midwife, not a certified nurse-midwife, and the licensed midwife is not supervised by a physician and surgeon.
(3) The licensed midwife's current licensure status and license number.
(4) The practice settings in which the licensed midwife practices.
(5) If the licensed midwife does not have liability coverage for the practice of midwifery, he or she shall disclose that fact. The licensed midwife shall disclose to the client that many physicians and surgeons do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.

(6) The acknowledgment that if the client is advised to consult with a physician and surgeon, failure to do so may affect the client's legal rights in any professional negligence actions against a physician and surgeon, licensed health care professional, or hospital.
(7) There are conditions that are outside of the scope of practice of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.
(8) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The licensed midwife shall not be required to identify a specific physician and surgeon.
(9) 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, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.
(10) If, during the course of care, the client is informed that she has or may have a condition indicating the need for a mandatory transfer, the licensed midwife shall initiate the transfer.
(11) The availability of the text of laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, which may be found on the Medical Board of California's Internet Web site.
(12) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The informed consent shall specifically state that the licensed midwife and the consulting physician and surgeon are not employees, partners, associates, agents, or principals of one another. The licensed midwife shall inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely responsible for the services he or she provides.
(b) The disclosure and consent shall be signed by both the licensed midwife and the client and a copy of the disclosure and consent shall be placed in the client's medical record.
(c) The Medical Board of California may prescribe the form for the written disclosure and informed consent statement required to be used by a licensed midwife under this section.

2509. Midwifery Advisory Council

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.

2510. Transfer of client to hospital; Records

If a client is transferred to a hospital, the licensed midwife shall provide records, including prenatal records, and speak with the receiving physician and surgeon about labor up to the point of the transfer. The hospital shall report each transfer of a planned out-of-hospital birth to the Medical Board of California and the California Maternal Quality Care Collaborative using a standardized form developed by the board.

2511. Unlicensed practice

(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. Board to issue license

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. Qualifications

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. Education program; Clinical experience

(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. Beginning January 1, 2015, new licensees shall not substitute clinical experience for formal didactic education.
(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. Conditions required to permit practicing midwifery

(a) Nothing in this chapter shall be construed to prevent a bona fide student 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:
(1) The student is under the supervision of a licensed midwife or certified nurse-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 2746.5, or a physician and surgeon.
(2) The client is informed of the student's status.
(b) For the purposes of this section, a "bona fide student" means an individual who is enrolled and participating in a midwifery education program or who is enrolled in a program of supervised clinical training as part of the instruction of a three year postsecondary midwifery education program approved by the board.

2514.5. Regulations; Written examination

(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. Accreditation of programs

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. Educational standards required of applicants

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. Report on out-of-hospital births to be submitted annually; Confidentiality; Noncompliance

(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 no later than March 30, 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 California 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 number by county of live births attended as primary caregiver.
(C) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death.
(D) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.
(E) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period.
(F) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.
(G) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.
(H) 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.
(I) 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.
(J) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate.
(K) 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 30, 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 30 of each year. The board shall include this information in its annual report to the Legislature.
(g) The board, with input from the Midwifery Advisory Council, may adjust the data elements required to be reported to better coordinate with other reporting systems, including the reporting system of the Midwives Alliance of North America (MANA), while maintaining the data elements unique to California. To better capture data needed for the report required by this section, the concurrent use of systems, including MANA's, by licensed midwives is encouraged.
(h) Notwithstanding any other law, a violation of this section shall not be a crime.

2516.5. Midwife assistants

(a) As used in this section, the following definitions apply:
(1) "Midwife assistant" means a person, who may be unlicensed, who performs basic administrative, clerical, and midwife technical supportive services in accordance with this chapter for a licensed midwife or certified nurse-midwife, is at least 18 years of age, and has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board for a medical assistant pursuant to Section 2069. The midwife assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. Each employer of the midwife assistant or the midwife assistant shall retain a copy of the certificate as a record.
(2) "Midwife technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a midwife assistant who has limited training and who functions under the supervision of a licensed midwife or certified nurse-midwife.
(3) "Specific authorization" means a specific written order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed. A notation of the standing order shall be placed in the patient's medical record.

