



# **FLORIDA | Council of Licensed Midwifery**

## **Agenda Outline**

**April 11, 2015 at 9:00 am**

**Orlando Marriott Lake Mary  
1501 International Parkway  
Lake Mary, Florida 32746**

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The meeting will be called to order at 9:00 am or soon thereafter.

**Call to Order:** Melissa Conord-Morrow, LM, Chair  
**Roll Call:** Christy Robinson, Executive Director

**Welcome from Lucy C. Gee, M.S., Director, Division of Medical Quality Assurance**

**Recognition of Former Council Members**

**Council Member Roles and Responsibilities**

1. Overview of Roles and Responsibilities of the Council of Licensed Midwifery

**Rules Review and Discussion**

2. 64B24-1 Organization
3. 64B24-2 Requirements for Licensure
4. 64B24-3 Fees
5. 64B24-4 Training Programs
6. 64B24-5 Renewal, Inactive Status, Reactivation
7. 64B24-6 Continuing Education
8. 64B24-7 Midwifery Practice
9. 64B24-8 Discipline
10. Council Forms
  - a. Emergency Care Plan Form
  - b. Informed Consent Form
  - c. Collaborative Management Agreement Form
  - d. Application for Licensure
  - e. Evaluation Tool for Out of State and Foreign Trained Applicants

11. Reference Materials:

- a. Core Competencies for Basic Midwifery Practice- Midwives Alliance of North America (MANA)
- b. Core Competencies for Basic Midwifery Practice- American College of Nurse Midwives (ACNM)
- c. Standards and Qualifications for the Art and Practice of Midwifery- MANA
- d. Standards for the Practice of Midwifery- ACNM
- e. Best Practice Guidelines: Transfer from Planned Home Birth to Hospital- Home Birth Summit

**Discussion Regarding Potential Statutory Changes**

12. Chapter 467, Florida Statute

**Election of Vice Chair**

**Old Business**

**New Business**

**Adjourn**

## **Council Member Roles and Responsibilities**

### 467.004 Council of Licensed Midwifery.—

(3) The council **shall**:

- (a) Assist and advise the department in developing rules relating to: training requirements, including core competencies, for persons training to become licensed midwives; the licensure examination; fees; the informed consent form; responsibilities of midwives; emergency care plans; records and reports to be filed by licensed midwives; and other regulatory requirements developed by the department.
- (b) Assist the department in developing rules to implement s. 467.205, relating to approval of midwifery training programs.
- (c) Monitor and inform the department on the practice of midwifery in other states and countries by persons who are not nurses.
- (d) Educate the public and other providers of obstetrical care about the role of licensed midwives.
- (e) Collect and review data regarding licensed midwifery.
- (f) Recommend changes in the Midwifery Practice Act to the department and the Legislature.
- (g) Address concerns and problems of practicing licensed midwives in order to promote improved safety in the practice of midwifery.

## CHAPTER 64B24-1 ORGANIZATION

- 64B24-1.001 Purpose (Repealed)
- 64B24-1.002 General Description of Agency Organization and Operations (Repealed)
- 64B24-1.003 Council's Official Headquarters (Repealed)
- 64B24-1.004 Meetings, Quorum, and Absences
- 64B24-1.005 Annual Reports

### **64B24-1.001 Purpose.**

*Rulemaking Authority 456.004(5) FS. Law Implemented 467.002 FS. History—New 1-26-94, Formerly 61E8-1.001, 59DD-1.001, Repealed 3-26-12.*

### **64B24-1.002 General Description of Agency Organization and Operations.**

*Rulemaking Authority 456.004(5) FS. Law Implemented 467.003(3), (4), 467.004 FS. History—New 1-26-94, Formerly 61E8-1.002, 59DD-1.002, Repealed 2-24-08.*

### **64B24-1.003 Council's Official Headquarters.**

*Rulemaking Authority 467.005 FS. Law Implemented 467.004 FS. History—New 1-26-94, Formerly 61E8-1.003, 59DD-1.003, Repealed 3-26-12.*

### **64B24-1.004 Terms, Meetings, Quorum, and Absences.**

(1) Council members are appointed for staggered terms of four years and each may be reappointed for one additional consecutive term. The Surgeon General shall determine the date of the appointment for purposes of staggering the terms.

(1) The council shall hold such meetings during the year as it may deem necessary, one of which shall be the annual meeting at which the chairperson and vice-chairperson shall be elected. The department, the chairperson or a quorum of the council shall have the authority to call other meetings.

(2) Fifty-one percent (51%) or more of the appointed members of the council shall constitute a quorum necessary to transact business.

