TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 395. LICENSED MIDWIVES

SUBCHAPTER 1. GENERAL PROVISIONS

310:395-1-1. Purpose

The rules in this Chapter implement Shepherd's Law, as codified in Title 59 O.S. §§ 3040.1 *et seq.*

310:395-1-2. Definitions

When used in this Chapter, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

"ACOG" means American College of Obstetricians and Gynecologists.

"Act" means 59 O.S. §§ 3040.1 *et seq*.

"Active first stage" means the first stage of labor where the cervix is dilated to at least 6 centimeters.

"AMCB" means American Midwifery Certification Board, the national certifying body for candidates in nurse-midwifery and midwifery who have received their graduate level education in programs accredited by the Accreditation Commission for Midwifery Education.

"Apgar" means an index used to evaluate the condition of a Newborn infant based on a rating of 0, 1, or 2 for each of the five characteristics of color, heart rate, response to stimulation of the sole of the foot, muscle tone, and respiration with 10 being a perfect score.

"APRN" means advanced practice registered nurse**.**

"Birth center" means any facility, place or institution, which is maintained or established primarily for the purpose of providing services of a Licensed Midwife, Certified Nurse-Midwife or licensed medical doctor to assist or attend a woman in delivery and birth, and where a woman is scheduled in advance to give birth following a Normal pregnancy.

"CCHD" means critical congenital heart disease.

"Certified Nurse-Midwife", "CNM" or "Nurse-Midwife" means the same definition provided in 59 O.S. § 567.3a.

"Client" means a recipient of midwife services who is a pregnant woman, a postpartum woman for a minimum of thirty (30) days after giving birth, or her healthy Newborn for the first six weeks of life.

"Clinician" means a licensed physician or other licensed healthcare professional having direct contact with and responsibility for patients, including observation, diagnosis, treatment, and care.

"CM" means Certified Midwife, an individual certified by the American Midwifery Certification Board who is not a Nurse-Midwife.

"Commissioner" *means the State Commissioner of Health.* [59 O.S. § 3040.2].

"Committee" *means the Advisory Committee on Midwifery.* [59 O.S. § 3040.2].

"CPM" means Certified Professional Midwife, an individual certified by the North American Registry of Midwives (NARM).

"Department" *means the State Department of Health.* [59 O.S. § 3040.2].

"GBS" means group B streptococcus bacteria.

"Licensed midwife" means a person who practices Midwifery and is licensed under 59 O.S. § 3040.1 and this Chapter.

"Medical consultation" means conferring with and seeking assistance from a medically relevant physician or other licensed healthcare professional for assessment and diagnostic conclusions, therapeutic interventions, or other services that will benefit the Client.

"Midwifery" *means the practice of:*

(A) *Providing the necessary supervision, care and advice to a woman during Normal pregnancy, labor and the Postpartum Period;*
(B) *Conducting a Normal delivery of a child;*
(C) *Providing Normal Newborn care; and*
(D) *Providing routine well-woman care and screenings*. [59 O.S. § 3040.2].

"NARM" means the North American Registry of Midwives, the national certification body for Certified Professional Midwives.

"Newborn" *means an infant from birth through the first six weeks of life*. [59 O.S. § 3040.2]

"Normal" *means, as applied to pregnancy, labor, delivery, the Postpartum Period and the Newborn period, and as defined by rules of the State Commissioner of Health, circumstances under which a Licensed Midwife has determined that a Client does not have a condition that requires medical intervention*. [59 O.S. § 3040.2].

"Normal fetal heart tones" means between 110 and 160 beats per minute and reassuring fetal status.

"NRP" means Neonatal Resuscitation Program. An education program in neonatal resuscitation developed and maintained by the American Academy of Pediatrics.

"OAC" means the Oklahoma Administrative Code.

"Postpartum period" *means the first six weeks after a woman has given birth*. [59 O.S. § 3040.2].

"Referral" means the process by which the Client is transferred to a medically relevant physician or Certified Nurse-Midwife for management of a particular problem or aspect of the Client's care, after informing the Client of the risks to the health of the Client or Newborn.

"Rules" means the rules set forth in OAC 310:395.

"Second stage" means the second stage of labor where there is complete cervical dilation to 10 centimeters and ends with the delivery of the Newborn.

"Shepherd's Law" means 59 O.S. §§ 3040.1 *et seq*.

"Student midwife" means a person who is providing Midwifery care under the direct or indirect supervision of a qualified, Licensed Midwife preceptor based on their level of training.

"Unlicensed midwife" *means a person who offers Midwifery services or holds himself or herself out to be a midwife who is not licensed under this Act*. [59 O.S. § 3040.8].

"VBAC" means vaginal birth after cesarean.

310:395-1-3. Applicability

This chapter does not apply to:
(1) A Certified Nurse-Midwife (CNM), a physician or other health care professional licensed by the state and operating within the scope of the person's license;
(2) A Student Midwife who is providing Midwifery care under the direct supervision of a qualified, Licensed Midwife preceptor;
(3) A natural childbirth educator or doula; and
(4) A person other than a Licensed Midwife who assists childbirth in an emergency. [59 O.S. § 3040.3].

310:395-1-4. License required to practice

(a) No person who is certified as, or holds himself or herself out to be, a Certified Professional Midwife (CPM) or a Certified Midwife (CM) shall practice Midwifery in this state without first applying for and obtaining a license from the Commissioner.
(b) No person shall use in connection with their name or place of business the words "Licensed Midwife," or any other words, letters, or insignia indicating or implying that he or she is a Licensed Midwife or representing himself or herself as such in any way orally, in writing, in print, or by sign directly or by implication unless he or she has been licensed as such under the provisions of these regulations.

310:395-1-5. [RESERVED]

310:395-1-6. Providing care

A Licensed Midwife who has agreed to provide care to a Client is held accountable to act according to the standards of care set out in 59 O.S. §§ 3040.1 *et seq.* and these Rules until such a time as that care is terminated or transferred by the Client or the Licensed Midwife in accordance with these Rules.

310:395-1-7. Registration list

The Department shall maintain a list of all Licensed Midwives in the state, and provide this list to the county clerk with a name of each Licensed Midwife practicing in a county.

310:395-1-8. Advertising

(a) A Licensed or Unlicensed Midwife shall not:

(1) Advertise or represent that the midwife is a physician unless the midwife is licensed to practice medicine by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners;

(2) Advertise or represent that the midwife is a graduate of a medical school unless the midwife can show proof of graduation from a medical school;

(3) *Use advertising or an identification statement that is false, misleading or deceptive; or*

(4) *Except as authorized by rules adopted by the Oklahoma Board of Nursing, use in combination with the term "midwife" the term "nurse" or another title, initial or designation that implies that the midwife is licensed as a Registered Nurse or vocational nurse.*

(b) *An unlicensed midwife shall not use a title in an identification statement or advertisement that would lead a reasonable person to believe that the midwife is certified or licensed.*

(c) *All midwives licensed pursuant to Shepherd's Law shall include in any title, identification statement or advertisement that the midwife is licensed in this state and the credential the midwife possesses.* [59 O.S. § 3040.8].

310:395-1-9. [RESERVED]

310:395-1-10. Maintaining national certification

(a) A Licensed Midwife shall maintain a current certification with NARM or AMCB. If the national certification expires for more than 90 days or is revoked, the license issued by the Department will be subject to revocation and the midwife would have to reapply for licensure.

(b) Upon renewal of the NARM or AMCB certification, the Licensed Midwife shall submit a copy of the new certificate to the Department.

SUBCHAPTER 3. ADVISORY COMMITTEE ON MIDWIFERY

310:395-3-1. Purpose

The purpose of this subchapter is to ensure the Advisory Committee on Midwifery meets the requirements of Shepherd's Law.

310:395-3-2. [RESERVED]

310:395-3-3. Advisory Committee on Midwifery membership

(a) Appointments to the advisory board shall be made without regard to the race, color, disability, sex, religion, age, sexual orientation, or national origin of the appointee.