(4) “Supervision” means the supervision of procedures authorized by this section by a licensed midwife or certified nurse-midwife, within his or her scope of practice, who is physically present on the premises during the performance of those procedures.
(b) Notwithstanding any other provision of law, a midwife assistant may do all of the following:
(1) Administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical support services upon the specific authorization and supervision of a licensed midwife or certified nurse-midwife. A midwife assistant may also perform all these tasks and services in a clinic licensed in accordance with subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a licensed midwife or certified nurse-midwife.
(2) Perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed midwife or certified nurse-midwife, if the midwife assistant has met the educational and training requirements for medical assistants as established in Section 2070. Each employer of the assistant shall retain a copy of any related certificates as a record.
(3) Perform the following midwife technical support services:
(A) Administer medications orally, sublingually, topically, or rectally, or by providing a single dose to a patient for immediate self-administration, and administer oxygen at the direction of the supervising licensed midwife or certified nurse-midwife. The licensed midwife or certified nurse-midwife shall verify the correct medication and dosage before the midwife assistant administers medication.
(B) Assist in immediate newborn care when the licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.
(C) Assist in placement of the device used for auscultation of fetal heart tones when a licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.
(D) Collect by noninvasive techniques and preserve specimens for testing, including, but not limited to, urine.
(E) Assist patients to and from a patient examination room, bed, or bathroom.
(F) Assist patients in activities of daily living, such as assisting with bathing or clothing.
(G) As authorized by the licensed midwife or certified nurse-midwife, provide patient information and instructions.
(H) Collect and record patient data, including height, weight, temperature, pulse, respiration rate, blood pressure, and basic information about the presenting and previous conditions.
(I) Perform simple laboratory and screening tests customarily performed in a medical or midwife office.
(4) Perform additional midwife technical support services under regulations and standards established by the board.
(c) (1) Nothing in this section shall be construed as authorizing the licensure of midwife assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a midwife assistant. Nothing in this section shall be construed as authorizing the board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(2) Nothing in this section shall be construed as authorizing a midwife assistant to perform any clinical laboratory test or examination for which he or she is not authorized under Chapter 3 (commencing with Section 1200).
(d) Notwithstanding any other law, a midwife assistant shall not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

2517. Prior criminal convictions

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. License renewal

(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 license holder 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.
(c) A licensee is exempt from the payment of the renewal fee required by Section 2520 and the requirement for continuing education if the licensee has applied to the board for, and been issued, a retired status license. The holder of a retired status license may not engage in the practice of midwifery.

2519. Suspension or revocation of license

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 that 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.
(j) Failing to do any of the following when required pursuant to Section 2507:
(1) Consult with a physician and surgeon.
(2) Refer a client to a physician and surgeon.
(3) Transfer a client to a hospital.

2520. Fees

(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. Misdemeanor

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

California Code of Regulations Title 16 Medical Board of California

Chapter 3. Midwife Assistants

Article 6. Midwife Assistants

§ 1379.01. Licensed Midwife Supervisor.

A licensed midwife or certified nurse midwife authorizes the midwife assistant under his or her supervision to perform the services referenced in section 2516.5(b) of the code, and shall be responsible for the patient's treatment and care.

NOTE: Authority cited: Section 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069 and 2516.5, Business and Professions Code.

HISTORY

1. New article 6 (sections 1379.01 – 1379.09) and section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38).

§ 1379.02 Certification in Neonatal Resuscitation.

Each midwife assistant shall maintain current certification in Neonatal Resuscitation. Certification shall be obtained from the American Academy of Pediatrics.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.03. Certification in Basic Life Support.

Each midwife assistant shall maintain current certification in Basic Life Support. Certification shall be obtained from the American Heart Association or the American Safety and Health Institute.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.04. Training in Infection Control.

Each midwife assistant shall receive training in the Centers for Disease Control and Prevention "Guideline for Infection Control in Health Care Personnel" (1998), which is hereby incorporated by reference, and shall demonstrate to the satisfaction of the licensed midwife, certified nurse midwife, or instructor that he or she understands the purposes and techniques of infection control.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.05. Training to Perform Services.

(a) Minimum Training. In addition to completing the requirements under sections 1379.02, 1379.03, and 1379.04, in order to perform the services of a midwife assistant, the individual shall have completed the minimum training as prescribed herein. Training shall be for the duration required for the midwife assistant to demonstrate to the instructor, licensed midwife, or certified nurse midwife providing the training proficiency in the procedures to be performed as authorized by section 2516.5(b) of the code, where applicable, but shall include no less than:

(1) Five (5) clock hours of midwifery didactic training.