~~(3) Three consecutive unexcused absences, or absences constituting 50 percent or more of the council's meetings within any 12-month period shall cause the council membership of the member in question to become void, and the position shall be considered vacant pursuant to Section 456.011(3), Florida Statutes. For the purposes of this rule, an absence shall be deemed unexcused if the council member's has not received approval of the Chair or the Chair's designee prior to missing the meeting. Arriving late for a Board meeting or leaving early from a Board meeting without prior approval of the Chair or the Chair's designee shall be considered an unexcused absence is caused by a health problem or condition verified in writing by a physician, or by an accident or similar unforeseeable tragedy or event, and the council member submits to the Executive Director a statement in writing attesting to the event and its circumstances prior to the next council meeting.~~

*Rulemaking Authority 467.005 FS. Law Implemented 456.011(3), 467.004 FS. History—New 1-26-94, Formerly 61E8-1.004, 59DD-1.004, Amended 11-21-02.*

### **64B24-1.005 Annual Reports**

(1)The council shall prepare an annual report by April 30 for the preceding calendar year which shall contain information including, but not limited to:

- (a) Major activities
- (b) Rule recommendations
- (c) Council meetings
- (d) Educational efforts and activities
- (e) Status of midwifery practice in other states

(f) Safety recommendations

(g) Collection and review of data, including elements contained in the annual midwife report

*Rulemaking Authority 467.005 FS. Law Implemented 456.019, 467.004 FS. History—New ##-##-##*

**CHAPTER 64B24-2  
REQUIREMENTS FOR LICENSURE**

64B24-2.001	Licensure to Practice Midwifery
64B24-2.002	Examination
64B24-2.003	Licensure by Examination
64B24-2.004	Licensure by Endorsement

**64B24-2.001 Licensure to Practice Midwifery.**

(1) Persons desiring to be licensed as a midwife shall make application to the department, and remit all applicable fees as required by Chapter 64B24-3, F.A.C. The application shall be made on incorporated by reference Form DH MQA 1051, (3/10) Application for Midwifery Licensure, which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256 or at <http://www.doh.state.fl.us/mqa/midwifery>. ~~If incomplete, the applications and fees shall expire 1 year from the date on which the application is initially received by the department. After a period of 1 year a new application with required fees must be submitted.~~

(2) The department shall license only those applicants who have completed the application form, remitted the appropriate fees required by Rule Chapter 64B24-3, F.A.C., and who demonstrate to the department that they:

(a) Are 21 years of age or older;

(b) Meet the requirements for licensure by exam pursuant to Rule 64B24-2.003, F.A.C., or licensure by endorsement pursuant to Rule 64B24-2.004, F.A.C.;

(c) Have completed a one hour educational course on HIV/AIDS that meets the substantive specifications set forth in Section 381.0034, F.S., as it pertains to the practice of midwifery; and

(d) Have completed a two hour course relating to the prevention of medical errors; and

(3) ~~Have successfully completed an approved 4-month prelicensure course, if required. Applications to the Department shall be accepted from persons desiring to be licensed as a midwife by endorsement and needing to establish educational eligibility for acceptance into the required 4-month prelicensure course. The application shall be made on Form DH MQA 1113, 8/07, Application For 4-Month Pre-Licensure Course, incorporated herein by reference, which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256. Unless the Department has reason to believe that mistaken or fraudulent documentation was relied upon or unless requested by an applicant, the educational eligibility determination for purposes of the 4-month prelicensure course also shall be used to determine educational eligibility for purposes of the subsequent licensure by endorsement application.~~

(4) When the department is satisfied that all requirements are met in full, a license to practice midwifery will be issued to the applicant. The license will remain valid for the remainder of the biennium in which it is issued, unless suspended or revoked by the department.

*Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 381.0034, 456.013, 467.011, 467.0125 FS. History—New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, 12-26-06, 2-7-08, 5-17-09, 8-10-10.*

**64B24-2.002 Examination.**

The department hereby designates the North American Registry of Midwives' (NARM) written examination dated after October 1, 1993, as the midwifery licensure examination. Any person desiring to be licensed as a midwife shall apply to the NARM to take the licensure examination.

*Specific Authority 456.004, 467.005, 456.017 FS. Law Implemented 467.011, 456.017 FS. History—New 1-26-94, Formerly 61E8-2.002, Amended 9-3-95, Formerly 59DD-2.002, Amended 9-26-02.*

#### **64B24-2.003 Licensure by Examination.**

Persons desiring to obtain licensure as a midwife by examination shall make application to the department pursuant to ~~Rule 64B24-2.001, F.A.C., on Form DH-MQA 1051, (###/##) Application for Midwifery Licensure, incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=Ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256~~ and shall evidence compliance of licensure requirements by submitting the following:

(1) An official transcript from an approved midwifery training program specifically setting forth all courses successfully completed, the date of the applicant's graduation and the degree, certificate, or diploma awarded;

(2) A written plan for the management of emergencies which meets the requirements of Section 467.017(1), F.S., and submitted on Form DH-MQA 1077 (10/05), Emergency ~~Back-Up~~ Care Plan for Licensed Midwifery Patients, incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=Ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-2356; and

(3) Documentation of a passing score on the licensure examination ~~designated in Rule 64B24-2.002, F.A.C. Such documentation which shall be sent directly from the NARM.~~

*Specific Authority 456.004(5), 467.005 FS. Law Implemented 456.017, 467.011, 467.017 FS. History—New 1-26-94, Formerly 61E8-2.003, 59DD-2.003, Amended 10-24-02, 2-2-06.*

#### **64B24-2.004 Licensure by Endorsement.**

(1) Persons desiring to obtain licensure as a midwife by endorsement shall make application to the department on Form DH-MQA 1051, (3/10) Application for Midwifery Licensure, incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=Ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256