(b) For individuals to be considered for the Advisory Committee on Midwifery, a resume providing relevant qualifications shall be sent to the OSDH division that licenses midwives which can be found at http://chs.health.ok.gov.
(c) If a vacancy occurs during a member's term, the Commissioner may appoint a replacement after the candidate submits a resume as directed in (b) of this section. The replacement member will serve out the vacated member's remaining term. The replacement member will then be eligible to serve the two (2) term limit as described in 59 O.S. § 3040.5(B).

310:395-3-4. Officers of the Advisory Committee on Midwifery

Officers in addition to the Chair and the Vice-chair may be elected.

310:395-3-5. Rules of order

(a) The Advisory Committee on Midwifery shall meet a minimum of four (4) times per year, and at other times as deemed necessary by the Committee. Meetings will be held in accordance with the Oklahoma Open Meeting Act, 25 O.S. §§ 301 *et seq*.
(b) Applications, complaints, appeals and other considerations for the Committee shall be submitted to the Department at least two (2) weeks before a scheduled meeting.

310:395-3-6. Review of applicants

(a) The Committee will review all applicants for licensure and make recommendations for licensure to the Commissioner.
(b) The Committee may refuse to consider any application that is not complete in every detail, including submission of every document required by the application form. The Committee may, in its discretion, require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

SUBCHAPTER 5. MIDWIFE PRACTICE

310:395-5-1. Scope of work

(a) Licensed Midwives may provide care only to Clients determined by examination to be Normal for pregnancy and childbirth. Such care includes prenatal supervision and counseling; preparation for childbirth; and supervision and care during labor and delivery and care of the mother and the Newborn in the Postpartum Period.
(b) Licensed Midwives shall refer or consult with a medically relevant physician when a Client's medical condition deviates from Normal. Licensed Midwives shall have written Standard Operating Procedures that detail the process for Referrals and Medical Consultations. This may include contact information for the referring physician or facility that the Licensed Midwife will use.
(c) Licensed Midwives may provide care in hospitals with appropriate hospital privileges, Birth Centers, clinics, offices and home birth settings.
(d) Licensed Midwives may obtain diagnostic tests, order testing, and receive reports that are necessary to the practice of Midwifery.
(e) If possible, the Licensed Midwife may accompany the mother or infant to the hospital if hospitalization is necessary. If possible, the Licensed Midwife may remain with the mother or infant until a care plan is established to provide continuity of care. Licensed Midwives should not be considered as a visitor in the healthcare setting and should be allowed into the hospital consistent with hospital policy even when there may be visitor restrictions, such as those imposed due to COVID-19.

310:395-5-2. Client welfare

(a) **Discrimination.** Licensed Midwives shall not, in the rendering of professional services, participate in, condone, or promote discrimination on the basis of race, color, age, gender, religion or national origin.

(b) **Confidentiality.** Licensed Midwives and any persons engaged by a Licensed Midwife who provide any related or administrative work and have access to Client information, shall maintain the confidentiality of any information received from any person or source about a Client, unless authorized in writing by the Client or otherwise authorized or required by law or court order.

310:395-5-3. Professional standards

(a) **Violations of other laws.** It shall be unprofessional conduct for a Licensed Midwife to violate a state or federal statute if the violation directly relates to the duties and responsibilities of the Licensed Midwife.

(b) **Drug and alcohol use.** Licensed Midwives shall not render professional services while under the influence of alcohol, illicit drugs, or any substance that can cause a person to lose control of his or her faculties or behavior.

(c) **Updating.** Licensed Midwives shall notify the Department of any change in contact information within thirty (30) days of such change.

(d) **Candor to the Department.** A Licensed or Unlicensed Midwife or a Licensed Midwife candidate, in connection with a license application or an investigation conducted by the Department pursuant to OAC 310:395-19-3, shall not:

(1) Knowingly make a false statement of material fact;

(2) Fail to disclose a fact necessary to correct a misapprehension known by the Licensed or Unlicensed Midwife or Licensed Midwife candidate to have arisen in the application or the matter under investigation; or

(3) Fail to respond to a request for information made by the Department or any designated representative thereof within fifteen (15) days of the request.

310:395-5-4. Disclosure forms

(a) A Licensed or Unlicensed Midwife shall disclose verbally and in written form to a prospective Client at the outset of the professional relationship items 1 through 14 of this section. This discussion must be documented by use of a disclosure form. It must be signed and dated by the Client at the same time the Licensed or Unlicensed Midwife and Client enter into an agreement for services. This form must be filed in the Client's medical record. The disclosure shall include:

(1) The Midwife's name, and the license number and expiration date if applicable;

(2) The Client's name, contact information, and the name of the Client's primary care provider if the Client has one;

(3) A statement that the Midwife is not an advanced practice registered nurse-midwife;

(4) Credentials of the Midwife;

(5) Documentation of compliance with continuing education requirements if the Midwife is licensed;

(6) Disclosure of years of service as a Midwife;

(7) A description of the plan or protocol for transfer to a hospital;

(8) The limitations of the skills and practices of the Midwife;

(9) Whether the Midwife carries malpractice insurance;

(10) Emergency Plan – As part of the disclosure form, an individual emergency plan must be established by the Licensed Midwife and Client. The plan must include:

(A) The Client's name, address, and phone number;

(B) The arrangements for transport from the delivery site to a nearby hospital;

(C) The name, address and phone number of the hospital with obstetric services that will be used for emergency transfer;

(D) The name, address, and phone number of the hospital with obstetric services that will be used for non-emergency transfer; and

(E) The name and phone number of any Clinician providing backup care or co-care to the Client;

(11) Direction on where to find scope of practice standards of a Licensed Midwife, as provided by rules of the Commissioner;

(12) Notification that state law requires a Newborn to be tested for certain heritable disorders, hearing screening and hypothyroidism, in the absence of a signed parental waiver;

(13) Procedures for reporting a complaint to the Department; and

(14) Any additional information or requirement that the Department deems necessary to protect the health, safety, or welfare of the Client.

(b) The Department will provide a template Disclosure Statement providing this information on its website.

(c) Before the onset of labor, the midwife's agreement can be terminated at any time that the midwife deems it necessary for maintenance of the Client's mental and physical safety or for compliance with these rules. When termination occurs, the reasons for termination will be given in writing and an alternative source of care recommended; and

(d) The Client may terminate the agreement at any time.

310:395-5-5. Informed consent

(a) The Licensed Midwife shall provide the Client with an informed consent process which shall include all of the following:

(1) Explanation of possible risks and benefits associated with out-of-hospital birth;

(2) Provide information on other childbirth options available;

(3) A specific written consent for out-of-hospital birth with the Licensed Midwife must be obtained prior to the onset of labor;

(4) Explanation of the available treatments and procedures;

(5) Explanation of both the risks and expected benefits of the available treatments and procedures;

(6) Discussion of alternative procedures, including delaying or declining of testing or treatment, and the risks and benefits associated with each choice; and

(7) Documentation of any initial refusal by the patient of any action, procedure, test, or screening that is recommended by the Licensed Midwife.

(b) A Licensed Midwife shall obtain the Client's signature acknowledging that the patient has been informed, verbally and in writing, of the disclosures.

(c) A Licensed Midwife shall provide an abbreviated informed consent appropriate to the emergency situation with documentation to follow once the situation has stabilized.

(d) If the Licensed Midwife is to perform an External Cephalic Version (ECV) an informed consent statement shall be provided explaining the risks and benefits. The Department will provide a template informed consent for ECV on its website.