(2) Two (2) clock hours of training in administering oxygen by inhalation.

(3) Ten (10) clock hours of satisfactory demonstration of immediate newborn care.

(b) Additional Training for Specific Services. In order to perform the services of a midwife assistant identified below, and individual shall have completed the additional training prescribed herein for the service to be provided. Training shall be for the duration required for the midwife assistant to demonstrate to the instructor, licensed midwife, or certified nurse midwife providing the training proficiency in the procedures to be performed as authorized by section 2516.5(b) of the code, where applicable, but shall include no less than:

(1) Five (5) clock hours of training on the device used for auscultation of fetal heart tones and ten (10) demonstrations of satisfactory placement of the device used for auscultation of fetal heart tones during labor or by simulation.

(2) Ten (10) clock hours of training in administering injections and performing skin tests, and satisfactory performance of ten (10) each of intramuscular, subcutaneous, and intradermal injections, and skin tests.

(3) Ten (10) click hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and satisfactory performance of ten (10) each of venipunctures and skin punctures for the purpose of withdrawing blood.

(c) Training in (a) and (b) above shall include instructions and demonstration in:

(1) pertinent anatomy and physiology appropriate to the precedures;
(2) choice of equipment;
(3) proper technique including sterile technique;
(4) hazards and complications;
(5) patient care following treatment or test;
(6) emergency procedures;
(7) California law and regulations for midwife assistants.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069, 2070 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.06. Administration of Training.

(a) Training required in section 1379.05 may be administered in either of these settings:

(1) Under the supervision of a licensed midwife or certified nurse midwife, who shall ascertain the proficiency of the midwife assistant, or under a "qualified midwife assistant," as defined under subsection (c) of the is section, acting under the direction of a licensed midwife or certified nurse midwife who shall be responsible for determining the content of the training and the proficiency of the midwife assistant; or

(2) In a secondary or adult education program in a public school authorized by the Department of Education, in a community college program provided for in Part 48 of Division 7 of the Education Code, or a postsecondary institution accredited by an accreditation agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education under sections 94885 and 94887 of the Education Code and all regulations adopted pursuant to those sections. A licensed midwife or certified nurse midwife shall serve as advisor to the midwife assistant training program. The instructor in a public school setting shall possess a valid teaching credential issued by the Commission on Teacher Credentialing. The instructor in a private postsecondary institution shall meet the requirements of section 94885(a)(5) of the Education Code and all regulations adopted pursuant to that section.

(b) The licensed midwife or certified nurse midwife, pursuant to subsection (a)(1) or the instructor pursuant to subsection (a)(2) shall certify in writing the place and date such training was administered, the content and duration of the training, and that the midwife assistant was observed by the licensed midwife, certified nurse midwife, or instructor, to demonstrate competence in the performance of each such task or service, and shall sign and date the certificate. More than one task or service may be certified in a single document; separate certificates shall be made for subsequent training in additional tasks or services.

(c) For purposes of this section only, a "qualified midwife assistant" is a midwife assistant who:

Chapter 3. Midwife Assistants

(1) is certified by a midwife assistant certifying organization approved by the Board pursuant to 1379.07; or
(2) is authorized to teach in a midwife assistant training program at a community college; or
(3) is authorized to teach in a midwife assistant training program in a private postsecondary institution accredited by an accreditation agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069, 2070 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.07. Approved Certifying Organizations.

(a) An organization that certifies midwife assistants may apply to the Board for approval. This application shall include the following information:

(1) Name and address of the applicant;

(2) Applicant's federal employer identification number (FEIN);

(3) Name, address and telephone number of a contact person for the applicant;

(4) Documentation establishing that the applicant is accredited by the National Commission for Certifying Agencies, or an accrediting organization that is equivalent thereto;

(5) Name, address and telephone number of the organization that validated the applicant's certifying examination;

(6) Information sufficient to establish that the certifying organization meets the standards set forth in subsection (b).