~~(1)(a) Foreign trained applicants for licensure by endorsement shall make application to the department pursuant to Rule 64B24-2.001, F.A.C., and shall in addition submit to the department:~~

1. A valid certificate or diploma from either a foreign institution of medicine or a foreign school of midwifery;
2. A certified translation of the certificate or diploma earned from a foreign institution of medicine or foreign school of midwifery;
3. The document which renders the foreign trained applicant eligible to practice medicine or midwifery in the country in which that document was issued;
4. A certified translation of the certificate, diploma or license which renders the foreign trained applicant eligible to practice medicine or midwifery in the country from which the diploma or certificate was awarded;
5. Clarification of the existence of any deviation as to how the applicant's name appears on the face of documents in support of this application;
6. Evidence of successful completion of the 4 month prelicensure course pursuant to Rule 64B24-4.010, F.A.C.;
7. Evidence of a passing score on the licensure examination; and
8. A written plan for the management of emergencies which meets the requirements described in Section 467.017, F.S.
9. Documentation of successful completion of an approved 4-month prelicensure course.

(b) In determining whether the requirements to hold a certificate or diploma from a foreign institution of medicine or a foreign school of midwifery are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:

1. The applicant has a high school diploma, or its equivalent, and passed the College-Level Academic Skills Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College-Level Examination Program (CLEP) test in communication and computation.

2. The completed midwifery or medical program equivalent to a three year program, offered the equivalent to 90 credit hours, and included minimum required exposure to course work and practicum areas as demonstrated by use of the Form DH-MQA 1111, 8/07, EVALUATION TOOL – ~~Four Month Pre-Licensure Course~~ Foreign-Trained Midwife Applicant for Licensure By Endorsement, incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256.

3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved foreign education credentialing agency meeting the following criteria:

a. Has a comprehensive, standardized orientation and training program for all reviewers who must be experienced and knowledgeable in the area of midwifery education.

b. Has an audit and quality assurance or review committee to monitor the evaluation process.

c. Employs full time staff support including an international expert in education credential equivalency and analysis.

d. Has an updated, current, and comprehensive resource document library available for reference.

e. Consults with a Florida licensed midwife approved by the Department to review the professional education component of the review.

f. Uses original documentation for the institution with institutional seals and signatures.

(2)(a) Persons trained in another state for licensure by endorsement shall make application to the department pursuant to Rule 64B24-2.001, F.A.C., and shall in addition submit to the department:

1. Evidence of successful completion of the 4 month prelicensure course pursuant to Rule 64B24-4.010, F.A.C.;

2. Evidence of a passing score on the licensure examination; and

3. A written plan for the management of emergencies which meets the requirements described in Section 467.017, F.S.

(b) In determining whether the requirements to hold a certificate or license to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the applicant shall submit:

1. A current valid unrestricted certificate or license to practice midwifery in another state;

2. A certificate or diploma awarded by a midwifery program which was approved by the certifying body of the state in which it was located, or an authenticated copy of that certificate or diploma;

3. A copy of the other state's laws and rules under which the applicant's certificate or license was issued; and

4. Official transcripts from the midwifery program which document classroom instruction and clinical training equivalent to the requirements in Rules 64B24-4.004 through 64B24-4.007, F.A.C.

(c) In determining whether the requirements to practice midwifery in another state are substantially equivalent to the requirements established under Chapter 467, F.S., and these rules, the department shall consider whether:

1. The applicant has a high school diploma, or its equivalent, and passed the College Level Academic Scholastic Test (CLAST), or has taken and received a passing grade in three college level credits each of Math and English, or can demonstrate competencies in communication and computation by passing the College Level Equivalent Proficiency (CLEP) test in communication and computation.

2. The completed midwifery or medical program equivalent to a three year program, offered the equivalent to 90 credit hours, and included minimum required exposure to course work and practicum areas as demonstrated by use of the Form DH-MQA 1112, 8/07, EVALUATION TOOL – ~~Four Month Pre-Licensure Course~~ Out-of-State Midwife Applicant for Licensure By Endorsement, incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256.

3. The applicant has received a determination of substantial equivalency through the use of this evaluation tool by an approved education credentialing agency meeting the following criteria:



- a. Has a comprehensive, standardized orientation and training program for all reviewers who must be experienced and knowledgeable in the area of midwifery education.
- b. Has an audit and quality assurance or review committee to monitor the evaluation process.
- c. Employs full time staff support including an international expert in education credential equivalency and analysis.
- d. Has an updated, current, and comprehensive resource document library available for reference.
- e. Consults with a Florida licensed midwife approved by the department to review the professional education component of the review.
- f. Uses original documentation for the institution with institutional seals and signatures.

(3)(a) The department shall issue a temporary certificate to practice midwifery in areas of critical need to any applicant who is qualifying for licensure by endorsement pursuant to subsection 64B24-2.004(1) or (2), F.A.C. The applicant shall submit to the department:

1. A completed application and the temporary certificate fee required pursuant to Rule 64B24-3.004, F.A.C.;
2. Documentation as required by paragraph (1)(a) or (2)(a) of this rule which will evidence the active pursuit of licensure through endorsement;
3. Documentation of the area of critical need pursuant to Section 467.0125(2)(a), F.S.; and
4. Name of the individual who will serve as the midwife's supervisor. This individual shall be a physician currently licensed pursuant to Chapter 458 or Chapter 459, F.S., a certified nurse midwife licensed pursuant to Chapter 464, F.S., or a midwife licensed pursuant to Chapter 467, F.S., who has a minimum of 3 years of professional experience.

