



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

## **MICHIGAN BOARD OF LICENSED MIDWIFERY**

### **April 17, 2018 MEETING**

### **Approved Minutes**

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Licensed Midwifery met on April 17, 2018, at the Ottawa Building, Conference Room 4, 611 West Ottawa Street, Lansing, Michigan 48933.

#### **CALL TO ORDER**

Katheryn Mazzara, Chairperson, called the meeting to order at 9:40 a.m.

#### **ROLL CALL**

**Members Present:** Mazzara, Katheryn, Professional Member, Chairperson  
Simkins, Geradine, Professional Member, Vice Chairperson  
Bobier, Patrice, Professional Member (arrived at 9:53 a.m.)  
Duckett-Freeman, Claretta, Public Member  
Fisch, Deborah, Public Member  
Greydanus, Donald, Professional Member  
Howell, Amanda, Professional Member  
Michele, Tami, Professional Member  
Perkins, Connie, Professional Member  
Robinson, Heather, Professional Member  
White, Nicole, Professional Member

**Members Absent:** Proefrock, Stacia, Professional Member

**Staff Present:** Andria Ditschman, Analyst, Boards and Committees Section  
Stephanie Wysack, Board Support, Boards and Committees Section

#### **APPROVAL OF AGENDA**

MOTION by Greydanus, seconded by Fisch, to approve the agenda as presented.

A voice vote followed.

MOTION PREVAILED

## **APPROVAL OF MINUTES**

MOTION by Fisch, seconded by Greydanus, to approve the January 16, 2018 meeting minutes, as presented.

A voice vote followed.

MOTION PREVAILED

## **REGULATORY CONSIDERATIONS**

None

## **NEW BUSINESS**

### **Rules Discussion**

Mazzara thanked Ditschman and the Rules Committee for all of their hard work drafting the rules.

Mazzara presented the proposed draft rules to the Board to allow the full Board to provide suggested edits (see addendum #1).

Discussion was held.

MOTION by Simkins, seconded by Fisch, to recess at 12:03 p.m. for 15 minutes.

A voice vote followed.

MOTION PREVAILED

The meeting reconvened at 12:24 p.m.

Mazzara continued to present the draft rules to the Board.

Discussion was held.

MOTION by Simkins, seconded by Greydanus, to approve the draft rules as amended.

Discussion was held.

MOTION by Michele, seconded by Bobier, to approve the amendment of Rule 134. (1) (xxv) from Gestation beyond 43 weeks to Gestation beyond 42 weeks.

A roll call vote was taken on amendment:      Yeas: Fisch, Greydanus, Michele, Robinson,  
   Simkins, White, Bobier, Mazzara  
   Nays: Duckett-Freeman, Howell, Perkins

**MOTION PREVAILED**

A roll call vote was taken on the entire draft rules:

Yeas: Duckett-Freeman, Fisch, Greydanus,  
   Howell, Michele, Perkins, Robinson,  
   Simkins, White, Bobier, Mazzara  
Nays: None.

**MOTION PREVAILED**

Ditschman presented the HBS Collaboration Task Force-Newborn Transfer Form and Maternal Transfer Form to the Board that will be used as the standard form for transfers required by the Public Health Code. Any suggestions on the content of the form should be emailed to either Ditschman or Mazzara.

**Chair Report**

Mazzara stressed the dedication of the Rules Committee and all of their effort in working on the rules.

Michele questioned having a standardized form to give to patients regarding informed consent as well as for informed refusal.

**Department Update**

Ditschman explained the steps in the rule process.

Ditschman introduced Stephanie Wysack as the new Board support.

**PUBLIC COMMENT**

None.

**ANNOUNCEMENTS**

The next regularly scheduled meeting will be held July 16, 2018 at 9:30 a.m. at the Ottawa Building, 611 West Ottawa Street, Upper Level Conference Center, Conference Room 4, Lansing, Michigan.

## **ADJOURNMENT**

MOTION by Greydanus, seconded by Fisch, to adjourn the meeting at 2:33 p.m.

MOTION PREVAILED

Minutes approved by the Board on October 16, 2018.

Prepared by:  
Stephanie Wysack, Board Support  
Bureau of Professional Licensing

April 18, 2018

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

BOARD OF MIDWIFERY

Filed with the Secretary of State on

These rules become effective immediately upon filing with the Secretary of State unless adopted under section 33, 44, or 45(a)(6) of 1969 PA 306. Rules adopted under these sections become effective 7 days after filing with the Secretary of State.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, and 17101 of 2016 PA 417, MCL 333.16145, MCL 333.16148, and MCL 333.17101 and Executive Reorganization Order Nos. 1991-9, 1996-2, 2003-1, and 2011-4, MCL 330.3501, 445.2001, 445.2011, and 445.2030)

R 338.17101, R 338.17111, R 338.17113, R 338.17115, R 338.17120, R 338.17123, R 338.17125, R 338.17131, R 338.17132, R 338.17133, R 338.17134, R 338.17135, R 338.17136, and R 338.17137 are added to the Michigan Administrative Code to read as follows:

PART 1. GENERAL PROVISIONS

R 338.17101 Definitions.