310:395-5-6. Conditions precluding Midwifery care

(a) The following conditions preclude Midwifery care and the Client must be transferred to a physician, CNM, or Clinician upon diagnosis:

(1) Severe asthma;

(2) Cyanotic heart disease or presence of a prosthetic valve;

(3) New York Heart Association class two heart failure;

(4) History of cardiac surgery with an abnormal echocardiogram;

(5) Pulmonary Hypertension;

(6) Hemoglobinopathies; sickle cell disease, thalassemia;

(7) Chronic hypertension on medication or with renal or heart disease;
(8) Severe obstructive pulmonary disease;
(9) Chronic renal disease with a creatinine of greater than 1.5;
(10) Lupus;
(11) Marfan syndrome;
(12) History of intracranial injury (stroke, AV malformation, or aneurisms);
(13) Prolonged anti-coagulation;
(14) Type 1 diabetes;
(15) Severe Polyhydramnios less than 34 weeks;
(16) Triplets or greater;
(17) Monoamniotic twins;
(18) Conjoined twins;
(19) Placenta accrete;
(20) Documented placenta previa in the third trimester; the placenta shall not be previa. To determine this, in the case of documented placenta previa or marginal placenta previa in the second trimester, a third trimester ultrasound must show resolution by 36 weeks or the Client must be referred. The Client must obtain an official ultrasound report with images performed by a Registered Diagnostic Medical Sonographer (RDMS) to determine that the location of the placenta is not previa or marginal placenta previa no later 34 weeks.
(21) Uncontrolled seizure disorder;
(22) Evidence of placenta abruption;
(23) Evidence of preeclampsia/eclampsia;
(24) Active tuberculosis or other serious pulmonary pathology;
(25) Inadequately treated syphilis;
(26) Hepatic disorders (cholestasis);
(27) Uncontrolled endocrine disorders;
(28) Significant hematological disorders;
(29) Active cancer;
(30) Active alcoholism or abuse;
(31) Active drug addiction or abuse; and
(32) Positive for HIV antibody.

(b) The following conditions preclude Midwifery care and the Client must be transferred to a physician, CNM, or Clinician upon diagnosis unless the Client obtains a signed consult note from a medically relevant physician and all recommended treatments can be completed in an out of hospital setting.
(1) History of seizure disorder;
(2) History of preterm labor or cervical insufficiency;
(3) Evidence of shortened cervix;
(4) Positive for Hepatitis B;
(5) History of chronic hypertension;
(6) Isoimmunization;
(7) History of post-partum hemorrhage with concurrent anemia;
(8) History of unexplained, recurrent stillbirths or neonatal death;
(9) Severe psychiatric illness within the last six (6) months as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM);
(10) Pregnancy that extends beyond 42 weeks 0/7 days gestational age;
(11) Two or more previous cesarean deliveries unless the Client has also had a successful vaginal delivery since the last cesarean delivery;
(12) BMI over 50 at onset of pregnancy;
(13) Type 2 diabetes; and

(14) History of cardiac surgery with a normal echocardiogram within the last 12 months.

310:395-5-6.1. Provisions for VBAC, multiple, and breech births

(a) A Licensed Midwife shall not provide prenatal care and/or birth attendance for a woman who is having a VBAC, vaginal multiple birth, or vaginal breech birth unless the following requirements are met:

(1) Informed Consent specific to VBAC, vaginal multiple birth, or vaginal breech birth is provided to and signed by the client as required by OAC 310:395-5-5 of this Chapter;

(2) In event of transport, the Licensed Midwife implements and acts in accordance with the hospital transportation plan established pursuant to these rules; and

(3) The Licensed Midwife performs fetal auscultation at least every fifteen (15) minutes during Active first stage of labor and at least every five (5) minutes during Second Stage of labor.

(b) For vaginal birth after cesarean deliveries, the following additional requirements must be met:

(1) There must be at least eighteen (18) months from the Client's previous cesarean to the due date of the current pregnancy;

(2) There must not be a previous classical uterine/vertical incision or any other uterine scars through the myometrium;

(3) The Licensed Midwife must obtain, retain, and analyze prior physician and hospital cesarean records, in writing, prior to acceptance of the Client. Records showing that requirements of this section cannot be met shall require immediate referral of care of the Client. If the Licensed Midwife is unable to obtain the written records, the Licensed Midwife shall not retain the Client; and

(4) The placenta shall not be previa or marginal placenta previa in accordance with OAC 310:395-5-6(a)(20).

(5)The Licensed Midwife is required to disclose the following item verbally and written, which is listed on the VBAC informed consent form: The place of birth is/is not within twenty (20) minutes of transport to the nearest hospital with twenty-four (24) hour obstetrical and anesthesia services available. If transport is over 20 minutes, increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death.

(c) For planned breech deliveries, the baby shall be in a frank or complete breech position. If baby is in an incomplete or footling breech position, the Licensed Midwife shall transfer care of the Client to a physician when it is possible to do so without endangering the health of the mother or baby.

(d) The requirement to refer listed in subsection (c) of this section is exempted in the event of an imminent breech delivery.

(e) For planned multiple deliveries, the following additional requirements must be met:

(1) Multiples shall be no more than two fetuses;

(2) Determination of chorionicity by the late first trimester or early second trimester by ultrasound with images performed by a Registered Diagnostic Medical Sonographer (RDMS). If the chorionicity is not di/di, the Licensed Midwife should transfer care to a physician upon diagnosis;

(3) A Maternal Fetal Medicine (395-5-6.1(e) consultation is required when twin pregnancy is identified. If the consultation is not obtained, the Licensed Midwife shall refer the Client to a physician;

(4) Discordance of greater than 20% of fetal difference should be referred to a physician at time of recognition;

(5) The presenting twin (baby A) must be head down at term; and

(6) At least three Licensed Midwives should attend the birth.

310:395-5-7. Assessments and care antepartum and intrapartum

(a) **Antepartum.** The responsibilities of the Licensed Midwife shall include, but are not limited to:

(1) Initial Prenatal Visit:

(A) A Licensed Midwife shall perform a history, physical exam, and laboratory studies for risk evaluation including:

(i) Complete history (medical, surgical, family, psychosocial, obstetrical, gynecological);

(ii) Evaluation of medications: including prescriptions, over the counter, including homeopathic treatments or supplements, and illegal drugs;

(iii) Evaluation of allergies including medications, foods, or environmental factors; and

(iv) A physical exam:

(I) Height;

(II) Weight;

(III) Blood pressure;

(IV) Pulse;

(V) Temperature;

(VI) Breasts, including teaching on self-exam;

(VII) Abdomen, including fundal height, fetal heart tones;

(VIII) Estimation of gestational age by physical findings; and

(IX) Assessment of varicosities, edema, and reflexes;

(v) Laboratory tests and screenings: The following laboratory tests/screens shall be required:

(I) Blood group type, Rhesus (Rh) type, Antibody Screen;

(II) Complete Blood Count (CBC);

(III) Rubella Titer;

(IV) Hepatitis B Surface Antigen;

(V) Syphilis serology;

(VI) Human Immunodeficiency Screening; and

(VII) Urinalysis (culture if indicated);

(vi) Recommended laboratory tests and screenings: The following laboratory tests/screens shall be recommended:

(I) Genetic Screening;

(II) Chlamydia Trachomatis;

(III) Neisseria gonorrhoeae;

(IV) Trichomonas; and

(V) Drug screen with testing if indicated.

(B) A Client has the option to refuse any test or screening offered by the Licensed Midwife. Any refusal should be documented by the Licensed Midwife and placed in the Client's file. Client refusal of any test or screening that is necessary to determine any condition precluding midwifery care shall require transfer of care.

(2) Ongoing Prenatal Care:

(A) Maternal assessments to be completed at each visit shall include:

(i) General well-being;

(ii) Psychosocial health status;

(iii) Maternal vital signs;

(iv) Nutrition and Hydration status;

(v) Weight gain or loss;

(vi) Presence of edema;

(vii) Fundal height measurement;

(viii) Fetal assessment of position and presentation; and

(ix) Fetal assessment of heart tones.

(B) Prenatal visits may include, but are not limited to:

(i) Discussions and offers of tests and screenings at appropriate times, including but not limited to: Ultrasound, Gestational Diabetes Screening, Genetic Screening, HIV, HBsAg, GBS culture, Anemia Screening, STI Screening, Pap Smear, need for Rhogam prophylaxis;
(ii) Signatures for any test or screening the Client consents to or refuses;
(iii) Assessments of the pelvic cavity for cervical dilation, effacement, fetal station, or evaluation for abnormality; and
(iv) Review of plans for medical Referral and transfer of mother or infant, prior to onset of labor.

(C) Laboratory tests and screenings: The following laboratory tests/screens shall be required:
(i) Gestational diabetes screening at 24-28 weeks; and
(ii) Group B strep screening at 35-37 weeks of pregnancy.