(b) For purposes of section 1379.06(c)(1), an organization that certifies midwife assistants shall be approved if it meets all of the following standards:

(1) Is a non-profit, tax-exempt organization;

(2) Requires all applicants for certification as a midwife assistant to successfully complete a psychometrically valid examination that is secure, is occupationally relevant and tests for the skills and procedures outlined in section 2516.5 of the code;

(3) Requires all applicants for certification as a midwife assistant to have one or more of the following:

(A) Graduation from a midwife assistant training program meeting the requirements under section 1379.06(a)(2);

(B) A minimum of two (2) years of experience, following receipt of the certificate specified in section 1379.06(b) as a practicing midwife assistant within five (5) years immediately preceding the date of examination;

(C) Military training or schooling equivalent to that described in subsections (A) or (B) above;

(D) Employment at the time of certification as an instructor in an accredited midwife assistant program or institution meeting the requirements under section 1379.06(a)(2) for certification of a midwife assistant.

(4) Requires each certificate holder to renew his or her certification at least every five (5) years and obtain a minimum of 60 hours of continuing education related to the practice of midwife assistants over each five (5)-year period.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069, 2070 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.08. Report of Changes by Certifying Organization; Review by Board.

(a) An approved certifying organization shall notify the Board within 30 days thereafter of any changes related to the standards contained in section 1379.07.

(b) The Board shall review each approved certifying organization at least once every five (5) years for compliance with the standards set forth in section 1379.07. The Board may, in its discretion, review any certifying organization that has submitted a notice of changes as required by subsection (a).

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069, 2070 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

§ 1379.09. Permit Processing Times – Approved Certifying Organizations.

(a) Within 60 working days of receipt of an application pursuant to section 1379.07 for certifying organization approval, the Board shall inform the applicant in writing whether it is complete and accepted for filing or that it is deficient and what specific information or documentation is required to complete the application. An application is considered complete if it is in compliance with the requirements of section 1379.07.

(b) Within 100 calendar days from the date of filing of a completed application, the Board shall inform the applicant in writing of the decision regarding the application for certifying organization approval.

Note: Authority cited: Sections 2018 and 2516.5, Business and Professions Code. Reference: Sections 2069, 2070 and 2516.5, Business and Professions Code.

HISTORY

1. New section filed 9-21-2017; operative 9-21-2017 pursuant to Government Code section 11343.4(b)(3) (Register 2017, No. 38)

MEDICAL BOARD OF CALIFORNIA

PRACTICE GUIDELINES FOR CALIFORNIA LICENSED MIDWIVES

May 2014

The California licensed midwife is a professional health care practitioner who offers primary care to healthy women and their normal unborn and newborn babies throughout normal pregnancy, labor, birth, postpartum, the neonatal and inter-conceptional periods.

I. PURPOSE, DEFINITIONS & GENERAL PROVISIONS

A. This document provides a framework to identify the professional responsibilities of licensed midwives and permit an individual midwife's practice to be rationally evaluated, to ensure that it is safe, ethical and consistent with the professional practice of licensed midwifery in California. However, these practice guidelines are not intended to replace the clinical judgment of the licensed midwife.

Sources and documentation used to define and judge professional practice include but are not limited to the following:

1. The international definition of a midwife and the midwifery scope of practice
2. Customary definitions of the midwifery model of care by state and national midwifery organizations, including the Licensed Midwifery Practice Act of 1993 and all it amendments (Business and Professions Code Sections 2505, et seq.)
3. Standards of practice for community midwives as published by state and national midwifery organizations
4. Philosophy of care, code of ethics, and informed consent policies as published by state and national midwifery organizations
5. Educational competencies published by state and national direct-entry midwifery organizations

B. The California licensed midwife maintains all requirements of state and, where applicable, national certification, while keeping current with evidence-based and ethical midwifery practice in accordance with:

1. The body of professional knowledge, clinical skills, and clinical judgments described in the **Midwives Alliance of North America** (MANA) Core Competencies for Basic Midwifery Practice
2. The statutory requirements as set forth in the **Licensed Midwifery Practice Act of 1993** ("LMPA"), all amendments to LMPA and the Health and Safety Code on birth registration.

3. The generally accepted guidelines for community-based midwifery practice as published by state and national direct-entry midwifery organizations

C. The California licensed midwife provides care in private offices, physician offices, clinics, client homes, maternity homes, birth centers and hospitals. The licensed midwife provides well-women health services and maternity care to essentially healthy women who are experiencing a normal pregnancy. An essentially healthy woman is without serious pre-existing medical or mental conditions affecting major body organs, biological systems or competent mental function. An essentially normal pregnancy is without serious medical complications affecting either mother or fetus, and is consistent with the definition set forth under Business and Professions Code Section 2507(b)(1).