Rule 101. (1) As used in these rules:

- (a) "Board" means the Michigan board of licensed midwifery.
  - (b) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.
  - (c) "Department" means the Michigan department of licensing and regulatory affairs.
  - (d) "Peer review" means the process utilized by midwives to confidentially discuss patient cases in a professional forum, which includes support, feedback, follow-up, and learning objectives.
- (2) Terms defined in the code have the same meanings when used in these rules.

PART 2. PRELICENSURE LICENSED MIDWIFERY EDUCATION

R 338.17111 Training standards for identifying victims of human trafficking: requirements.

Rule 111. (1) Pursuant to section 16148 of the code, MCL 333.16148, an individual seeking licensure or registration who is licensed or registered shall complete a one-time training in identifying victims of human trafficking that meets all the following standards:

- (a) Training content shall cover all of the following:
  - (i) Understanding the types and venues of human trafficking in the United States.
  - (ii) Identifying victims of human trafficking in health care settings.
  - (iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.

April 3, 2018

- (iv) Resources for reporting suspected victims of human trafficking.
- (b) Acceptable providers or methods of training include any of the following:
  - (i) Training offered by a nationally-recognized or state-recognized health-related organization.
  - (ii) Training offered by, or in conjunction with, a state or federal agency.
  - (iii) Training obtained in an educational program that has been approved by the board for initial license or registration, or by a college or university.
  - (iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.
- (c) Acceptable modalities of training may include any of the following:
  - (i) Teleconference or webinar.
  - (ii) Online presentation.
  - (iii) Live presentation.
  - (iv) Printed or electronic media.
- (2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual shall provide an acceptable proof of completion of training, including either of the following:
  - (a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.
  - (b) A self-certification statement by an individual. The certification statement shall include the individual's name and either of the following:
    - (i) For training completed pursuant to subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.
    - (ii) For training completed pursuant to subrule (1)(b)(iv) of this rule, the title of the article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.
- (3) Pursuant to section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule shall apply for license or registration renewals beginning with the first renewal cycle after the promulgation of this rule and for initial licenses or registrations issued 5 or more years after the promulgation of this rule.

R 338.17113 Licensed midwifery accrediting organizations.

- Rule 113. (1) The board approves the midwifery education accreditation council (MEAC) as an accrediting organization.
- (2) A petition may be filed with the board for approval of a midwifery accrediting organization which will be evaluated to determine the organization's equivalence to the standards of other board approved accrediting organizations.

R 338.17115 Licensed midwifery credentialing program.

- Rule 115. The board may approve a licensed midwifery credentialing program if it is equivalent to the credential of certified professional midwife (CPM) from North American registry of midwives (NARM), meets the criteria of section 16148 of the code, MCL 333.16148, and is accredited by the national commission for certifying agencies (NCCA) or another accrediting organization approved by the board.

## PART 3. LICENSURE

## R 338.17121 Licensure.

Rule 121. (1) In addition to meeting the requirements of sections 16174 and 17115 of the code, MCL 333.16174 and MCL 333.17115, an applicant for licensure must submit a completed application on a form provided by the department, together with the requisite fee.

(2) An applicant for licensure who has not completed an educational program or pathway accredited by MEAC may petition the board to evaluate whether an educational program or pathway accredited by another accrediting organization is equivalent to a program or pathway accredited by MEAC.

(3) An applicant for licensure who does not hold the credential of CPM from NARM may petition the board to evaluate whether a credential is equivalent to the credential of CPM from NARM.

(4) The board approves and adopts the examination developed and scored by NARM.

(5) An applicant for licensure may petition the board to evaluate whether another examination meets the requirements of section 16178(1) of the code, MCL 333.16178(1).

(6) A licensed midwife shall have obtained his or her recredential or maintain his or her credential of CPM from NARM, or equivalent credential approved by the board, during the license cycle.

## R 338.17123 Licensure by endorsement.

Rule 123. (1) An applicant who has never been licensed as a licensed midwife in Michigan may apply for a license by endorsement by submitting a completed application, on a form provided by the department, together with the requisite fee.

(2) In addition to meeting the requirements of sections 16174 and 17119 of the code, MCL 333.16174 and MCL 333.17119, an applicant who meets the requirements of this rule is presumed to meet the requirements of section 16186 of the code, MCL 333.16186.

(3) Pursuant to section 17119(2) of the code, MCL 333.17119(2), an applicant for licensure who does not hold the credential of CPM from NARM may petition the board to evaluate whether a credential is equivalent to the credential of CPM from NARM.