(D) A physical or virtual home visit to assess the home environment is mandatory, if the birth is to occur at the Client's house.

(3) Recommended prenatal schedule:
(A) Monthly until 28 weeks;
(B) Every two weeks from 28 – 36 weeks;
(C) Weekly from 36 weeks until delivery; and
(D) Major deviations from this schedule should be documented in the Client's file.

(b) **Intrapartum.** During active labor, the Licensed Midwife shall monitor and support the natural process of labor and birth, assessing mother and baby throughout the birthing process. Responsibilities of the Licensed Midwife shall include, but are not limited to:

(1) Assessments:
(A) The Licensed Midwife shall make an initial exam during labor, which consists of an assessment of maternal blood pressure, pulse, temperature, edema, fetal position and presentation, noting membranes status, presence or absence of meconium, and fetal heart tones (FHT); and strongly recommend an internal vaginal examination to determine cervical dilation, effacement and station;
(B) The Licensed Midwife shall monitor fetal heart tones upon arrival. Intermittent monitoring may include assessing FHT every:
(i) At least every 15- 30 minutes in Active First Stage; and
(ii) 5-15 minutes in Second Stage.
(C) When present with the mother, the Licensed Midwife will check FHT immediately after the following: Rupture of membranes, sudden pain, excessive bleeding, sudden or marked change in labor pattern, mother reports concern in fetal movement;
(D) The Licensed Midwife shall perform an internal vaginal examination to determine cervical dilation, effacement and station immediately after the following: Abnormal FHT, suspected malpresentation, sudden pain, excessive bleeding, sudden or marked change in labor pattern, mother reports concern in fetal movement;
(E) The Licensed Midwife shall remain with the Client at all times once contractions are well-established at a regular frequency of four to five (4-5) minutes with dilation of six (6) centimeters, or the Client requests need for the Licensed Midwife to be present; and
(F) The Licensed Midwife shall monitor maternal vital signs every 4 hours after onset of active labor.
(G) Placenta Exam.
(i) The Licensed Midwife shall examine the placenta and membranes for completeness, unusual coloration, or odor; and
(ii) The Licensed Midwife shall examine the umbilical cord for the appropriate number of vessels.

(2) *A Licensed Midwife shall not use forceps, a vacuum extractor or any prescription drug to advance or retard labor or delivery* [59 O.S. § 3040.7].

310:395-5-8. Required medical consultation or referral, antepartum and intrapartum periods

(a) The Licensed Midwife shall make an immediate Referral for any woman who during the antepartum period:

(1) Develops edema of the face and hands, severe, persistent headaches, epigastric pain, or visual disturbances concerning for preeclampsia;

(2) Develops eclampsia;

(3) Develops a systolic blood pressure of 140 or greater or diastolic blood pressure of 90 or greater on two separate occasions 4 hours apart, or develops a systolic blood pressure over 150 or greater or a diastolic blood pressure of 100 or greater on a single reading;

(4) Has persistent, frank vaginal bleeding before onset of labor;

(5) Has rupture of membranes prior to 37 weeks gestation;

(6) Has marked decrease in or cessation of fetal movement;

(7) Has polyhydramnios or oligohydramnios;

(8) Develops gestational diabetes by history or testing, unresponsive to dietary and exercise changes per American Diabetes Association (ADA) guidelines within two (2) weeks of implementing dietary and lifestyle changes;

(9) Has sexually transmitted infection including but not limited to, HIV, Syphilis, and HSV-1 or HSV-2 with an active infection or prodromal symptoms in the last trimester or at time of delivery; or

(10) Identifies twins other than di/di.

(b) The Licensed Midwife shall obtain Medical Consultation for a woman who during the antepartum period:

(1) Develops marked glucosuria or proteinuria on two consecutive separate visits;

(2) Has abnormal vaginal discharge with no signs of improvement with medication;

(3) Has symptoms of urinary tract infection that does not improve with treatment;

(4) Has inappropriate gestational size, through physical evaluation or diagnostic examination;

(5) Has demonstrated anemia by blood test (hematocrit less than 30 percent, hemoglobin under 10) that does not improve with treatment;

(6) Has demonstrated Thrombocytopenia by blood test (platelets under 150) that does not improve with treatment;

(7) Has an unexplained fever of equal or greater than 101^0 F or 38^0 C;

(8) Has hyperemesis;

(9) Has severe, protruding varicose veins of extremities or vulva with no signs of improvement after treatment;

(10) Has known structural abnormalities of the reproductive tract which are incompatible with vaginal birth;

(11) Has an abnormal Pap smear;

(12) Has sexually transmitted infection including but not limited to, Chlamydia, Gonorrhea, Trichomoniasis, Bacterial Vaginosis, HSV-1, HSV-2, HPV, Condylomata Acuminata;

(13) Reaches a gestation of 41 weeks, 3 days by dates and examination;

(14) Hepatitis C; and

(15) Any other infection requiring treatment or monitoring.

(c) The Licensed Midwife shall make an immediate Referral for any woman who during the intrapartum period:

(1) Goes into labor prior to 37 weeks 0/7 days gestation;

(2) Develops a systolic blood pressure of 140 or greater or diastolic blood pressure of 90 or greater on two separate occasions 4 hours apart, or develops a systolic blood pressure over 150 or greater or a diastolic blood pressure of 100 or greater on a single reading;
(3) Develops severe headache, epigastric pain, or visual disturbance concerning for eclampsia;
(4) Develops a fever over 100.4 ^{0}F or 38 ^{0}C;
(5) Develops respiratory distress;
(6) Has persistent baseline or recurrent fetal heart tones below 110 or above 160 beats per minute, or a fetal heart rate that is abnormal and does not improve with attempts to correct;
(7) Has ruptured membranes and birth has not reached active labor after 18 hours;
(8) Has unresolving, frank bleeding prior to delivery (other than bloody show);
(9) Has thick meconium or blood-stained amniotic fluid with non-reassuring fetal heart tones;
(10) Has a malpresentation incompatible with vaginal delivery;
(11) Does not progress in effacement, dilation, or station after 4 hours of adequate uterine activity in active labor;
(12) Does not show continued progress to deliver in second stage labor after adequate pushing effort for 4 hours;
(13) Does not deliver the placenta within one hour if there is no bleeding and the fundus is firm;
(14) Has a partially separated placenta during the third stage of labor with bleeding;
(15) Exhibits signs or symptoms of hypovolemia (low blood volume) and has a blood pressure below 100 systolic if the sustained pulse rate exceeds 100 beats per minute or who is symptomatic;
(16) Estimated blood loss greater than 500 ml with or after the delivery of the placenta and the mother is symptomatic;
(17) Has placental fragment or membranes (pieces of the placenta or amniotic sac) retained in the uterus; or
(18) Desires transfer.

310:395-5-9. Required Newborn care

(a) The Licensed Midwife shall be responsible for Newborn care immediately following the delivery and care of the healthy Newborn for the first six (6) weeks unless care is transferred to a physician or APRN specializing in the care of infants and children before that. The midwife should provide a recommendation to a physician or APRN specializing in the care of infants and children and encourage the Client to schedule a Newborn appointment within fourteen (14) days. This does not preclude the Licensed Midwife from providing counseling regarding routine Newborn care and breastfeeding.
(b) The following services may be provided by the Licensed Midwife as part of immediate Newborn care:
(1) Prevent heat loss by the Newborn;
(2) Assess presence of meconium;
(3) Assess Newborn's status at birth as vigorous or non-vigorous;
(4) Immediately after delivering the entire body, suction mouth, then nose, if needed;
(5) Clamp and cut the cord;
(6) Determine Apgar scores at one (1) and five (5) minutes after delivery;
(7) The Licensed Midwife shall ensure that Vitamin K is available at the time of delivery. If refused, the Licensed Midwife shall document the refusal;
(8) The Licensed Midwife shall ensure that erythromycin is available at the time of delivery. If refused, the Licensed Midwife shall document the refusal;
(9) The Licensed Midwife shall observe and record:
(A) Skin color and tone;
(B) Heart rate;
(C) Respiration rate and character;
(D) Estimated gestational age; indicate average, small, or large for gestational age;

(E) Axillary temperature; and
(F) Weight, length, and head circumference.
(10) Obtain cord blood for Rh and antibody screen if mother is Rh negative; and
(11) Administer a pediatric Hepatitis B vaccine within 12 hours of birth unless refused in accordance with OAC 310:395-5-14 of this Chapter.