D. The California licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period, and conducts deliveries and cares for the newborn infant during the postnatal period. This includes preventative measures, protocols for variations and deviations from norm, detection of complications in the mother and child, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.

E. The California licensed midwife's fundamental accountability is to the women in her care. This includes a responsibility to uphold professional standards and avoid compromise based on personal or institutional expediency.

F. The California licensed midwife is also accountable to peers, the regulatory body and to the public for safe, competent, ethical practice. It is the responsibility of the licensed midwife to incorporate ongoing evaluation of her/his practice, including formal or informal sources of community input. This includes but is not limited to the licensed midwife's participation in the peer review process and any required mortality and morbidity reporting. The results of these individual evaluations can be distributed to influence professional policy development, education, and practice.

G. The California licensed midwife is responsible to the client, the community and the midwifery profession for evidence-based practice. This includes but is not limited to continuing education and on-going evaluation and application of new information and improved practices as recommended in the scientific literature. It may also include developing and dispersing midwifery knowledge and participating in research regarding midwifery outcomes.

H. The California licensed midwife uses evidence-based policies and practice guidelines for the management of routine care and unusual circumstances by establishing, reviewing, updating, and adhering to individualized practice policies, guidelines and protocols appropriate to the specific setting for a client's labor and birth and geographical characteristics of the licensed midwife's practice. Practice-specific guidelines and protocols are customarily implemented through standard or customized chart forms, informed consent and informed refusal documents (including the consent required in Business and Professions Code Section 2508), other formal and informal documents used routinely for each area of clinical

practice, including but not limited to the antepartum, intrapartum, postpartum, newborn periods and inter-conceptional periods.

I. The licensed midwife's policies, guidelines and protocols are consistent with standard midwifery management as described in standard midwifery textbooks or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school is considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines. When appropriate or requested, citations of scientific source should be made available for client review.

J. The licensed midwife may expand her skill level beyond the core competencies of her training program by incorporating new procedures into the individual midwife's practice that improve care for women and their families. It is the responsibility of the licensed midwife to:

1. Identify the need for a new procedure by taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensure that there are no institutional, state, or federal statutes or regulations that would constrain the midwife from incorporation of the procedure into her practice.
3. Be able to demonstrate knowledge and competency, including:
   a) Knowledge of risks, benefits, and client selection criteria.
   b) Having a process for acquisition of required skills.
   c) Identifying and managing complications.
   d) Employing a process to evaluate outcomes and maintain professional competency.
4. Identify a mechanism for obtaining medical consultation, collaboration, and referral related to each new procedure.

II. A BRIEF OVERVIEW OF THE LICENSED MIDWIFE'S DUTIES AND SPECIFIC RESPONSIBILITIES TO CHILDBEARING WOMEN AND THEIR UNBORN AND NEWBORN BABIES

A. The California licensed midwife engages in an ongoing process of risk assessment that begins with the initial consultation and continues throughout the provision of care. This includes continuously assessing for normalcy and, if necessary, initiating appropriate interventions including consultation, referral, transfer, first-responder emergency care and/or emergency transport.

B. Within the midwifery model of care, the licensed midwife's duties to women and babies include the following individualized forms of maternity care:

1. Antepartum care and education, preparation for childbirth, breastfeeding and parenthood.
2. Risk assessment, risk prevention and risk reduction.
3. Identifying and assessing variations and deviations from normal and detection of abnormal conditions and subsequently communicating that information to the woman and, when appropriate, to other health care providers and emergency responders.
4. Maintaining an individual plan for consultation, referral, transfer of care and emergencies.
5. Evidence-based physiological management to facilitate spontaneous progress in labor and normal vaginal birth while minimizing the need for medical interventions.
6. Procurement of medical assistance when indicated.
7. Execution of appropriate emergency measures in the absence of medical help.
8. Postpartum care to mother and baby, including counseling and education.
9. Maintaining up-to-date knowledge in evidence-based practice and proficiency in life-saving measures by regular review and practice.
10. Maintenance of all necessary equipment and supplies, and preparation of documents including educational handouts, charts, informed consent & informed refusal documents (including the consent required in Business and Professions Code Section 2508), birth registration forms, newborn screening, practice policies, guidelines, protocols, and, morbidity and mortality reports and annual statistics.