(b) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years. A temporary certificate is not renewable, nor shall a person be granted a temporary certificate more than once.

(c) To ascertain that the minimum requirements of the midwifery rules are being met, temporary certificate holders shall submit by December 1 each year Form DH-MQA 1052, Temporary Certificate Annual Report of Midwifery Practice, incorporated herein by reference and revised 8/01, available at <https://flrules.com/gateway/reference.asp?No=ref#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or and which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C026, Tallahassee, Florida 32399-3256.

*Rulemaking Authority 467.005 FS. Law Implemented 467.0125 FS. History--New 1-26-94, Formerly 61E8-2.004, 59DD-2.004, Amended 10-24-02, 2-7-08, 4-22-09.*

**CHAPTER 64B24-3  
FEES**

- 64B24-3.001 Collection and Payment of Fees (Repealed)
- 64B24-3.002 Application Fees
- ~~64B24-3.003 Examination Fee~~
- ~~64B24-3.004 Endorsement Fee~~
- ~~64B24-3.005 Initial License Fee~~
- ~~64B24-3.006 Temporary Certificate Fee~~
- ~~64B24-3.007 Active Biennial Renewal Fee~~
- ~~64B24-3.008 Delinquent Fee~~
- ~~64B24-3.009 Reactivation Fee~~
- 64B24-3.010 Inactive Status Fee (Repealed)
- ~~64B24-3.011 Duplicate License Fee~~
- 64B24-3.012 Certification of Public Record Fee (Repealed)
- ~~64B24-3.013 Continuing Education Provider Application Fee~~
- ~~64B24-3.014 Unlicensed Activity Fee~~
- ~~64B24-3.015 Change of Status Fee~~
- ~~64B24-3.016 Inactive Renewal Fee~~
- ~~64B24-3.017 Retired Status Fee~~
- 64B24-3.018 One Time Fee Assessment (Repealed)

**64B24-3.001 Collection and Payment of Fees.**

*Rulemaking Authority 467.005 FS. Law Implemented 467.0135(1) FS. History--New 1-26-94, Formerly 61E8-3.001, Amended 8-15-95, Formerly 59DD-3.001, Repealed 2-24-08.*

**64B24-3.002 Application Fees.**

- (1) The application fee shall be \$200.
- (2) The 4-month prelicensure course application fee shall be \$100.
- (3) The examination fee shall be \$500 which shall be refunded if the applicant is ineligible to sit for the examination.
- (4) The endorsement fee shall be \$250.
- (5) The intitial licensure fee shall be \$500, whether by examination or endorsement.
- (6) The temporary certificate fee shall be \$50 in addition to the fee required for licensure.
- (7) The active biennial renewal fee shall be \$500.
- (8) The delinquent fee shall be \$75.
- (9) The reactivation fee shall be \$500.
- (10) The duplicate license fee shall be \$25.
- (11) The continuing education provider application fee shall be \$250.
- (12) The unlicensed activity fee shall be \$5 pursuant to the provision of Section 456.065(3), Florida Statutes.

*Rulemaking Authority 467.005, 467.0135 FS. Law Implemented 456.036(4), 467.0135(4) FS. History--New 1-26-94, Formerly 61E8-3.002, Amended 8-15-95, Formerly 59DD-3.002, Amended 12-23-97, 11-9-05, 5-4-06, 11-8-07.*

**64B24-3.003 Examination Fee.**

~~The examination fee shall be \$500. This fee shall be refunded if the applicant is ineligible to sit for the examination.~~

*Rulemaking Authority 467.005 FS. Law Implemented 467.0135(1) FS. History--New 1-26-94, Formerly 61E8-3.003, Amended 8-15-95, 8-20-97, Formerly 59DD-3.003.*

**64B24-3.004 Endorsement Fee.**

The endorsement fee shall be \$250.

*Rulemaking Authority 467.005, 467.0135 FS. Law Implemented 467.0135(6) FS. History–New 1-26-94, Formerly 61E8-3.004, Amended 8-15-95, Formerly 59DD-3.004, Amended 12-23-97, 11-10-99, 5-2-10.*

**64B24-3.005 Initial License Fee.**

The initial license fee whether by examination or endorsement shall be \$500.

*Rulemaking Authority 467.005 FS. Law Implemented 467.0135(2) FS. History–New 1-26-94, Formerly 61E8-3.005, Amended 8-15-95, Formerly 59DD-3.005, Amended 11-10-99.*

**64B24-3.006 Temporary Certificate Fee.**

The temporary certificate fee shall be \$50 and shall be in addition to the fee required for licensure.

*Rulemaking Authority 467.005 FS. Law Implemented 467.0125(2)(f) FS. History–New 1-26-94, Formerly 61E8-3.006, Amended 8-15-95, Formerly 59DD-3.006.*

**64B24-3.007 Active Biennial Renewal Fee.**

The active biennial renewal fee shall be \$500.