310:395-5-10. Required medical consultation or referral during newborn care

(a) The Licensed Midwife will make an immediate Referral to a physician of an infant with:
(1) Apgar score of less than seven (7) at five (5) minutes or less than seven (7) at ten (10) minutes;
(2) Abnormal cry;
(3) Medically significant anomaly;
(4) Respiratory distress;
(5) Cardiac irregularities;
(6) Cardio Pulmonary Resuscitation efforts initiated;
(7) Signs of hypoglycemia such as but not limited to tremors, apnea, lethargy, poor feeding, poor muscle tone, weak or high-pitched cry, hypothermia, cyanosis, seizures;
(8) Persistent Newborn temperature below 97 or above 100.4 degrees;
(9) Heart rate > 160 bpm or <100 bpm;
(10) Birth weight less than 2500 grams and with any of the following;
(A) Lethargy;
(B) Low temperature;
(C) Poor suck; or
(D) Jitteriness.
(11) SpO2 (pulse oxygenation) outside of NRP (Neonatal Resuscitation Program) guidelines or failed CCHD (critical congenital heart disease) pulse oximetry screening; or
(12) Cyanosis, pallor or abnormal color that does not resolve within the expected time frame.

(b) The Licensed Midwife will initiate a Medical Consultation for treatment of infants exhibiting signs and/or symptoms of any of the following:
(1) Jaundice within twenty-four (24) hours of birth or jaundice above physiological jaundice in the Postpartum Period;
(2) Birth weight greater than nine (9) pounds with a maternal history of diabetes;
(3) Prematurity, dysmaturity, or post maturity as determined by the Newborn exam;
(4) Failure to urinate within twenty-four (24) hours or pass meconium within forty-eight (48) hours;
(5) Poor feeding, poor or no suck reflex, lethargy;
(6) Inability to maintain Normal body temperature;
(7) Suspected or confirmed injuries or abnormalities; or
(8) Otherwise healthy infant with a birth weight below 2500 grams.

(c) If possible, the Licensed Midwife may accompany the mother or infant to the hospital if hospitalization is necessary. If possible, the Licensed Midwife may remain with the mother or infant until a care plan is established to provide continuity of care. Licensed Midwives should not be considered as a visitor in the healthcare setting and should be allowed into the hospital consistent with hospital policy even when there may be visitor restrictions, such as those imposed due to COVID-19.

(d) The Licensed Midwife shall inform parents of recommended guidelines for Newborn eye prophylaxis and Vitamin K prophylaxis.

(e) The Licensed Midwife shall inform parents of recommended guidelines for GBS prophylaxis. If the prophylaxis is not administered, the Licensed Midwife shall recommend physician evaluation within 24 hours of birth.

(f) Licensed Midwives are required to arrange administration of Hep B immunoglobin to infants born to mothers with Hep B within 12 hours of birth.

310:395-5-11. Postpartum care

(a) Licensed Midwife responsibilities shall include, but are not limited to:

(1) The Licensed Midwife shall remain with the mother and infant for a minimum of two (2) hours postpartum, or until the mother's fundus is firm, lochia normal, mother has voided, mother and infant vitals are within Normal range and the Newborn has fed, whichever is longest;

(2) The Licensed Midwife shall conduct a thorough genital exam for laceration and make necessary repairs unless it is outside his or her training or skill level;

(3) In case of an unsensitized Rh negative mother, the Licensed Midwife shall obtain a sample of cord blood from the placenta and arrange for testing within twenty-four (24) hours of the birth and recommend the mother receive Rh immunoglobulin (Rhlg) as indicated within seventy-two (72) hours of delivery; and

(4) Recommended post-partum schedule:

(A) At least one (1) postpartum visit within twenty-four (24) to forty-eight (48) hours after the birth;

(B) A second visit at day five (5) or six (6) from birth;

(C) Provide a subsequent visit by two (2) and six (6) weeks postpartum to evaluate the condition of the mother and Newborn; and

(D) Major deviations from this schedule should be documented in the Client's file.

(b) The Licensed Midwife shall make an immediate Referral for any woman who during the Postpartum Period:

(1) Has signs and symptoms of postpartum Endometritis;

(2) Has signs and symptoms of postpartum pre-eclampsia;

(3) Has 3rd or 4th degree lacerations requiring medical attention; or

(4) Uterine atony or bleeding more than normal lochia flow;

(c) The Licensed Midwife shall obtain Medical Consultation for a woman who during the Postpartum Period:

(1) Has signs and symptoms of postpartum infection, which include but are not limited to:

(A) Mastitis; or

(B) Urinary tract infection.

(2) Has signs and symptoms of sub-involution;

(3) Has signs and symptoms of persistent postpartum depression by evaluation with a validated instrument to diagnose postpartum depression conducted as necessary and no later than the six (6) week visit;

(4) Abnormal vital signs;

(5) Foul-smelling lochia;

(6) No voiding within four (4) to six (6) hours of birth;

(7) Excessive pain or discomfort;

(8) Continuing urinary incontinence;

(9) Continuing fecal incontinence;

(10) Symptoms of hypovolemia; or

(11) The Client desires consultation.

310:395-5-12. Emergency measures

(a) When an emergency transfer is required, the Licensed Midwife shall:

(1) Alert Emergency Medical Service (EMS) to arrange for immediate transport or arrange transport by private vehicle as the situation indicates;

(2) Make a reasonable effort to contact the health care professional or institution to whom the Client will be transferred; and

(3) Continue to provide emergency care, as indicated by the situation, before and during transport to the appropriate facility.

(b) If, during labor, delivery, or six (6) hours immediately following placental delivery, the Licensed Midwife determines that transfer is necessary and the Client refuses transfer, the Licensed Midwife shall call 911 and provide further care as indicated by the situation until emergency services arrive. The Licensed Midwife shall not be required to provide any further care after the arrival of EMS personnel but may do so if requested by EMS personnel.

310:395-5-13. Formulary

(a) A Licensed Midwife shall not administer a prescription drug to a Client other than as provided in this section or as ordered by a licensed prescriber for the benefit of the mother or Newborn:

(1) Oxygen for fetal or maternal distress and infant resuscitation;

(2) Local anesthetic (topical, intramuscular, or subcutaneous) for the purpose of postpartum repair of tears, lacerations, or episiotomy (no controlled substances);

(3) Rh immunoglobulin;

(4) Antibiotics for GBS prophylaxis per CDC guidelines;

(5) Vitamin K, for control of bleeding in the Newborn;

(6) Ophthalmic preparations for Newborn eye care;

(7) Epipen (0.3 mg) or generic equivalent for allergic reactions;

(8) Antihemorrhagic medications only permitted for postpartum control of maternal hemorrhage limited to oxytocin, hemabate, misoprostol, and methergine;

(9) Resuscitation supplies and equipment (this does not include the use of intubation equipment);

(10) Any supplies or equipment necessary to administer the above;

(11) Pediatric dose of the Hepatitis B vaccine; and

(12) IV fluids for medication administration, dehydration, or treatment of hypovolemia while awaiting EMS.

(b) As specified in 59 O.S § 3040.4, a Licensed Midwife may lawfully obtain, transport, administer, and have possession of adequate quantities of the above-named medications and the equipment normally required for administration. Each use of medication, lot number, and expiration date shall be recorded by the Licensed Midwife in the Client's chart.

(c) Medication listed in this section shall be stored as directed by the manufacturer and shall not be administered to any person after the expiration date listed.

310:395-5-14. Universal birth dose hepatitis B vaccination

(a) Licensed Midwives shall implement a procedure to ensure that the hepatitis B vaccination is administered to all live infants within twelve (12) hours of birth and recorded in the Oklahoma State Immunization Information System. A parent or legal guardian may refuse hepatitis B vaccination of their Newborn on the grounds of medical reasons or that such vaccination conflicts with their religious tenets or personal beliefs. A refusal based on the parent's or legal guardian's religious tenets or personal beliefs shall be documented in the Newborn's medical record and provided to the parent or legal guardian.

