

**ALABAMA STATE BOARD OF MIDWIFERY  
ADMINISTRATIVE CODE**

**CHAPTER 582-X-3  
PRACTICE OF LICENSED MIDWIFERY**

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**582-X-3-.01    Purpose.**

To establish standards for licensed midwifery care in the state of Alabama.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

**History: New Rule:** Filed September 24, 2018; effective November 9, 2018.

**582-X-3-.02    Construction.**

These sections cover General standards for the practice of licensed midwifery in Alabama; Standards of professional conduct; Interprofessional Care; Transfer of Care; Activation of the Emergency Plan; Risk Assessment; Scope of Practice; Newborn transfer of Care or Consultation.

**Author:** Alabama State Board of Midwifery

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**582-X-3-.03    General Standards For The Practice Of Licensed Midwifery**

- (1) Licensed midwifery is the provision by a licensed midwife of the necessary supervision, care, and advice to a woman during normal pregnancy, labor and the 6-week postpartum period; conducting a normal delivery of a child in the setting of the client's choice except a hospital.
- (2) A Licensed Midwife care is provided by qualified practitioners. The licensed midwife:
  - (a) is regulated by the Alabama State Board of Midwifery; and

(b) is in compliance with the legal requirements of the State of Alabama while practicing in the state.

(3) A Licensed Midwife supports individual rights and self-determination within the boundaries of safety. The licensed midwife shall provide clients with all required documents and forms in accordance with the Code of Ala. 1975, §34-19-16(b);

(a) LM's education, training and experience;

(b) Antepartum, intrapartum and postpartum conditions of client or newborn requiring medical referral, transfer of care, and transport to hospital and the plan to do so;

(c) Instructions for filing a complaint;

(d) (HIPAA) statement; Health Insurance Portability and Accountability Act

(e) Status of Professional Liability Insurance coverage;

(f) Statement from American College of Obstetricians and Gynecologists regarding the safety of midwifery care in out-of-hospital settings;

(g) Informed consent form; and

(h) Emergency care form.

(4) The Licensed Midwife will provide clients with information about other providers and services when requested, or when the care required is not within the scope of practice of licensed midwifery, or as further limited by the practice guidelines of the individual licensed midwife; and

(5) The Licensed Midwife will practice in accordance with the knowledge, clinical skills, and judgments described in the Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice, within the bounds of the midwifery scope of practice as defined by Act 2017-383; the Alabama State Board of Midwifery Standards for the Practice of Licensed Midwifery in Alabama and; the practice guidelines of the individual midwifery practice.

(6) The Licensed Midwife shall provide care in a safe and clean environment. The Licensed Midwife shall use universal precautions for infection control.

(7) The Licensed Midwife shall document care in legible, complete health records. The licensed midwife shall:

(a) maintain records that completely and accurately document the client's care;

(b) grant clients access to their records within 30 days of the date the request is received;

(c) provide a mechanism for sending a copy of the health record upon referral or transfer to other levels of care;

(d) maintain records: maintain the confidentiality of client records; and  
1. for the mother, for a minimum of five years; and  
2. for the infant, until the age of majority.

(8) The Licensed Midwife shall undergo a periodic process of evaluation and quality assurance of midwifery practice through Peer Review as outlined in the NARM Job Analysis. The licensed midwife shall:

(a) collect client care data systematically in accordance with the Act 2017-383 and be involved in analysis of that data for the evaluation of the process and outcome of care;

(b) review problems identified by the licensed midwife or by other professionals or consumers in the community; and

(c) act to resolve problems that are identified.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

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#### **582-X-3-.04    Standards Of Professional Conduct.**

If a licensed midwife or an applicant for licensure or renewal has engaged in unprofessional conduct, ASBM may refuse to issue or renew the applicant's license and may discipline the licensee.