(4) Pursuant to section 17119(2) of the code, MCL 333.17119(2), an applicant for licensure may petition the board to evaluate whether another examination meets the requirements of section 16178(1) of the code, MCL 333.16178(1).

## R 338.17125 Relicensure requirements.

Rule 125. An applicant for relicensure whose Michigan licensed midwifery license has lapsed, under the provisions of section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), as applicable, may be relicensed by complying with the following requirements as noted by (√):

(1) For a midwife who has let his or her Michigan license lapse and who does not hold a license in another state:	Lapsed less than 3 years	Lapsed more than 3 years, but less than 7 years	Lapsed 7 or more years
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(a) Application and fee: submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
(b) Good moral character: establish that he or she is of good moral character as defined under section (1) to section (7) of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Fingerprints: submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).		√	√
(d) Continuing education: submit proof of having completed 30 hours of continuing education in courses and programs approved by the board, including at least 1 hour in pain and symptom management which was earned within the 3-year period immediately preceding the application for relicensure.	√	√	√
(e) Examination: within the 3 year period immediately preceding the application for relicensure, retake and pass the examination approved by the board pursuant to R 338.17301.			√
(f) Proof of license from another state where licensed: an applicant's license must be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a license as a midwife. Verification must be sent directly to the department from the licensing agency and include the record of any disciplinary action taken or pending against the applicant.	√	√	√
(g) Credential: submit proof of an active credential of CPM from the NARM or an equivalent credential from another midwifery credentialing program that is approved by the board and accredited by the NCCA or another accrediting organization approved by the board. A licensed midwife shall maintain his or her credential of CPM from NARM, or equivalent credential approved by the board, during the license cycle.	√	√	√



(2) For a midwife who has let his or her Michigan license lapse, but who holds a current and valid licensed midwife license in another state:	Michigan license lapsed Less than 3 years	Michigan license lapsed more than 3 years, but less than 7 years	Michigan license lapsed 7 or more years
(a) Application and fee: submit a completed application on a form provided by the department, together with the requisite fee.	√	√	√
(b) Good moral character: establish that he or she is of good moral character as defined under section (1) to section (7) of 1974 PA 381, MCL 338.41 to 338.47.	√	√	√
(c) Fingerprints: submit fingerprints as required under section 16174(3) of the code, MCL 333.16174(3).		√	√
(d) Continuing education: submit proof of having completed 30 hours of continuing education in courses and programs approved by the board, including at least 1 hour in pain and symptom management which was earned within the 3-year period immediately preceding the application for relicensure.		√	√
(e) Proof of license verification from another state where licensed: an applicant's license must be verified by the licensing agency of all other states of the United States in which the applicant holds a current license or ever held a license as a midwife. Verification must be sent directly to the department from the licensing agency and include the record of any disciplinary action taken or pending against the applicant.	√	√	√
(f) Credential: submit proof of an active credential of CPM from the NARM or an equivalent credential from another midwifery credentialing program that is approved by the board and accredited by the NCCA or another accrediting organization approved by the board. A licensed midwife shall maintain his or her credential of CPM from NARM, or equivalent credential approved by the board, during the license cycle.	√	√	√

R 338.17127 English language requirement.

Rule 127. (1) An applicant for a midwifery license or a nonrenewable temporary license shall demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, an applicant shall establish that the applicant has obtained a total score of not less than 80 on the test of English as a foreign language internet-based test (TOEFL-iBT) administered by the educational testing service.

(2) Applicants who have graduated from an educational program located in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom, and the United States are exempt from the English language requirement.

#### PART 4. PRACTICE, CONDUCT, AND CLASSIFICATION OF CONDITIONS

R 338.17131 Definitions.

Rule 131. As used in this part:

(a) “Appropriate health professional” means any individual licensed, registered or otherwise authorized to engage in a health profession under Article 15 of the Public Health Code.

(b) “Appropriate pharmacology training” means 8 hours of training related to pharmacology applicable to midwifery practice, approved by MEAC or the board.

(c) “Consultation” means the process by which a licensed midwife, who maintains primary management responsibility for the patient’s care, seeks the advice of another appropriate health professional or member of the health care team.

(d) “Futility” means care offered that would not mitigate a patient’s lethal diagnosis or prognosis of imminent death.

(e) “Refer” means to suggest a patient seek discussion, information, aid, or treatment from a particular appropriate health professional.

(f) “Transfer” means to convey the responsibility for the care of a patient to another appropriate health professional.

(g) “Transport” means the physical movement of a patient from 1 location to another.

R 338.17132 Informed disclosure and consent.