III. GUIDELINES FOR COMMUNITY-BASED MIDWIFERY

ONE: The licensed midwife is accountable to the client, the midwifery profession and the public for safe, competent, and ethical care.

TWO: The licensed midwife ensures that no act or omission places the client at unnecessary risk.

THREE: The licensed midwife, within realistic limits, provides continuity of care to the client throughout the childbearing experience according to the midwifery model of care.

FOUR: The licensed midwife respects the autonomy of the mentally competent adult woman by working in partnership with her and recognizing individual and shared responsibilities. The midwife recognizes the healthy woman as the primary decision maker throughout the childbearing experience.

FIVE: The licensed midwife upholds the client's right to make informed choices about the manner and circumstance of pregnancy, and childbirth, and facilitates this process by providing complete, relevant, objective information in a non- authoritarian and supportive manner, while continually assessing safety considerations and risks to the client, informing her of same.

SIX: The licensed midwife refers the client to a physician, as required by law, if at any point during a pregnancy, childbirth, or postpartum care the client's condition deviates from normal.

SEVEN: The licensed midwife confers and collaborates with other health care professionals, including other midwives, as is necessary to professionally meet the client's needs. When the client's condition or needs exceed the midwife's scope of practice or personal practice guidelines, the licensed midwife consults with and refers or transfers the client to a physician or other appropriate health care provider.

EIGHT: Should the pregnancy deviate from normal and primary care be transferred to a physician, the licensed midwife may continue to counsel, support and advise the client at her request.

NINE: The licensed midwife maintains complete and accurate health care records.

TEN: The licensed midwife ensures confidentiality of information except with the client's consent, or as required to be disclosed by law, or in extraordinary circumstances where the failure to disclose will result in immediate and grave harm to the client, baby or other immediate family members or professional care providers.

ELEVEN: Where geographically feasible, the licensed midwife makes a good faith effort to ensure that a second midwife, or a qualified birth attendant certified in neonatal resuscitation and cardiopulmonary resuscitation, is available during the delivery.

TWELVE: The licensed midwife orders, uses or administers only those drugs, supplies, devices and procedures that are consistent with the licensed midwife's

professional training as described in 16 CCR 1379.30, community standards and the provisions of LMPA and does so only in accordance with the client's informed consent.

THIRTEEN: The licensed midwife orders, performs, collects samples for, or interprets those screening and diagnostic tests for a woman or newborn which are consistent with the licensed midwife's professional training, community standards, and provisions of the LMPA, and does so only in accordance with the client's informed consent.

FOURTEEN: The licensed midwife participates in the continuing education and evaluation of self, colleagues and the maternity care system.

FIFTEEN: The licensed midwife critically assesses evidence-based research findings for use in practice and supports research activities.

IV. CRITERIA FOR CLIENT SELECTION

Criteria for initial selection of clients for community-based midwifery care assumes:

- Healthy mother without serious pre-existing medical or mental conditions
- History, physical assessment and laboratory results within limits commonly accepted as normal and consistent with Business and Professions Code Section 2507(b)(1) with no clinically significant evidence of the following, including but not limited to:

  a. cardiac disease
  b. pulmonary disease
  c. renal disease
  d. hepatic disease
  e. endocrine disease
  f. neurological disease
  g. malignant disease in an active phase
  h. significant hematological disorders or coagulopathies
  i. essential hypertension (blood pressure greater than 140/90 on two or more occasions, six hours apart)
  j. insulin-dependent diabetes mellitus
  k. serious congenital abnormalities affecting childbirth
  l. family history of serious genetic disorders or hereditary diseases that may impact on the current pregnancy
  m. adverse obstetrical history that may impact on the current pregnancy
  n. significant pelvic or uterine abnormalities, including tumors, malformations, or invasive uterine surgery that may impact on the current pregnancy
  o. isoimmunization
  p. alcoholism or abuse
  q. drug addiction or abuse
  r. positive HIV status or AIDS
  s. current serious psychiatric illness
  t. social or familiar conditions unsatisfactory for domiciliary birth services
  u. other significant physical abnormality, social or mental functioning that affects pregnancy, parturition and/or the ability to safely care for a newborn
  v. other as defined by the licensed midwife

V. RISK FACTORS IDENTIFIED DURING THE INITIAL INTERVIEW OR ARISING DURING THE COURSE OF CARE

With respect to the care of a client who deviates from a normal pregnancy as identified by the client selection criteria in section IV or other science-based parameters, the licensed midwife informs the client that her situation must be evaluated by a licensed physician who has current training and practice in obstetrics and gynecology. If the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy, the licensed midwife can continue to provide primary care. The client should further be informed that unresolved significant risk factors will limit the scope of the midwife's care to concurrent care with a physician, regardless of whether the woman has consented to care or refused care by a physician.