Unprofessional conduct includes, without limitation, any of the following:

(a) Disregarding a client's dignity or right to privacy as to her person, condition, possessions, or medical record;

(b) Breaching any legal requirement of confidentiality with respect to a client unless ordered by a court of law;

(c) Submitting a birth certificate known by the licensed midwife to be false or fraudulent, or willfully making or filing false or incomplete reports or records in the practice of midwifery;

(d) Failing to provide information sufficient to allow a client to give informed consent to care;

- (e) Engaging in the practice of midwifery while impaired because of the use of alcohol or drugs;
- (f) Having a license suspended, revoked, or otherwise disciplined in this or any other state or jurisdiction;
- (g) Having been convicted of any felony, or of a lesser crime that reflects adversely on the person's fitness to be a licensed midwife. Such lesser crimes include but are not limited to any crime involving the delivery of healthcare services, dishonesty, misrepresentation, theft, or an attempt, conspiracy or solicitation of another to commit a felony or such lesser crimes.
- (h) Violating any standards of conduct set forth in these rules, whether or not specifically labeled as such, and including without limitation any scope and practice standards, record-keeping requirements, or notice requirements.
- (i) Violating any part of Act 2017-383, board rule, or a condition of a license.
- (j) Failing to respond to official Board correspondence within a timeframe determined by the Board.
- (k) Gross negligence or other malpractice in the practice of midwifery.
- (l) Making intentionally misleading, deceptive, untrue, or fraudulent representations in the practice of midwifery or with respect to any financial transaction with a client.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

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#### **582-X-3-.05    Consultation.**

A consultation refers to a situation in which the licensed midwife, using professional knowledge of the client and in accordance with this document, seeks the opinion of a physician competent to give advice in the relevant field.

- (a) It is the licensed midwife's responsibility to provide all relevant medical records to the physician when requested.
- (b) Consultation should be fully documented by the licensed midwife in the medical record.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

**History: New Rule:** Filed September 24, 2018; effective November 9, 2018.

**582-X-3-.06     Transfer Of Care.**

Transfer is the process by which a licensed midwife relinquishes care of the client for pregnancy, labor, birth, postpartum, or care of the newborn to another healthcare professional who has current obstetric or pediatric knowledge and is either a physician licensed in Alabama or a neighboring state or a practitioner working in a valid collaborative agreement with such physician; or working in association with a licensed physician. A licensed midwife shall transfer care of a client in accordance with this section.

- (a) Once a licensed midwife has formally accepted a client into care, the relationship is ongoing and the licensed midwife cannot refuse to continue to provide midwifery care without a formal transfer of care.
- (b) During formal transfer of care, the licensed midwife shall
  - 1. Provide a minimum of 30 days written notice, during which the licensed midwife shall continue to provide midwifery care, to enable the client to select another healthcare provider;
  - 2. Provide recommendations for appropriate referrals; and
  - 3. Document the transfer of care in the client's medical record.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

**History: New Rule:** Filed September 24, 2018; effective November 9, 2018.

**582-X-3-.07     Activation Of The Emergency Plan.**

In an emergency situation, the licensed midwife shall initiate emergency care as indicated by the situation and facilitate transfer of care in accordance with the protocols of his or her practice and that of the client's Emergency Care Plan. The licensed midwife shall contact the health care professional or institution to whom the client will be transferred; follow the healthcare professional's instructions; and continue emergency care as needed while transporting the client by private vehicle; or calling 911 and reporting the need for immediate transport. The licensed midwife must also ensure that the transfer of care is accompanied by the client's record, which must include:

- (a) information; The client's name, address, and next of kin contact
- (b) A list of diagnosed medical conditions;
- (c) Lab work that has occurred during the pregnancy;
- (d) medications regularly taken; A list of prescription or over the counter
- (e) A history of allergic reactions to medications; and

- (f) The licensed midwife's oral and/or written assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

**History: New Rule:** Filed September 24, 2018; effective November 9, 2018.

**582-X-3-.08 Risk Assessment.**

These risk assessment strategies are not a set of mandatory protocols, and do not mandate specific clinical interventions, rather, they are a set of standard recommendations which may highlight areas that require midwifery attention and appropriate responses.