Rule 132. (1) At the inception of care for a patient, a licensed midwife shall do the following:

(a) Provide an informed disclosure to the patient that includes the following:

(i) A description of the licensed midwife’s training, philosophy of practice, transfer of care plan, credentials and legal status, services to be provided, availability of a complaint process both with NARM and the state, and relevant Health Insurance Portability and Accountability Act (HIPAA) disclosures.

(ii) Access to the midwife’s personal practice guidelines.

(iii) Whether the licensed midwife may administer drugs and medications pursuant to R 338.17137.

(iv) Access to the board of licensed midwifery rules.

(v) Whether the licensed midwife has malpractice liability insurance coverage, and if so, the policy limitations of the coverage. The patient must be informed of the coverage and policy limitations both verbally and in writing.

(2) If during care, a patient chooses to deviate from a licensed midwife's recommendation, the licensed midwife shall provide the patient with an informed consent process which must include:

- (a) Explanation of the available treatments and procedures.
- (b) Explanation of both the risks and expected benefits of the available treatments and procedures.
- (c) Discussion of alternative procedures, including delaying or declining of testing or treatment, and the risks and benefits associated with each choice.
- (d) Documentation of any initial refusal by the patient of any action, procedure, test or screening that is recommended by the licensed midwife.

(3) A licensed midwife shall obtain the patient's signature acknowledging that she the patient has been informed, verbally and in writing, of the disclosures.

(4) A licensed midwife is exempt from the requirements of subrule (2) of this rule if the deviation occurs after the inception of active labor, in an emergent situation, or if the change in the condition of a patient requires immediate action on the part of the licensed midwife.

#### R 338.17133 Additional informed consent requirements.

Rule 133. (1) Additional informed consent processes are required when a patient presents to a licensed midwife under any of the following circumstances:

- (a) Previous cesarean birth – at the inception of care.
  - (b) Fetus in a breech presentation – when it is likely in the midwife's judgment the fetus will present in breech presentation at the onset of labor.
  - (c) Twin or multiple gestation – at the time of discovery by the midwife.
- (2) The licensed midwife shall disclose to the patient his or her personal practice guidelines surrounding the management of the pregnancies listed in subrule (1) of this rule, which must include the licensed midwife's level of experience, type of special training, care philosophy, and outcome history relative to such circumstances.
- (3) The disclosure must contain information regarding the licensed midwife's care team and style of management to be expected under such circumstances, including a description of conditions under which the licensed midwife shall recommend transfer or transport.
- (4) The licensed midwife shall practice within the limits of his or her personal practice guidelines described in this rule.
- (5) The licensed midwife shall provide the patient with an informed choice document, specific to the patient's situation, which includes the potential increased risks and benefits of:
- (a) The circumstances listed in subrule (1) of this rule.
  - (b) Birth outside a hospital setting associated with the circumstances listed in subrule (1) of this rule.
  - (c) Medical care options associated with the circumstances listed in subrule (1) of this rule, including the risks of cesarean section, both in the current pregnancy and any future pregnancies.
- (6) A licensed midwife is exempt from the requirements of this rule if the circumstances listed in subrule (1) of this rule are discovered after the inception of active labor, in an emergent situation, or if the change in the condition of a patient requires immediate action on the part of the licensed midwife.

#### R 338.17134 Consultation and referral.

Rule 134. (1) A licensed midwife shall consult with or refer a patient to an appropriate health professional if the patient presents with the following conditions that in the judgment of the licensed midwife warrant consultation or referral:

- (a) Antepartum:
  - (i) Gestational hypertension.
  - (ii) Persistent, severe headaches, epigastric pain or visual disturbances.
  - (iii) Persistent symptoms of urinary tract infection.
  - (iv) Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
  - (v) Rupture of membranes prior to the 36.0 week gestation.
  - (vi) Noted abnormal decrease in or cessation of fetal movement.
  - (vii) Hemoglobin level less than 9 and resistant to supplemental therapy.
  - (viii) A temperature of 100.4 degrees Fahrenheit or 38.0 degrees Celsius or greater for more than 24 hours.
  - (ix) Isoimmunization, Rh-negative sensitization, or any other positive antibody titer, which would have a detrimental effect on the mother or fetus.
  - (x) Abnormally elevated blood glucose levels unresponsive to dietary management.
  - (xi) Positive HIV antibody test.
  - (xii) TORCH (Toxoplasmosis, other, rubella, cytomegalovirus, and herpes simplex infections.)
  - (xiii) Symptoms of severe malnutrition, severe persistent dehydration, or protracted weight loss.
  - (xiv) Symptoms of deep vein thrombosis.
  - (xv) Documented placenta previa.
  - (xvi) Documented placenta overlying the site of a previous uterine scar.
  - (xvii) Active labor prior to 36.0 week of gestation.
  - (xviii) Fetus with diagnosed congenital abnormalities that will require immediate medical intervention at birth.
  - (xix) History of myomectomy.
  - (xx) Pelvic or uterine abnormalities affecting normal vaginal births, including tumors and malformations.
  - (xxi) Marked abnormal fetal heart tones.
  - (xxii) Abnormal non-stress test or abnormal biophysical profile.
  - (xxiii) Marked or severe hydramnios or oligohydramnios.
  - (xxiv) Suspected intrauterine growth restriction.
  - (xxv) Gestation beyond 43 weeks.
  - (xxvi) Suspected perinatal mood disorder or uncontrolled current serious psychiatric illness.
  - (xxvii) Suspected active alcohol abuse disorder.
  - (xxviii) Suspected active substance abuse disorder.
  - (xxix) Receiving opioid replacement therapy.
  - (xxx) Sexually transmitted infection.
  - (xxxii) Symptoms of ectopic pregnancy.
  - (xxxiii) Symptoms or evidence of hydatidiform mole.
  - (xxxiv) Thrombocytopenia with a count less than 100,000 platelets per microliter.