*Rulemaking Authority 467.005, 467.0135 FS. Law Implemented 467.0135(3) FS. History–New 1-26-94, Formerly 61E8-3.007, Amended 8-15-95, Formerly 59DD-3.007, Amended 12-23-97, 11-10-99.*

**64B24-3.008 Delinquent Fee.**

The delinquent fee shall be \$75.

*Rulemaking Authority 456.036 FS. Law Implemented 456.036 FS. History–New 1-26-94, Formerly 61E8-3.008, Amended 8-15-95, Formerly 59DD-3.008.*

**64B24-3.009 Reactivation Fee.**

The reactivation fee shall be \$500.

*Rulemaking Authority 467.005, 467.0135(3) FS. Law Implemented 467.0135 FS. History–New 1-26-94, Formerly 61E8-3.009, Amended 8-15-95, Formerly 59DD-3.009, Amended 12-23-97.*

**64B24-3.010 Inactive Status Fee.**

*Rulemaking Authority 456.036(3) FS. Law Implemented 456.036 FS. History–New 1-26-94, Formerly 61E8-3.010, Amended 8-15-95, Formerly 59DD-3.010, Amended 12-23-97, Repealed 10-24-07.*

**64B24-3.011 Duplicate License Fee.**

The duplicate license fee shall be \$25.

*Rulemaking Authority 456.025, 467.005 FS. Law Implemented 456.025(10) FS. History–New 1-26-94, Formerly 61E8-3.011, Amended 8-15-95, Formerly 59DD-3.011.*

**64B24-3.012 Certification of Public Record Fee.**

*Rulemaking Authority 456.004(5) FS. Law Implemented 456.025(8) FS. History–New 1-26-94, Formerly 61E8-3.012, Amended 8-15-95, Formerly 59DD-3.012, Repealed 2-24-08.*

**~~64B24-3.013 Continuing Education Provider Application Fee.~~**

~~The provider application fee shall be \$250.~~

*Rulemaking Authority 456.004(5) FS. Law Implemented 456.025(4) FS. History—New 8-15-95, Formerly 59DD-3.013.*

**~~64B24-3.014 Unlicensed Activity Fee.~~**

~~Pursuant to the provision of Section 456.065(3), Florida Statutes, a special fee of \$5 shall be imposed upon any initial license or certificate issued by the agency, as well as upon any renewal of said license or certificate, and shall fund efforts to combat unlicensed activity.~~

*Rulemaking Authority 456.065(3) FS. Law Implemented 456.065(3) FS. History—New 8-15-95, Formerly 59DD-3.014.*

**CHAPTER 64B24-4  
TRAINING PROGRAMS**

64B24-4.001	Definitions
64B24-4.002	Approval of Training Program
<del>64B24-4.003</del>	<del>Acceptance into Training Program</del>
64B24-4.005	Faculty
64B24-4.006	Curriculum Guidelines and Educational Objectives
64B24-4.007	Clinical Training
64B24-4.008	Administrative Procedures
64B24-4.010	Four-month Pre-licensure Course

**64B24-4.001 Definitions.**

- (1) "Department" means the Department of Health.
- (2) "Clinical expertise" means demonstrated proficiency in a specialized area of direct patient care.
- (3) "Clinical learning experience" means faculty planned and supervised instruction of students during which students function in a midwifery capacity with patients.
- (4) "Credit hour" means one hour of credit representing 15 hours of classroom teaching or 30 hours of clinical learned experience.
- (5) "Facility" means any establishment or institution in which students in an approved program obtain clinical learning or observational experiences.
- (6) "Faculty" means the teaching staff in an educational institution who are qualified by education and experience in the areas which they teach.
- (7) "Observational experience" means learning experience planned and directed by program faculty during which students do not function in a midwife capacity.
- (8) "Supervision" means the physical presence within the patient care unit of a preceptor as defined in Section 467.003(12), F.S., or faculty member, who assumes clinical responsibility for the practice of the student midwife being supervised, and who provides direction and consultation for the actions of such student midwife in the preceptor's or faculty member's area of clinical expertise.
- (9) "Three year training program" means not less than 90 credit hours.
- (10) "Two year reduced training program" means not less than 60 credit hours.
- (11) "Four month pre-licensure course" means not less than 15 credit hours which meets the requirements of subsection 64B24-4.010(4), F.A.C.
- (12) "Approved program" means a midwifery school or a midwifery training program which is approved by the department pursuant to Section 467.205, F.S.
- (13) "Preceptor" shall mean a teacher or instructor, qualified by education and experience in the areas which they supervise students, who provides direct supervision of the student midwife.
- (14) "Direct supervision" requires that a preceptor be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.