- (a) *Antepartum Risk Assessment.* Antepartum risk assessment may include, but is not limited to:
1. Obtain and evaluate a maternal history.
  2. Assessment of maternal nutritional status.
  3. Assessment of maternal social and emotional well being
  4. Recommendation, referral, performance, and/or evaluation of appropriate laboratory and imaging studies and antepartum surveillance methodology.
  5. Continued identification of risk by initial and interval assessments.
  6. Evaluation, management, and follow-up of complications.
- (b) *Intrapartum Risk Assessment.* Intrapartum risk assessment may include, but is not limited to:
1. Assessment and documentation of gestational age and presentation of the fetus at the initiation of active labor.
  2. Continued identification of risk by initial and interval assessments of labor pattern and fetal and maternal well-being.
  3. Evaluation, management, and follow-up of complications.
- (c) *Postpartum and Newborn Risk Assessment.* Postpartum and newborn risk assessment may include, but is not limited to:
1. Performance and evaluation of a newborn physical examination.
  2. Utilization of appropriate level of neonatal care.
  3. Assessment of breastfeeding.
  4. Recommendation, referral, performance, and/or evaluation of appropriate laboratory and postpartum and newborn surveillance methodology.
  5. Continued identification of risk by initial and interval assessments of maternal and infant status.
  6. Evaluation, management, and follow-up of complications.

**Author:** Alabama State Board of Midwifery

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**582-X-3-.09    Practice Guidelines.**

The Licensed Midwife will practice in accordance with the knowledge, clinical skills, and judgments described in the Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice, within the bounds of the midwifery scope of practice as defined by Act 2017-383; the Alabama State Board of Midwifery Standards for the Practice of Licensed Midwifery in Alabama and; the practice guidelines of the individual midwifery practice.

(a)        General Practice. According to the competency outlined in the NARM Job Analysis (<http://narm.org/about-narm/job-analysis/>), a Licensed Midwife is trained to, but not limited to:

1.        Provide midwifery care, antepartum, intrapartum, and the 6 weeks postpartum period, in any setting except a hospital;
2.        Order routine antepartum and postpartum laboratory analyses and imaging studies to be performed by a licensed laboratory (34-19-16(7)(d));
3.        Order and administer a urinalysis or blood glucose test as indicated.
4.        Provide all clients, mother and neonate, with a plan for on-call availability throughout pregnancy, intrapartum and 6 weeks postpartum, including breastfeeding evaluation;
5.        Provide clients with fetal monitoring and routine assessment once active labor is established.
6.        Supervise delivery of neonate and placenta, assess newborn and maternal well-being in immediate postpartum, and perform APGAR scores;
7.        Inspect the perineum and vagina postpartum for lacerations, and repair, administering local anesthetic, if required;
8.        Observe mother and newborn postpartum for no fewer than 2 hours;
9.        Instruct mother and other support persons, both verbally and in writing, of the care and precautions for both mother and newborn in the immediate postpartum period;
10.       Ensure that a birth certificate, or fetal death report, is accurately completed and filed in accordance with state law 22-9A-7;
11.       A licensed midwife shall instruct the client regarding the requirements of the administration of eye ointment ordered by the Department of Public Health pursuant to Section 22-20-2.

12. A licensed midwife shall instruct the client regarding the requirements of administration of newborn health screening ordered by the Department of Public Health pursuant to Section 22-20-3.

13. A licensed midwife may administer anti-hemorrhage medication and oxygen in an emergency circumstance.

14. Provide information for referral for continued well-baby care.

15. Report diseases to the Alabama Department of Public Health pursuant to Chapter 11A, or Title 22.

(b) Conditions for Which a Licensed Midwife May Not Perform Delivery.

A licensed midwife may not deliver any of the following according to Act 2017-383:

1. Diagnosed multiple pregnancy
2. Diagnosed non-cephalic at the onset of labor
3. Vaginal birth after cesarean

(c) Procedures which are outside of the Scope of Practice for a Licensed Midwife

1. Epidural, spinal or caudal anesthetic.
2. Any type of narcotic analgesia.
3. Forceps or a vacuum extractor-assisted delivery.
4. Abortion.
5. Cesarean section or any surgery or surgical delivery except minimal episiotomies.
6. Pharmacological induction or augmentation of labor or artificial rupture of membranes prior to the onset of labor.
7. Administration of an anesthetic (other than a local anesthetic).
8. Administration of any prescription medication in a manner that violates the Alabama Uniform Controlled Substance Act.