- (xxxv) Vaginal infection unresponsive to treatment.
- (xxxvi) Symptoms or clinical evidence of hepatitis.
- (xxxvii) Abnormal liver or metabolic panel.
- (xxxviii) Abnormal PAP test results.
- (xxxix) Significant hematological disorders or coagulopathies, or pulmonary embolism.
- (xxxx) Any other condition or symptom that could threaten the health of the mother or fetus, as assessed by a licensed midwife exercising reasonable skill and judgment.

(b) Intrapartum:

- (i) Blood pressure exceeding 160/110.
- (ii) Persistent, severe headaches, epigastric pain or visual disturbances.
- (iii) Temperature over 100.4 degrees Fahrenheit or 38.0 degrees Celsius in absence of environmental factors.
- (iv) Signs or symptoms of maternal infection.
- (v) Confirmed ruptured membranes without onset of labor after 72 hours.
- (vi) Excessive vomiting, dehydration, acidosis, or exhaustion unresponsive to treatment.
- (vii) Uncontrolled current serious psychiatric illness.
- (viii) Any other condition or symptom that could threaten the health of the mother or fetus, as assessed by a licensed midwife exercising reasonable skill and judgment.

(c) Postpartum:

- (i) Failure to void bladder within 6 hours of birth.
- (ii) Temperature of 101.0 degrees Fahrenheit or 39 degrees Celsius for more than 12 hours.
- (iii) Signs or symptoms of uterine sepsis.
- (iv) Symptoms of deep vein thrombosis.
- (v) Suspected perinatal mood disorder or uncontrolled current serious psychiatric illness.
- (vi) Suspected active alcohol use disorder.
- (vii) Suspected active substance use disorder.
- (viii) Lacerations requiring repair beyond the scope of practice of the licensed midwife.
- (ix) Any other condition or symptom that could threaten the health of the mother as assessed by a licensed midwife exercising reasonable skill and judgment.

(d) Infant:

- (i) Abnormal metabolic infant screening.
- (ii) Failed hearing screening.
- (iii) Jaundice occurring outside of normal range.
- (iv) Failure to urinate within 36 hours of birth.
- (v) Failure to pass meconium within 48 hours of birth.
- (vi) Medically significant nonlethal congenital anomalies.
- (vii) Suspected birth injury.
- (viii) Signs of clinically significant dehydration.
- (ix) Signs and symptoms of neonatal abstinence syndrome.
- (x) Any other abnormal infant behavior or appearance that could adversely affect the health of the infant, as assessed by a licensed midwife exercising reasonable skill and judgment.

(2) When a referral to an appropriate health professional is made, after referral the licensed midwife shall, if possible, remain in communication with the appropriate health professional until resolution of the concern.

(3) Neither consultation nor referral preclude the possibility of continued care by a licensed midwife or the possibility of an out-of-hospital birth. It is appropriate for the licensed midwife to maintain care of the patient to the greatest degree possible. The patient may elect not to accept a referral or an appropriate health professional's advice, and if the refusal is documented in writing, the licensed midwife may continue to care for the patient.

R 338.17135 Emergent transfer of care.