(b) Prior to the administration of the hepatitis B vaccine, the Licensed Midwife shall provide a copy to keep of the current Vaccine Information Statement (VIS) produced by the CDC to the parent or legal guardian of the Newborn as required under the National Childhood Vaccine Injury Act (42 U.S.C. § 300aa-26).

310:395-5-15. Record keeping

(a) All Licensed Midwives shall keep accurate and complete physical or electronic records of all care provided and data gathered for each Client.

(b) The Licensed Midwife shall maintain an individual Client chart for each woman under his or her care. The chart shall include results of laboratory tests, observations from each prenatal visit, records of consultations with physicians or other health care providers, and a postpartum report concerning labor, delivery, and condition of the Newborn child. The chart shall be made available to the Client upon request, and with the Client's consent, to any physician or health care provider who is called in as a consultant or to assist in the Client's care. Inactive records shall be maintained no less than twenty-five (25) years (age of majority +7). All records are subject to review by the Department and shall be provided to the Department upon request.
(c) Licensed Midwives shall be responsible for complying with the applicable state and federal regulations in regard to the security, safety and confidentiality of any medical record they create, maintain, transfer, or destroy whether the record is written, taped, computerized, or stored in any other medium.
(d) Licensed Midwives shall provide the Client with a copy of the Client's record in accordance with state law. In situations involving multiple Clients, access to records is limited to those parts of records that do not include confidential information related to another Client.

310:395-5-16. Reporting to the Department
(a) Licensed Midwives shall follow the reporting provisions set forth in Title 63 O.S. § 1-311 Birth Certificates-filing-contents, 63 O.S. § 1-317 Death Certificate-Filing-Contents, 63 O.S. § 1-318 Fetal Death Certificate-Filing-contents, 63 O.S. § 324.1 Birth, Death or Stillbirth Certificates-Unlawful Acts-Penalties, and the rules and regulations set forth in OAC 310:105.
(b) Licensed Midwives shall file a certificate of birth with the State Registrar for each live birth they have facilitated in the State of Oklahoma within seven (7) days after the birth. When a birth occurs outside an institution, the certificate shall be prepared and filed by the Licensed Midwife via the electronic system used by the Department.
(c) Licensed Midwives shall report to the Department any criminal convictions that happen while holding an active license. The Department will provide this information to the Advisory Committee on Midwifery.
(d) Licensed Midwives shall file a report of any maternal or fetal death within seven (7) days to the OSDH division that licenses midwives which can be found at http://chs.health.ok.gov.
(e) Licensed Midwives shall file a report of any severe maternal or neonatal morbidity events per CDC guidelines within 30 days to the OSDH division that licenses midwives from their initial license until their first renewal. After their first renewal these items may be reported on the yearly report referenced in section (f).
(f) Licensed Midwives shall file a report with the Department by the last day of January for the previous calendar year that states:
(1) The number of women for whom care was provided;
(2) The number deliveries performed;
(3) The number of prenatal transfers;
(4) The number of transfers during labor, delivery and immediately following birth;
(5) The number of perinatal deaths, including cause of death, and description of circumstance;
(6) The number and outcome of VBAC, multiple, and breech births; and
(7) The number of fetal loss after 20 weeks gestation.

310:395-5-17. [RESERVED]

310:395-5-18. Newborn screening
(a) The Licensed Midwife shall ensure screening and testing of Newborns in accordance with 63 O.S. §§ 1-543 to 1-545; OAC 310:550; and these Rules.

(1) Blood Spot Screening:

(A) For all Newborns who are not born in a hospital, the Licensed Midwife shall collect and submit a satisfactory Newborn screening blood specimen as early as possible after twenty-four (24) hours of age;

(B) If the initial specimen is collected at or less than twenty-four (24) hours of age, the Licensed Midwife is responsible for ensuring a repeat screen is collected as soon as possible after twenty-four (24) hours of age. If a sample is not collected, the Licensed Midwife shall immediately notify the infant's physician, if available, parents, and the Newborn Screening Program at the Department;

(C) Specimens shall be obtained with a Newborn Screening Form Kit and be collected in accordance with the standard for Blood Collection on Filter Paper for Newborn Screening Programs, NBS01-A6, Sixth Edition, as adopted and published by the Clinical and Laboratory Standards Institute on July 31, 2013. Failure to follow these methods of blood collection may cause inaccurate results, or unsatisfactory specimen results, that require repeat collection;

(D) The Licensed Midwife shall implement a procedure to ensure that the Newborn screening blood specimen has been collected on every Newborn and transported to the Oklahoma State Department of Health Newborn Screening Laboratory within twenty-four (24) to forty-eight (48) hours of collection. Specimens should be transported in the manner designated by the Department and Newborn Screening Laboratory;

(E) The Licensed Midwife is responsible for ensuring that employees who collect, and/or handle Newborn screening blood specimens are informed of their responsibilities with respect to screening procedures; and

(F) Unless the Licensed Midwife has indicated another health care provider is providing follow up care for the Newborn on the Newborn Screening Form Kit, upon written notification by the Newborn Screening Program of follow up requirements for a Newborn screen result of abnormal, unsatisfactory, or for specimens collected from a Newborn at or less than twenty-four (24) hours of age, the Licensed Midwife or designee will ensure that required repeat screening, confirmatory testing, or diagnostic studies are performed in the timeframe specified so that therapy, when indicated, can be initiated expediently.

(2) Pulse Oximetry Screening for CCHD:

(A) All Newborns who are not born in a hospital should have a pulse oximetry screening performed between twenty-four (24) hours and forty-eight (48) hours of life utilizing an established protocol. A recommended protocol is provided by the Department;

(B) If the Newborn is screened between twelve (12) and twenty-four (24) hours of life, the Licensed Midwife shall notify the infant's physician, if available, of early screening. The pulse oximetry should not be done before twelve (12) hours of age;

(C) If pulse oximetry screening is not performed, the Licensed Midwife will notify the infant's physician, if available;

(D) A qualified and properly trained individual shall perform the pulse oximetry screening and the results shall be provided to the physician, if available, or other health care provider;

(E) The pulse oximetry screening result shall be recorded on the Newborn Screening Form Kit, along with the infant's name, date of birth, submitting facility or provider, mother's name, and the infant's physician, if available;

(F) If the Newborn is not screened for CCHD prior to the Newborn Screening Form Kit being forwarded to the Newborn Screening Laboratory for testing, the pulse oximetry screen result shall be communicated to the Newborn Screening Program Coordinator utilizing the Pulse Oximetry Screening Result Form provided by the Department;

(G) The Licensed Midwife is responsible for ensuring that employees who perform pulse oximetry screening are informed of their responsibilities with respect to screen procedures; and

(H) For abnormal pulse oximetry screen results, it is the responsibility of the Licensed Midwife or authorized health care provider who conducted the pulse oximetry screening to either contact a pediatric cardiologist for clinical recommendations including identification of a Referral facility or, if the Newborn is symptomatic, immediately refer infant to the closest emergency room for evaluation. CCHD Referral protocol is provided by the Department.