(d) Conditions for Which a Licensed Midwife May Not Provide Care Without Health Care Provider Involvement. A licensed midwife may not provide care for a client with a history of the



disorders, diagnoses, conditions, or symptoms listed here unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed healthcare provider. Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain care from a licensed physician for those conditions, or obtain care from a practitioner working in a valid collaborative agreement with such physician, as a condition to the client's eligibility to maintain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are included but not limited to:

1. Platelet sensitization, severe hematological or coagulation disorders;
2. HIV positive status;
3. Opiate use that places the infant at risk of neonatal abstinence syndrome;
4. Type 1 or type 2 diabetes;
5. Thyroid disease;
6. Epilepsy;
7. Hypertension;
8. Cardiac disease;
9. Pulmonary disease;
10. Renal disease;
11. Previous major surgery of pulmonary system, cardiovascular system, or urinary tract; or
12. Hepatitis.

(e) Conditions for which a Licensed Midwife must Facilitate Hospital Transfer. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms:

1. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;
2. Suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental abruption,

meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;

3. Non-cephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless imminent delivery is safer than transfer;
4. Spontaneous premature labor;
5. Preterm premature rupture of membranes;
6. Preeclampsia;
7. Grand mal seizure;
8. Coughing or vomiting of blood;
9. Severe chest pain; or
10. Sudden onset of shortness of breath and associated labored breathing.

**Author:** Alabama State Board of Midwifery

**Statutory Authority:** Code of Ala. 1975, §§34-19-14, et seq.

**History: New Rule:** Filed September 24, 2018; effective November 9, 2018.

**582-X-3-.10    Newborn Transfer Of Care Or Consultation.**

The Licensed Midwife will practice in accordance with the knowledge, clinical skills, and judgments described in the Midwives Alliance of North America (MANA) Core Competencies for Basic Midwifery Practice, within the bounds of the midwifery scope of practice as defined by Act 2017-383; the Alabama State Board of Midwifery Standards for the Practice of Licensed Midwifery in Alabama and; the practice guidelines of the individual midwifery practice.

(a)    Newborn Transfer of Care. Conditions for which a licensed midwife must facilitate the immediate transfer of a newborn to a hospital for emergency care:

1.    Respiratory distress, defined as tachypnea (more than 60 breaths per minute), retractions, grunting, and/or nasal flaring that does not resolve within the immediate postpartum period;
2.    Apgar score of six (6) or less at ten (10) minutes of age;
3.    Bleeding;
4.    Any condition requiring continuous, immediate postpartum evaluation;

5. Any bright green emesis.

(b) A licensed midwife shall accompany a client during a transfer pursuant to this rule unless the circumstances make it impossible to do so.

(c) Newborn Consultation Required. A consultation refers to a situation in which the licensed midwife, using professional knowledge of the client and in accordance with this document, seeks the opinion of a physician competent to give advice in the relevant field:

- 1) it is the LM responsibility to provide all relevant records to the physician when requested;
- 2) Consultation should be fully documented by the LM in the medical record, and the LM should then discuss the consultant's advice with the client.

Conditions for which a licensed midwife must consult a Pediatric Provider (Neonatologist, Pediatrician, Family Practice Physician, Emergency Room Physician, Advanced Practice Registered Nurse, or Physician Assistant):

1. Temperature instability, defined as a rectal temperature less than ninety-six point eight (96.8) degrees Fahrenheit or greater than one hundred point four (100.4) degrees Fahrenheit documented two (2) times more than thirty (30) minutes apart;
2. Murmur lasting more than twenty-four (24) hours immediately following birth;
3. Cardiac arrhythmia;
4. Congenital anomalies;
5. Birth injury;
6. Any jaundice in the first twenty-four (24) hours after birth or significant jaundice at any time;
7. No stool for more than twenty-four (24) hours immediately following birth;
8. No urine output for more than twenty-four (24) hours;
9. Development of persistent poor feeding effort at any time;
10. Signs or symptoms concerning for neonatal abstinence syndrome from opiate or other medications (persistent irritability, sneezing, jitteriness); or
11. Persistent asymptomatic hypoglycemia (<45mg/dL).

**Author:** Alabama State Board of Midwifery

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