*Rulemaking Authority 467.205(2) FS. Law Implemented 467.205 FS. History--New 1-26-94, Formerly 61E8-4.001, Amended 7-25-96, Formerly 59DD-4.001, Amended 10-11-04.*

**64B24-4.002 Approval of Training Program.**

- (1) Provisional approval for a term not to exceed 2 years shall be granted by the department to an organization to initiate a midwifery training program when it has presented documentation satisfactory to the department that it meets the following criteria:
  - (a) The ~~training~~ program shall be conducted in either an accredited public institution, or in a non-public institution licensed by the ~~State Board of Independent Postsecondary Vocational, Technical, Trade and Business Schools Commission for Independent Education, its predecessors or successors, and~~ which is actively seeking accreditation by ~~a member of the Council on Postsecondary Accreditation~~ an accrediting agency recognized and

approved by the United States Department of Education, CHEA or MEAC. All training programs shall include both classroom instruction and clinical training;

(b) Meets the requirements for faculty, curriculum, clinical training and administration as set forth in these rules. The time required to complete the training program shall be pursuant to Section 467.009(2), F.S.;

(c) Faculty pursuant to Rule 64B24-4.005, F.A.C.;

(d) Curriculum Guidelines and Educational Objectives pursuant to Rule 64B24-4.006, F.A.C.;

(e) Clinical Training pursuant to Rule 64B24-4.007, F.A.C.; and

(f) Administrative Procedures pursuant to Rule 64B24-4.008, F.A.C.

(2) Training programs which have been granted provisional approval may be granted full approval upon demonstration to the department they are in compliance with established standards of the department, and at least 80 percent of the midwifery students in the first graduating class qualified for licensure achieved a passing grade on the North American Registry of Midwives' (NARM) written examination.

(3) A training program may be placed on probationary status when if at any time the department determines that the program falls below established standards, or fewer than 80 percent of the midwifery students graduates qualify for licensure in the most recent graduating class achieved a passing grade on the north American Registry of Midwives' (NARM) written examination. Probationary status shall be on an individual basis for a specified period of time not to exceed 12 months.

(4) The department shall rescind approval of any training program which fails to meet standards established in Chapter 467, F.S., or these rules by this chapter, or fails to make satisfactory progress for corrections of deficiencies within the probationary time period designated by the department.

~~(5) Any training program having its approval rescinded shall have the right to reapply.~~

~~(56) The department shall, at least once every three (3) years, audit the program to certify the approval status of all training programs to determine if the program is in compliance with Chapter 467, F.S. or these rules established standards.~~

*Rulemaking Authority 456.004(5), 467.205(2) FS. Law Implemented 467.205 FS. History—New 1-26-94, Formerly 61E8-4.002, 59DD-4.002, Amended 10-11-04.*

#### **~~64B24-4.003 Acceptance into Training Program.~~**

~~To be accepted into a department approved midwifery training program, the program shall evidence that the applicant has:~~

~~(1) A high school diploma, or its equivalent; and~~

~~(2) Passed the College Level Academic Scholastic Test (CLAST), or has taken and received a passing grade in three college level credits each of math and English, or can demonstrate competencies in communication and computation by passing the College Level Equivalent Proficiency (CLEP) test in communication and computation.~~

*Rulemaking Authority 456.004(5), 467.205(2) FS. Law Implemented 467.009(3), 467.205 FS. History—New 1-26-94, Formerly 61E8-4.003, 59DD-4.003.*

#### **64B24-4.005 Faculty.**

(1) At a minimum, the faculty of each approved midwifery training program shall be comprised of a licensed midwife who is actively teaching, and either a certified nurse midwife, or a board certified physician licensed under Chapter 458 or 459, F.S., who has actively practiced obstetrics within the last 4 years.

~~(2) It shall be the responsibility of the school of midwifery to furnish current faculty information to the department upon request.~~

*Rulemaking Authority 456.004(5), 467.205(2) FS. Law Implemented 467.205 FS. History—New 1-26-94, Formerly 61E8-4.005, 59DD-4.005.*

#### **64B24-4.006 Curriculum Guidelines and Educational Objectives.**

(1) ~~In order to ensure the preparation of midwives capable of competent practice, the curriculum shall be an organized pattern of classroom instruction and clinical training which is consistent with principles of learning and educational practices, and which reflects the stated philosophy and objectives of the training program.~~

(2) Standards for midwifery programs shall ~~encompass classroom instruction and clinical training in all aspects of antepartal, intrapartal, postpartal, and neonatal care pursuant to Section 467.009(1), F.S., and shall include:~~

(a) The core competencies established by the American College of Nurse Midwives and the Midwives Alliance of North America incorporated herein by reference ~~and effective 1-26-94 (###/##), available at <https://flrules.com/gateway/reference.asp?No=Ref-#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or and can be obtained upon request from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256; and~~

(b) A component on the law and rules which govern the practice of midwifery in Florida.

(3) The administration and faculty of the training program shall formulate and adopt educational objectives that ensure curriculum guideline requirements will be met. ~~Such objectives shall be based on a clearly stated philosophy that is in keeping with currently accepted midwifery standards, and which is consistent with the philosophy of the institution of which the training program is a part.~~

(4) Training program objectives shall identify competencies expected of graduates from the program. ~~Such objectives shall and serve as the basis of program development. Course objectives shall state expected behavioral outcomes of the student, serve as the basis for course development and student evaluation, and evidence direct relationship to training program objectives.~~

(5) All training program objectives shall be reviewed annually by the administration, faculty and students and revised if necessary.