Rule 135. (1) In emergent circumstances a licensed midwife may transfer the care of a patient to an appropriate health professional. The following conditions require immediate notification and emergency transfer to a hospital:

- (a) Mother:
  - (i) Seizures.
  - (ii) Unconsciousness.
  - (iii) Respiratory distress or arrest.
  - (iv) Maternal shock unresponsive to treatment.
  - (v) Symptoms of maternal stroke.
  - (vi) Symptoms of suspected psychosis.
  - (vii) Symptomatic cardiac arrhythmias or chest pain.
  - (viii) Prolapsed umbilical cord.
  - (ix) Symptoms of uterine rupture.
  - (x) Symptoms of placental abruption.
  - (xi) Symptoms of preeclampsia or eclampsia.
  - (xii) Severe abdominal pain inconsistent with normal labor.
  - (xiii) Symptoms of pulmonary or amniotic fluid embolism.
  - (xiv) Symptoms of chorioamnionitis that include the presence of a fever greater than 100.4 degrees Fahrenheit or 38.0 degrees Celsius and 2 of the following 3 signs: uterine tenderness, maternal or fetal tachycardia, or foul/purulent amniotic fluid.
  - (xv) Unresolved fetal malpresentation not compatible with spontaneous vaginal delivery.
  - (xvi) Hemorrhage non-responsive to therapy.
  - (xvii) Uterine inversion.
  - (xviii) Persistent uterine atony.
  - (xvix) Symptoms of anaphylaxis.
  - (xx) Failure to deliver placenta within 2 hours in the third stage.
  - (xxi) Persistent abnormal vital signs.
  - (xxii) Significant abnormal bleeding prior to delivery, with or without abdominal pain.
  - (xxiii) Fetal distress evidenced by abnormal fetal heart tones when birth is not imminent.
- (b) Infant:
  - (i) Persistent cardiac irregularities.
  - (ii) Persistent central cyanosis, pallor, or abnormal perfusion.
  - (iii) Persistent lethargy or poor muscle tone.
  - (iv) Seizures.
  - (v) Apgar score of 6 or less at 5 minutes without significant improvement by 10 minutes.
  - (vi) Non-transient respiratory distress.
  - (vii) Significant signs or symptoms of infection.
  - (viii) Evidence of unresolved hypoglycemia.
  - (ix) Abnormal, bulging, or depressed fontanel.

- (x) Significant evidence of prematurity.
- (xi) Clinically significant abnormalities in vital signs, muscle tone, or behavior.
- (xii) Failed critical congenital heart defect screening.
- (xiii) Persistent inability to suck.
- (xiv) Clinically significant abdominal distension.
- (xv) Clinically significant projectile vomiting.

(2) The licensed midwife shall initiate immediate transport according to the licensed midwife's emergency care plan; provide necessary emergency stabilization until emergency medical services arrive or transfer is completed; provide pertinent information to the appropriate health professional; and is encouraged to fill out a patient transfer form provided by the department.

(3) Transport via private vehicle is an acceptable method of transport if it is the most expedient method for accessing medical services.

(4) A licensed midwife may continue to provide care to a patient with any of the complications or conditions set forth in this rule under the following circumstances:

- (i) if no appropriate health professional or other equivalent medical services are available;
- (ii) if delivery occurs during transport;
- (iii) if the patient refuses to be transported to the hospital; or
- (iv) if the transfer or transport entails futility, or extraordinary and unnecessary human suffering.

(5) The licensed midwife may remain in consultation with the appropriate health professional after a transfer is made.

(6) If authorized by the patient, a licensed midwife may be able to be present during the labor and childbirth, and care may return to the midwife upon discharge.

#### R 338.17136 Prohibited Conduct.

Rule 136. (1) An individual covered by these rules may not perform the following acts:

- (a) Except as provided in R 338.17137, administer prescription drugs or medications.
- (b) Use vacuum extractors or forceps.
- (c) Prescribe medications.
- (d) Perform surgical procedures other than episiotomies, repairs of perineal lacerations, clamping and cutting the umbilical cord, and frenulum revisions.
- (e) Knowingly accept sole responsibility for prenatal or intrapartum care of a patient with any of the following risk factors:
  - (i) Chronic significant maternal cardiac, pulmonary, renal, or hepatic disease.
  - (ii) Malignant disease in an active phase.
  - (iii) Insulin dependent diabetes mellitus.
  - (iv) Active tuberculosis.
  - (v) Active syphilis.
  - (vi) Confirmed AIDS status.
  - (vii) Current seizure disorder requiring medication.
  - (viii) History of previous uterine rupture.
  - (ix) Monoamniotic twins.
  - (x) Opioid use disorder.

#### R 338.17137 Administration of prescription drugs or medications.

Rule 137. (1) A licensed midwife who has appropriate pharmacology training and holds a standing prescription from an appropriate health professional with prescriptive authority, may administer the following prescription drugs and medications in accordance with this rule.

- (a) Prophylactic vitamin K to an infant, either orally or through intramuscular injection.
  - (b) Antihemorrhagic agents to a postpartum mother after the birth of the infant.
  - (c) Local anesthetic for the repair of lacerations to a mother.
  - (d) Oxygen to a mother or infant.
  - (e) Prophylactic eye agent to an infant.
  - (f) Prophylactic Rho(D) immunoglobulin to a mother.
  - (g) Agents for group B streptococcus prophylaxis, recommended by the federal centers for disease control and prevention, to a mother.
  - (h) Intravenous fluids, excluding blood products, to a mother.
  - (i) Antiemetics to the mother.
  - (j) Epinephrine.
  - (k) Nitrous oxide.
  - (l) Any other drug or medication authorized by the board.
- (2) The indications, dose, route of administration, duration of treatment, and contraindications relating to the administration of drugs or medications identified under subrule (1) of this rule are as follows:

(See Table)

R 338.17138 Report patient's data.