It is recognized that the client has the right to refuse the recommended referral; however, pursuant to the law, the licensed midwife cannot continue care. The licensed midwife will document refusal of the referral in the client's record.

VI. ANTEPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to ANTEPARTUM PHYSICIAN CONSULTATION, REFERRAL & TRANSFER OF CARE**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during a client's pregnancy. If a referral to a physician is needed, pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician until resolution of the concern.

The following conditions, occurring after acceptance of care with a licensed midwife, require client referral to a physician and may require transfer of care of the client to a medical health care provider. A referral for immediate medical care does not preclude the possibility of care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines, after an examination, that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Antepartal conditions that deviate from normal pregnancy conditions include, but are not limited to:

Maternal:

a. positive HIV antibody test
b. threatened or spontaneous abortion after 14 weeks
c. significant vaginal bleeding
d. persistent vomiting with dehydration
e. symptoms of malnutrition or anorexia
f. protracted weight loss or failure to gain weight
g. gestational diabetes, uncontrolled by diet
h. severe anemia, not responsive to treatment
i. severe or persistent headache
j. evidence of pregnancy induced hypertension (PIH) or pre-eclampsia (2 blood pressure readings greater than 140/90, 6 hours apart)
k. deep vein thrombosis (DVT)
l. urinary tract infection (UTI)
m. significant signs or symptoms of infection
n. isoimmunization, positive Rh antibody titer for Rh-negative mother, or any other positive antibody titer which may have a detrimental effect on mother or fetus
o. documented placental anomaly or previa
p. documented low lying placenta in woman with history of previous cesarean
q. preterm labor (before 37 0/7 completed weeks of pregnancy)
r. premature rupture of membranes (before 37 0/7 completed weeks of pregnancy)
s. pregnancy with non-reactive stress test and/or abnormal biophysical profile or amniotic fluid assessment
t. Post-term pregnancy defined as gestation greater than 42 0/7 weeks
u. other as defined by the Midwife

Fetal:

a. lie other than vertex at term
b. multiple gestation
c. fetal anomalies compatible with life which are affected by site of birth
d. marked decrease in fetal movement, abnormal fetal heart tones (FHTs) non-reassuring non-stress test (NST)
e. marked or severe poly- or oligo-hydramnios (too much or too little amniotic fluid)
f. evidence of intrauterine growth restriction (IUGR)
g. significant abnormal ultrasound findings
h. other as defined by the licensed midwife

VII. INTRAPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to INTRAPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal during a client's labor and birth, and/or with her newborn. If a referral to a physician is needed pursuant to Business and Professions Code Section 2507, the licensed midwife will, if possible, remain in consultation with the physician in accordance with the client's wishes, remain present throughout the birth and resume postpartum care if appropriate.

A. The following conditions require referral to a physician and may require transfer of care. Referral does not preclude the possibility of return to care with a licensed midwife if a physician who has current training in obstetrics and gynecology determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy.

Intrapartum Conditions - Serious medical/obstetrical or perinatal conditions, including but not limited to:

Maternal:

a. prolonged lack of progress in labor
b. abnormal bleeding, with or without abdominal pain; evidence of placental abruption
c. rise in blood pressure above woman's baseline (more than 30/15 points or greater than 140/90) with proteinuria
d. signs or symptoms of maternal infection
e. signs or symptoms of maternal shock
f. client's request for transfer to obstetrical care
g. active genital herpes lesion in labor
h. gestation greater than 42 0/7 weeks

Fetus:

a. abnormal fetal heart tones (FHT)
b. signs or symptoms of fetal distress
c. thick meconium or frank bleeding with birth not imminent
d. lie not compatible with spontaneous vaginal delivery or unstable fetal lie