*Rulemaking Authority 467.005, 467.205(2) FS. Law Implemented 467.009, 467.205 FS. History—New 1-26-94, Formerly 61E8-4.006, 59DD-4.006, Amended 9-10-02, 10-11-04.*

#### **64B24-4.007 Clinical Training.**

(1) Clinical learning experiences shall be planned and assigned to be sequential to, or simultaneous with classroom instruction.

(2) Clinical learning experiences ~~based on program objectives~~ shall include a variety of clinical settings and facilities within the State of Florida such as homes, birth centers, clinics, offices and hospitals.

(3) Clinical experiences shall be conducted under the direct supervision of a preceptor. No preceptor shall be assigned more than two students during any clinical experience.

~~(34) It shall be the responsibility of the midwifery training program to obtain and maintain current contractual agreements with each facility utilized for clinical training to insure provision of the appropriate clinical experience necessary to fulfill the requirements of this chapter.~~

~~(4) The faculty shall select clinical learning experiences and provide the student midwife with a variety of preceptor role models who shall be physically present at every birth and who shall supervise students at all times when the student is performing in a midwifery capacity with patients. No preceptor shall be assigned more than two students during any clinical experience.~~

(5) The student midwife, ~~during training~~, shall undertake, under the supervision of a preceptor, the care of 50 women in each of the antepartal, intrapartal and postpartal periods, but the same women need not be seen through all 3 periods. The intrapartum period includes labor, birth, and the immediate postpartum. No more than five percent (5%) of the required intrapartal managements shall include transfers in active labor.

(6) ~~During training under the supervision of a preceptor, the student midwife shall undertake the neonatal examination of 50 newborns.~~

(7) The student midwife shall observe an additional 25 women in the intrapartal period.

(8) Each student midwife shall have a designated program faculty member available for periodic consultation during preceptorship.

*Rulemaking Authority 467.005, 467.205(2) FS. Law Implemented 467.205 FS. History—New 1-26-94, Formerly 61E8-4.007,*

59DD-4.007, Amended 9-10-02, 10-11-04.

**64B24-4.008 Administrative Procedures.**

(1) The midwifery school shall specify the lines of authority in the organizational structure governing the program, define its placement within the institution where the training program is conducted, and demonstrate:

- (a) Duties and responsibilities of the director of the program;
- (b) Admission, promotion, and retention policies and procedures for students;
- (c) Fiscal accountability for the effective operation of the training program;
- (d) Provisions for classroom space, laboratories, equipment, library, office space for instructors and administrators;
- (e) Library holdings which shall consist of current professional journals and other appropriate holdings as determined by the midwifery school;
- (f) Education materials which shall include a variety of current teaching aids for both group and self instructional use; and

(g) An organized system of record making and record keeping which includes, but is not limited to, pertinent information on students, faculty, preceptors, and facilities relative to classroom instruction and clinical training.

(2) Upon request of a student or a graduate, the ~~institution or the midwifery training~~ program shall furnish a copy of the student's final record to the agency Department within 60 days following the successful completion of the program.

*Rulemaking Authority 456.004(5), 467.205(2) FS. Law Implemented 467.205 FS. History—New 1-26-94, Formerly 61E8-4.008, 59DD-4.008.*

**64B24-4.010 Four-month Pre-licensure Course.**

(1) The four (4) month pre-licensure course shall be approved by the department and shall include, at a minimum:

(a) Content review and demonstration of proficiency in the core competencies established by the American College of Nurse Midwives and the Midwives Alliance of North America;

(b) A Florida Laws and Rules Component;

(c) Provisions for five (5) supervised labor and deliveries and ten (10) supervised prenatal visits by each course participant.

~~(2) Applicants who are applying for licensure as a midwife through endorsement pursuant to Rule 64B24-2.004, F.A.C., shall successfully complete a four (4) month pre-licensure course conducted within an approved midwifery training program pursuant to Rule 64B24-4.002, F.A.C.~~

~~(23) Upon completion, the applicant shall provide evidence to the department having completed a four (4) month pre-licensure course which shall include the following:~~

~~(a) An official transcript sent directly from the institution, or midwifery training approved program where the course was taken which shall include course titles, grades received, dates of attendance and dates the applicant attended the program, date of completion.~~

~~(b) An original letter on letterhead stationery from the director of the training program which states that the applicant successfully completed the pre-licensure course.~~

~~(34) To be admitted to the 4-month pre-licensure course, a person shall meet admission requirements as established by the approved training program and requirements pursuant to Rule 64B24-4.003, F.A.C.~~

*Rulemaking Authority 456.004(5) FS. Law Implemented 467.0125 FS. History—New 1-26-94, Formerly 61E8-4.010, 59DD-4.010, Amended 10-11-04.*



**CHAPTER 64B24-5**  
**RENEWAL, INACTIVE STATUS, REACTIVATION**

- 64B24-5.001 Renewal of Midwifery License (Repealed)
- 64B24-5.003 Reactivation of Inactive License
- 64B24-5.004 Retired Status License

**64B24-5.001 Renewal of Midwifery License.**

*Rulemaking Authority 456.004(5) FS. Law Implemented 456.004(1), 467.013(3) FS. History—New 1-26-94, Formerly 61E8-5.001, 59DD-5.001, Amended 10-16-02, Repealed 3-26-12.*

**64B24-5.003 Reactivation of Inactive License.**

(1) Any person desiring to reactivate an inactive license shall contact the department in writing to request such from the department.