Rule 138. (1) Unless the patient refuses, a licensed midwife shall report patient data to the statistics registry maintained by midwives alliance of North America's (MANA) division of research (DOR), in accordance with MANA's policies and procedures, or a similar registry maintained by a successor organization approved by the board.

- (2) A licensee must register with MANA's DOR.
- (3) Annually, by the date determined by MANA, a licensee must submit patient data on all completed courses of care in the licensee's practice during the previous twelve months.
- (4) During the first year of licensure, a licensee must submit data from the date of licensure to the date determined by MANA.



## PART 5. LICENSE RENEWAL AND CONTINUING EDUCATION

R 338.17141 License renewals; requirements; applicability.

Rule 141. (1) In addition to meeting the requirements of section 16201 of the code, MCL 333.16201, an applicant for renewal shall submit a completed application on a form provided by the department, together with the requisite fee and, prior to renewal, shall hold the credential of CPM from NARM, or equivalent credential approved by the board.

(2) Pursuant to section 16201 of the code, MCL 333.16201, an applicant for license renewal who has been licensed for the 4 year period immediately prior to renewal, shall accumulate all of the following, during the prior 4 years and before renewal:

(a) At least 30 hours of continuing education that is met by obtaining and maintaining, the credential of CPM from NARM, or an equivalent credential approved by the board.

(b) One hour of continuing education in pain and symptom management pursuant to section 16204(2) of the code, MCL 333.16204(2). Acceptable methods of continuing education in pain and symptom management includes online and in person presentations, courses or programs and may include, but is not limited to, the following subject areas: behavior management, psychology of pain, behavior modification, stress management, and clinical applications as they relate to professional practice.

(b) Two hours of continuing education on cultural competency that include examination of disparate maternal infant mortality and morbidity experienced by the African American population. Acceptable methods of continuing education in cultural competency includes online and in person presentations, courses, programs, or reading an article that is published in a peer review journal, health care journal, or professional or scientific journal.-

(3) "Continuing education hour" means the cumulative number of program minutes divided by 60. When the fractional part of an hour is 55 minutes or more, it counts as 1 hour. Any portion of an hour between 30 and 54 minutes counts as half of an hour. Any part of an hour less than 30 minutes will be discarded. Breaks are not counted.

(4) Submission of an application for renewal constitutes the applicant's certification of compliance with the requirements of this rule.

(5) A licensee shall retain documentation of meeting the requirements of this rule for a period of 4 years from the date of applying for license renewal.

(6) The board may require an applicant or licensee to submit evidence to demonstrate compliance with this rule.

(7) A self-certification statement by an individual which includes the title of the article, author, publication name, date, volume, and issue of publication, as applicable, is acceptable evidence of reading an article that is published in a peer review journal, health care journal, or professional or scientific journal.

(8) Failure to comply with this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(9) A request for a waiver under section 16205 of the code, MCL 333.16205, must be received by the department prior to the expiration date of the license. A CPM credential from NARM, or equivalent credential approved by the board, may not be waived.

(10) The requirements of this part do not apply to an applicant during an initial licensure cycle.