B. Emergency Transport: If on initial or subsequent assessment during the 1st, 2nd or 3rd stage of labor, one of the following conditions exists, the licensed midwife initiates immediate emergency transfer to medical care. Transport via private vehicle is an acceptable method of transport if, in the clinical judgment of

the licensed midwife, that is the safest and most expedient method to access medical services.

a. prolapsed umbilical cord
b. uncontrolled hemorrhage
c. preeclampsia or eclampsia
d. severe abdominal pain inconsistent with normal labor
e. chorioamnionitis
f. ominous fetal heart rate pattern or other manifestation of fetal distress
g. seizures or unconsciousness in the mother
i. evidence of maternal shock
j. presentation not compatible with spontaneous vaginal delivery
k. laceration requiring repair outside the scope of practice or practice policies of the individual licensed midwife
l. retained placenta or placental fragments
m. neonate with unstable vital signs
n. any other condition or symptom which could threaten the life of the mother, fetus, or neonate as assessed by the licensed midwife exercising ordinary skill and knowledge.

C. **Emergency Exemptions Clause - Business and Professions Code Section 2058 – Medical Practice Act**

The California licensed midwife may deliver a woman with any of the above complications or conditions, or other bona fide emergencies, if the situation is a verifiable emergency and no physician or other equivalent medical services are available. **EMERGENCY** is defined as a situation that presents an immediate hazard to the health and safety of the client or entails extraordinary and unnecessary human suffering.

D. The California licensed midwife provides records, including prenatal records, and consults with the receiving physician about labor up to the point of transfer to a hospital.

VIII. POSTPARTUM REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to POSTPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT**

The licensed midwife consults with a physician and/or other health care professional whenever there are deviations from normal (including abnormal laboratory results) during the postpartum period. If a referral to a physician who has current training and practice in obstetrics and gynecology is needed, the licensed midwife may resume postpartum care if the physician determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to affect the client's postpartum care.

A. Immediate Postpartum Conditions.

The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following abnormal conditions are present:

a. uterine prolapse or inversion
b. uncontrolled maternal hemorrhage
c. seizure or unconsciousness
d. sustained on-going instability or abnormal vital signs
e. adherent or retained placenta
f. repair of laceration(s)/episiotomy beyond licensed midwife's level of expertise
g. anaphylaxis
h. other serious medical or mental conditions

B. Extended Postpartum Condition.

The licensed midwife arranges for physician consultation, client referral and/or transport when/if:

a. signs or symptoms of maternal infection
b. signs of clinically significant depression
c. social, emotional or other physical conditions as defined by the licensed midwife and outside her scope of practice

IX. NEONATE REFERRAL

- **To define and clarify minimum practice guidelines for the safe care of women and infants in regard to PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT OF THE NEONATE**

The licensed midwife consults with a physician or other health care practitioner whenever there are deviations or complications relative to the newborn. If a referral to a physician is needed, the licensed midwife will, if possible, remain in consultation with the physician.

The following conditions will prompt referral to a physician and may require transfer of care.

A. Neonatal Conditions: The licensed midwife arranges for immediate referral and transport according to the emergency plan identified in the informed consent document if the following conditions exist:

a. Apgar score of 6 or less at five minutes of age, without significant improvement by 10 minutes
b. persistent respiratory distress
c. persistent cardiac irregularities
d. persistent central cyanosis or pallor
e. persistent lethargy or poor muscle tone
f. prolonged temperature instability
g. significant signs or symptoms of infection
h. significant clinical evidence of glycemic instability
i. seizures
j. abnormal bulging or depressed fontanel
k. birth weight <2300 grams
l. significant clinical evidence of prematurity
m. clinically significant jaundice apparent at birth
n. major or medically significant congenital anomalies
o. significant or suspected birth injury
p. other serious medical conditions
q. parental request

B. Postnatal Care: The licensed midwife arranges for referral or transport for an infant who exhibits the following:

a. abnormal cry
b. diminished consciousness
c. inability to suck
d. passes no urine in 30 hours or meconium in 48 hours after delivery or inadequate production of urine or stool during the neonatal period
e. clinically significant abnormalities in vital signs, muscle tone or behavior
f. clinically significant color abnormality-cyanotic, pale, grey
g. abdominal distension, projectile vomiting
h. jaundice within 30 hours of birth

i. significant signs or symptoms of infection
j. abnormal lab results
k. signs of clinically significant dehydration or failure to thrive
l. other concerns of family or licensed midwife