(3) Newborn Hearing Screening:

(A) All Newborns who are not born in a hospital should have a physiologic hearing screening utilizing either Automated Auditory Brainstem Response Testing (AABR), Otoacoustic Emissions Testing (OAE) within the first month of life or any new or improved techniques deemed appropriate for use in hearing screening procedures by the Commissioner;

(B) If a physiologic hearing screening is not performed, the Licensed Midwife is responsible for completing the risk factor screening portion on the Newborn Screening Form Kit and notifying the Newborn's physician, if available, that a physiologic hearing screening was not completed;

(C) A qualified and properly trained individual will perform the Newborn hearing screening and ensure that hearing screening results are made available to the physician, if available, or other health care provider;

(D) The Licensed Midwife or designee involved in the hearing screening procedure of a Newborn will forward results to the Department via the Newborn Screening Form Kit, fax, or secure email within one (1) week of performing the hearing screen;

(E) The Newborn hearing screening results shall be recorded on the Newborn Screening Form Kit, along with the infant's name, date of birth, submitting facility/provider, mother's name, and the infant's physician, if available, or provider;

(F) If the Newborn does not receive a Newborn hearing screening prior to the Newborn Screening Form Kit being forwarded to the Newborn Screening Laboratory for testing, hearing screening results shall be communicated to the Newborn Hearing Screening Program utilizing the Newborn Hearing Screening Reporting Form provided by the Department;

(G) The Licensed Midwife is responsible for ensuring that employees who perform Newborn hearing screening are informed of their responsibilities with respect to screening procedures; and

(H) The Licensed Midwife or designee involved in the screening of a Newborn will provide the parents with appropriate resource information to allow the Newborn to receive the medical, audiologic, and other follow-up services for the following reasons:

(i) Did not receive a physiologic hearing screening;

(ii) Referred on physiologic hearing screening; or

(iii) Considered as "at risk" for hearing loss.

(b) Refusal of screening: A parent or legal guardian may refuse the Newborn blood spot screening, hearing screening, and/or pulse oximetry screening of their Newborn on the grounds that such examination conflicts with their religious tenets and/or practices as described in OAC 310:550-3-1. Refusal of screening shall be indicated in writing utilizing the Newborn Screening Program Refusal Form provided by the Department. This signed refusal form shall be placed in the Newborn's medical record with a copy sent to the Newborn Screening Program.

(c) Maintaining records:

(1) Any Licensed Midwife who collects, handles, or forwards Newborn screening blood specimens shall keep a log containing the name and date of birth of the infant, name of the infant's provider, medical record number, serial number of the Newborn Screening Form Kit, date of specimen collection, date specimen was sent to the certified laboratory, date that the test results were received and the test results;

(2) If Newborn blood spot screening test results are not received by the Licensed Midwife within fifteen (15) days after the date of collection, the Licensed Midwife shall contact the Newborn

Screening Laboratory to verify that a specimen was received. If a specimen was not received, the Licensed Midwife shall notify the infant's physician, if available;
(3) The chart copy of each Newborn screening kit, pulse oximetry screening results, and hearing screening should be placed in the Newborn's medical record and reported to the parent or legal guardian; and
(4) The Licensed Midwife should document in the Newborn's medical record if a sample is not collected.

(d) Parent, Legal Guardian and Employee Education:
(1) The Licensed Midwife or designee is responsible for ensuring that a parent or legal guardian of each Newborn is educated and provided written materials about Newborn blood spot screening, pulse oximetry screening, and Newborn hearing screening, and provide information about the disorders and how to obtain screen results from the planned health care provider or Newborn Screening Program; and
(2) The Licensed Midwife shall provide or arrange ongoing training for their employees involved with Newborn blood spot screening, pulse oximetry screening and Newborn hearing screening. Training should include methods of collecting a satisfactory Newborn screening blood spot specimen, information on the proper pulse oximetry screening method, and information on the proper Newborn hearing screening method.

310:395-5-19. Completion and filing of forms and records

(a) All certificates and records filed with the Department under the Act and this Chapter shall be submitted electronically or in legible non-fading black ink.
(b) All blanks and forms shall be prepared in accordance with instructions of the Commissioner. No form or blank shall be considered complete and correct or acceptable for filing that:
(1) Does not supply all of the items of information called for thereon, or satisfactorily account for their omission;
(2) Contains alterations or erasures;
(3) Does not contain genuine signatures;
(4) Is marked "copy" or "duplicate";
(5) Is a carbon copy;
(6) Is prepared on an improper form; or
(7) Contains any data relative to the putative father of a child born out of wedlock without his written consent, or unless determined by a court of competent jurisdiction.

SUBCHAPTER 7. APPLICATION FOR LICENSURE, FEES, AND CONTINUING EDUCATION

310:395-7-1. Purpose

(a) This Subchapter ensures that all applicants meet the requirements specified in the Act.
(b) Unless otherwise indicated, an applicant shall submit all required information and documentation of credentials on official Department forms and in the manner prescribed by the Department.

310:395-7-2. Qualifications of licensure

To be eligible for licensure as a Licensed Midwife, an applicant shall:
(1) Be at least 18 years of age and have graduated from high school or possess a graduate education diploma (GED);
(2) Be a citizen or lawfully authorized to reside and be employed in the United States;

(3) Be currently certified in cardiopulmonary resuscitation (CPR) for health care providers by the American Heart Association or equivalent;
(4) Be currently certified in neonatal resuscitation by the American Academy of Pediatrics or equivalent;
(5) Be currently certified from the North American Registry of Midwives, American Midwife Certification Board, or successor organization approved by the Commissioner;
(6) Be currently certified in blood borne pathogen training from the American Red Cross or equivalent;
(7) Have a successful completion of a background check; and
(8) Provide proof of completion of coursework or a training certificate within the last three (3) years in administration of medicine that includes injections and IV administration.

310:395-7-3. Application materials and forms

(a) Each application shall include the following documents:
(1) Application form;
(2) Official documentation showing the applicant meets the requirements listed in OAC 310:395-7-2; and
(3) Fee(s).

(b) The application form requires the following:
(1) Identifying information;
(2) Resume with relevant work history;
(3) Possession of other credentials;
(4) Previous misconduct or disciplinary actions;
(5) Declaration of previous court judgements against the applicant related to midwifery care; and
(6) Other information that may be required by the Department.

310:395-7-4. Issuance of license

(a) If the qualifications and requirements are complete, and they have been reviewed and approved by the Committee, the Department will notify the applicant and issue a license to engage in the practice of Midwifery.
(b) The Commissioner will issue a license certificate, which contains the licensee's name, license number, and expiration date.
(c) All licenses issued by the Commissioner shall remain the property of the Department and be surrendered on demand.

310:395-7-5. Denial of license

If the Commissioner denies any application or request for licensure, the applicant or requestor shall be notified of the Commissioner's decision within thirty (30) days.

310:395-7-6. Responsibility

Each Licensed Midwife is responsible for renewing the license before the expiration date.

310:395-7-7. Licensing period

The initial license and any renewal will expire three (3) years from the date of issuance unless renewed.

310:395-7-8. Requirements for renewal

Requirements for renewal include the following:
(1) Compliance with the Act and this Chapter;

(2) Documentation of current certifications listed in OAC 310:395-7-2 of this Chapter with the exceptions of (1) and (7); and
(3) Payment of the renewal fee(s).

310:395-7-9. Renewal notification

The Department shall provide a notice of expiration to the licensee at least forty-five (45) days prior to the expiration date of the Licensed Midwife's license.

310:395-7-10. Failure to renew

(a) If the licensee fails to renew the license by the expiration date, the Department shall send a notification that shall include the following:
(1) Suspension of the license and forfeiture of rights and any privilege granted pursuant to the license; and
(2) The Licensed Midwife has the right to reinstate the license by payment of the renewal fee and the late renewal fee and fulfillment of all other renewal requirements for up to one (1) year following the suspension of the license.
(b) Performance of Licensed Midwife duties with an expired license is a violation of Shepard's law and this Chapter, and may be subject to administrative penalties and review of eligibility for licensure.

310:395-7-11. Return of license

(a) Licenses not renewed within the one (1) year re-instatement period must reapply as an initial applicant.
(b) A licensee may voluntarily surrender his or her license to the Department. Once voluntarily surrendered, a midwife must reapply as an initial applicant.

310:395-7-12. Misrepresentation

A Licensed Midwife whose license has been inactivated, suspended, or revoked and continues to represent themselves as a Licensed Midwife, is in violation of the Act and shall be reported for prosecution.

310.395-7-13. Schedule of fees

(a) **Application and renewal fee.** One thousand dollars ($1000.00) shall be submitted with the application form for the initial license or upon renewal of a license. Renewal payments shall be submitted before the license expires.
(b) **Late renewal fee.** An additional one hundred dollars ($100.00) shall be submitted to the Department if the license is 30 days past the expiration date. If the license is expired by ninety (90) days or more, the late fee will increase to two hundred and fifty dollars ($250.00).