**HBS COLLABORATION TASK FORCE- NEWBORN TRANSFER FORM**

Patient's Full Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date/ Time: ____ / ____ : ____	
Mother's Full Name: _____ Phone # (____) _____ EDD: _____	
Referring Provider: _____ Phone # (____) _____ Gestation: _____	
Referred to: _____	
Does receiving hospital have maternal/ prenatal records? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Medical records included: <input type="checkbox"/> # Pages: _____	
<b>SITUATION and Reason for Transport</b> _____	
Status at Time of Transport: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable	
<b>Mode of Transport:</b> <input type="checkbox"/> Private Vehicle <input type="checkbox"/> EMS EMS Staff: _____ Called: _____ Arrived _____ Departed: _____	Time arrival at hospital: ____ : ____ Time Hospital Provider Received ____ : ____ Time verbal report: ____ : ____
<b>Labor History:</b> Latent Onset: (date/time): ____ / ____ : ____ Active Onset: (date/time): ____ / ____ : ____ 2 <sup>nd</sup> Stage Onset: (date/time): ____ / ____ : ____ AROM/ SROM: (date/time): ____ / ____ : ____	Birth: (date/time): ____ / ____ : ____ Placenta: (date/time): ____ / ____ : ____ EBL: _____ Fluid: <input type="checkbox"/> CLEAR <input type="checkbox"/> MECONIUM <input type="checkbox"/> BLOODY Complications: NO YES, Details _____
NEWBORN TRANSITION: <input type="checkbox"/> RESUS <input type="checkbox"/> SUCTION <input type="checkbox"/> O2 <input type="checkbox"/> PPV <input type="checkbox"/> CHEST COMPRESSIONS	
NEWBORN EXAM: Birth Weight: _____ APGAR: 1MIN: _____ 5 MIN: _____ 10 MIN: _____	
Significant Findings: _____	
Last VS: Time: _____ Heart Rate: _____ Resp. Rate: _____ Temp: _____ SpO2: _____	
Feeding Concerns: _____ Blood Glucose: _____ Last Feed (time): ____ : ____	
<input type="checkbox"/> Eye Tx <input type="checkbox"/> Vitamin K ( <input type="checkbox"/> IM / <input type="checkbox"/> Oral ) <input type="checkbox"/> CCHD Screening <input type="checkbox"/> Metabolic Screening	
<b>MATERNAL BACKGROUND</b>	
Current Pregnancy Complications: _____	
Significant Medical History: _____	
Prior Pregnancy Outcomes: _____	
<input type="checkbox"/> NKDA, Allergies: _____ Height / Weight: _____ / _____	
Current Medications /Supplements: _____	
Blood Type: _____ BP Baseline: ____ / ____ GDM Testing: <input type="checkbox"/> YES <input type="checkbox"/> NO Hct: ____ (date: ____)	
ALERTS: <input type="checkbox"/> Rh- <input type="checkbox"/> HSV+ <input type="checkbox"/> Rubella Non-Immune <input type="checkbox"/> HEP B+ <input type="checkbox"/> HIV+ <input type="checkbox"/> GBS Unknown <input type="checkbox"/> GBS+ <input type="checkbox"/> GBS- (date: ____ )	

**ASSESSMENT:** \_\_\_\_\_

**RECOMMENDATION:** \_\_\_\_\_

**DRAFT**

**HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM**

Patient's Full Name: _____ Weeks Gestation: _____ Date/Time: ____/____/____:		
Age: ____ G: ____ P: ____ EDD: _____ Based on: <input type="checkbox"/> LMP/Conception <input type="checkbox"/> Dating Ultrasound		
Referring Provider _____ Contact#: (____) _____		
Name of person receiving call: _____ Time Called: _____		
Does receiving hospital have medical records: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Medical Records Included: <input type="checkbox"/> # pages _____		
<b>SITUATION and Reason for Transport</b> _____		
Status at Time of Transport: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable		
FHTs:	Ctx Pattern:	<b>Mode of Transport:</b>
Dilation/Station:	BP:    /	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> EMS <input type="checkbox"/> Other
Last food/fluid PO (date/time):	Temp:            Pulse:	EMS Staff: _____
Last Void Time: ____:____	Ultrasound Findings:	Called: _____ Arrived _____
IV Gauge: _____		Departed: _____
Total infused prior to transport:		Time at hospital door: ____:____
		Time at L&D room: ____:____
		Time Hospital Provider Received ____:____
		Time verbal report: ____:____
<b>Labor History:</b>		Birth: (date/time): ____/____/____
Latent Onset: (date/time): ____/____/____		Placenta: (date/time): ____/____/____
Active Onset: (date/time): ____/____/____		EBL: _____
2 <sup>nd</sup> Stage Onset: (date/time): ____/____/____		Fluid: <input type="checkbox"/> CLEAR <input type="checkbox"/> MECONIUM <input type="checkbox"/> BLOODY
AROM/SROM: (date/time): ____/____/____		Lacerations:    NO    YES, Details _____
<b>BACKGROUND</b>		
Current Pregnancy Complications: _____		
Significant Medical History: _____		
Prior Pregnancy Outcomes: _____		
<input type="checkbox"/> NKDA, Allergies: _____ Height / Weight: _____ / _____		
Current Medications/Supplements: _____		
Blood Type: _____ BP Baseline: ____/____ GDM Testing: <input type="checkbox"/> YES <input type="checkbox"/> NO    Hct: ____ (date: ____)		
<b>ALERTS:</b> <input type="checkbox"/> Rh- <input type="checkbox"/> HSV+ <input type="checkbox"/> Rubella Non-Immune <input type="checkbox"/> HEP B+ <input type="checkbox"/> HIV+		
<input type="checkbox"/> GBS Unknown <input type="checkbox"/> GBS+ <input type="checkbox"/> GBS-    (date: ____)		

**ASSESSMENT:** \_\_\_\_\_

\_\_\_\_\_

**RECOMMENDATION:** \_\_\_\_\_

\_\_\_\_\_