310.395-7-14. Method of payment

All fees shall be paid to the Department. Payment of fees may be made by credit card or other electronic means, if acceptable by the Department. Any check returned to the Department for non-payment and any credit card payment that is cancelled or retracted will void the license.

310:395-7-15. Continuing education requirement

A Licensed Midwife shall complete the required continuing education to maintain continuous certification as a midwife by the North American Registry of Midwives, the American Midwifery Certification Board or a successor organization approved by the Commissioner.

SUBCHAPTER 9. ENFORCEMENT

310:395-9-1. Purpose

This Subchapter specifies the administration of complaints and the filing of disciplinary actions against Licensed Midwives or against persons who practice Midwifery without a license or exemption.

310:395-9-2. Complaints

(a) Any person may file a complaint against a midwife. A person wishing to report a complaint or alleged violation against a licensee or person practicing Midwifery may notify the Department. The Department will bring all complaints to the Committee for review.
(b) The complaint and the identity of the complainant shall be confidential and shall not be available for public inspection.

310:395-9-3. Investigation

If the Department has reason to believe that a possible violation of the Act or this Chapter has occurred, the Department may commence an investigation.

310-395-9-4. Filing of an action

(a) The Department, in consultation with the Advisory Committee on Midwifery, may begin a disciplinary action against a Licensed Midwife or a person practicing Midwifery who is not exempt from licensure by following the procedures in OAC 310:2 and 75 O.S. §§ 250 *et seq.* The Department shall specifically state the violation(s) and shall state the remedy sought by the Department. Remedies include revocation of a license, suspension of a license, probation of a licensee and/or administrative penalty.
(b) If, in the course of an investigation, the Department determines that a licensee or candidate for licensure has engaged in conduct of a nature that is detrimental to the health, safety, or welfare of the public, and which conduct necessitates immediate action to prevent further harm, the Commissioner may order a summary suspension of the Licensed Midwife's license or authorization to conduct Midwifery.
(c) Examples of items that would qualify for disciplinary action include but are not limited to:

(1) Practicing outside the scope of practice and protocols listed in these rules;
(2) Make on a birth certificate a false or misleading statement;
(3) Failure to submit records in connection with an investigation;
(4) Revocation of certification by NARM or AMCB;
(5) Incompetence as determined by standards of care for Midwifery providers;
(6) Obtaining any fee by fraud or misrepresentation;
(7) Practicing while knowingly suffering from a contagious or infectious disease that may be transmitted through the practice of Midwifery;
(8) Practicing Midwifery under the influence of alcohol, an illegal drug, or any substance that can cause a person to lose control of his or her faculties or behavior;
(9) Conviction of a felony;
(10) Failure to comply with an order from the Department;
(11) Failure to file a birth certificate, death certificate, stillbirth certificate, or any other necessary permit as required by law in a timely manner;
(12) Leaving a Client after active first stage of labor begins without arranging an adequate backup health care provider;
(13) Manipulating or affecting a Client by withholding or misrepresenting information in violation of the Client's right to make informed choices in health care;
(14) Consistently failing to accurately document a Client's condition, responses, progress, or other information obtained during care;

(15) Inability to practice Midwifery with reasonable skill and safety because of illness, disability, or psychological impairment;
(16) Disciplinary action taken by another licensing or credentialing body due to negligence, willful disregard for patient safety, or other inability to provide safe patient care;
(17) Failure to obtain required signed informed consent form;
(18) Providing services to a Client who is required by this Chapter to be transferred to a physician.

310:395-9-5. Hearing

Hearings shall be conducted by the Commissioner or the Commissioner's designee as specified in OAC 310:2. The Advisory Committee on Midwifery shall be consulted on all hearings and make recommendations. The Department shall recommend the most appropriate penalty at the conclusion of the evidence.

310:395-9-6. Final order

The Department, either by order of the Commissioner or his designee, shall issue a final order on all disciplinary matters. Final orders are appealable under the Administrative Procedures Act, 75 O.S. §§ 250 *et seq*., to the district courts.

310:395-9-7. Unauthorized practice

Any person claiming to be a CPM or CM found to be practicing Midwifery without being either properly licensed or exempt shall be ordered to cease practicing and may be subject to an administrative penalty. The Department may seek the assistance of the courts if the unauthorized practice of Midwifery continues.

310:395-9-8. Administrative penalties

(a) The Department may assess an administrative penalty against an individual if the order includes a finding that the individual violated any of the following:
(1) Any provision of the Act, including practicing Midwifery without licensure or exemption;
(2) Any rule within this Chapter; or
(3) Any order issued pursuant to this Chapter.
(b) The total amount of the administrative penalty assessed shall not exceed five thousand dollars ($5,000.00) for each violation.
(c) Administrative penalties issued shall be in accordance with Appendix A of this Chapter.

APPENDIX A. ADMINISTRATIVE PENALTY SCHEDULE [NEW]

Violation	Administrative Penalty
CPM or CM practicing Midwifery with an invalid or expired license, without a license, or without an exemption after July 1, 2021 (OAC 310:395-1-4, 1-5, 7-2, 7-6, 7-10, 7-12, and 7-13)	$5,000
Refusal to provide care without termination of services by Licensed Midwife or Client (OAC 310:395-1-6 and 9-4)	$1,000
Improper Advertising by a License or Unlicensed Midwife (OAC 310:395-1-8)	$500
Licensed Midwife's practice exceeding scope of work (OAC 310:395-5-1, 5-6, 5-6.1, 5-8, 5-10, 5-11, 5-12, and 9-4)	$1,000
Licensed midwife not referring to or consulting physicians, CNM, and Clinicians as prescribed by rules (OAC 310:395-5-1, 5-6, 5-8, 5-10, 5-11, and 5-12)	$1,000
Discrimination as described in OAC 310:395-5-2	$500
Not maintaining confidential records (OAC 310:395-5-2 and 5-15)	$500
Violation of other laws (OAC 310:395-5-3 and 9-4)	$500
Use of Alcohol, illicit drugs, or any substance that can cause a person to lose control of his or her faculties or behavior while rendering services (OAC 310:395-5-3 and 9-4)	$5,000
Not reporting to the Department when required (OAC 310:395-5-3, 5-15, 5-16, 5-17, and 9-4)	$500
Not cooperating with, or making a false statement in regards to an investigation or order by the Department (OAC 310:395-5-3, 9-3, and 9-4)	$5,000
Failure to provide disclosure form to the Client (OAC 310:395-5-4 and 9-4)	$1,000
Missing or incorrect items on a disclosure form (OAC 310:395-5-4)	$500
Failure to obtain written Informed Consent before services (OAC 310:395-5-5, 5-6.1, and 9-4)	$1,000
Not providing care as prescribed by these rules (OAC 310:395-5-7, 5-9, 5-11, and 5-12)	$1,000
Possession, transport, or administration of prescription drug(s) not listed in the formulary or ordered by a physician (OAC 310:395-5-13)	$1,000
Improper or missing documentation of records (OAC 310:395-5-1, 5-4, 5-5, 5-7, 5-9, 5-12, 5-14, 5-15, 5-18, 5-19, and 9-4)	$500

Failure to provide records/information to Clients, physicians, or other entities as provided for in these rules (OAC 310:395-5-15 and 5-18)	$500
Failure to provide or refer Newborn screening without a refusal (OAC 310:395-5-18)	$500
Lack of employee training (OAC 310:395-5-18)	$500
Licensed Midwife practicing with a revoked or expired NARM or AMCB certificate (OAC 310:395-1-10, 7-2,7-8, and 9-4)	$1,000
Incompetence as determined by standards of care of midwifery providers (OAC 310:395-9-4)	$5,000
Fraud or misrepresentation (OAC 310:395-9-4)	$5,000
Practicing while knowingly infected with a contagious disease that may be transmitted through Midwifery care (OAC 310:395-9-4)	$1000
Disciplinary action taken by another licensing or credentialing agency due to negligence, willful disregard for patient safety, or other inability to provide safe patient care (OAC 310:395-9-4)	$5,000