(2) The department shall reactivate the license of applicants who pay the active status renewal fee, the reactivation fee, the change of status fee, and if applicable, the delinquency fee, ~~as required by Chapter 64B24-3, F.A.C.~~ and who have met the continuing education requirements ~~established in Rule 64B24-6.002, F.A.C.~~

*Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 456.004(1), 467.013 FS. History—New 1-26-94, Formerly 61E8-5.003, 59DD-5.003, Amended 9-26-02.*

**64B24-5.004 Retired Status License.**

(1) A licensee may place an active or inactive license in retired status at any time. If the license is placed in retired status at the time of renewal, the licensee shall pay the retired status fee ~~provided in Rule Chapter 64B24-3, F.A.C.~~ If the license is placed in retired status at any time other than at the time of license renewal, the licensee shall also pay the change of status processing fee ~~as required by Chapter 64B24-3, F.A.C.~~

(2) A licensee may reactivate a retired status license by:

(a) Paying the renewal fee for an active status license for each biennial licensure period in which the licensee was in retired status and the reactivation fee ~~as established in Rule Chapter 64B24-3, F.A.C.~~;

(b) Demonstrating satisfaction of the continuing education requirements ~~established in Rule 64B24-6.001, F.A.C.~~ for each licensure biennial period in which the licensee was in retired status.

(3) For a license in retired status over five years, the licensee also must:

(a) Successfully complete the four-month pre-licensure course required of endorsement applicants ~~by Rule 64B24-4.010, F.A.C.~~; and

(b) Submit a written plan for the management of emergencies ~~as provided in Rule 64B24-2.003, F.A.C.~~

*Rulemaking Authority 456.036(15), 467.005 FS. Law Implemented 456.036(2), (4), (8), (12) FS. History—New 5-4-06, Amended 9-28-06.*

**CHAPTER 64B24-6  
CONTINUING EDUCATION**

64B24-6.001	Continuing Education for Biennial Renewal
64B24-6.002	Continuing Education Requirements for Reactivation
64B24-6.003	Documentation of Continuing Education Hours (Repealed)
64B24-6.004	Continuing Education Providers
64B24-6.005	Criteria for Continuing Education Programs
64B24-6.006	Performance of Pro Bono Services

**64B24-6.001 Continuing Education for Biennial Renewal.**

(1) Each midwife licensed pursuant to Chapter 467, F.S., shall complete 20 clock hours of department approved, clinically related continuing education during the biennium preceding renewal. A clock hour is defined as not less than 50 minutes.

(2) A licensee shall not be required to complete continuing education hours, if the initial license is issued in the second year of the biennium.

(3) The following courses are part of each licensee's continuing education requirements:

- (a) One hour in HIV/AIDS every biennium;
- (b) Two hours in domestic violence during every third biennium;
- (c) One hour in the laws and rules governing the Midwifery Practice Act every biennium; and
- (d) Two hours in medical error prevention every biennium.

*Rulemaking Authority 456.004(1), 456.031, 467.005 FS. Law Implemented 381.0034, 456.013, 456.031, 467.012(2) FS. History—New 1-26-94, Formerly 61E8-6.001, Amended 6-20-96, Formerly 59DD-6.001, Amended 9-10-02, 12-26-06.*

**64B24-6.002 Continuing Education Requirements for Reactivation.**

(1) Each midwife licensed pursuant to Chapter 467, F.S., whose license has been on inactive status for more than 1 year shall be required to complete continuing education hours as a condition for reactivating the inactive license.

(2) The licensee shall submit to the department evidence of participation in 10 clock hours of department approved, clinically related continuing education for each year the licensee's license remained inactive. This requirement is in addition to submitting evidence of the continuing education required for the previous biennium in which the licensee held an active license.

*Rulemaking Authority 467.005 FS. Law Implemented 467.013 FS. History—New 1-26-94, Formerly 61E8-6.002, 59DD-6.002, Amended 9-10-02.*

**64B24-6.003 Documentation of Continuing Education Hours.**

*Rulemaking Authority 456.004(5), 467.005, 467.012 FS. Law Implemented 467.012 FS. History—New 1-26-94, Formerly 61E8-6.003, 59DD-6.003, Repealed 3-2-14.*

**64B24-6.004 Continuing Education Providers.**

(1) Any institution, organization, agency or individual seeking approved provider status for the purpose of conducting continuing education programs for licensed midwives shall apply to the department, by completing Form DH-MQA 1055, Application for Continuing Education Provider, incorporated herein by reference and revised 8/01, (###/##), available at <https://flrules.com/gateway/reference.asp?No=Ref-#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which may be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256; and remitting the provider application fee required by Rule Chapter 64B24-3, F.A.C.

(2) The department shall issue a provider number to all approved providers pursuant to Rule 64B24-6.005,

~~F.A.C.~~ The provider number shall appear on all documents relating to each continuing education program conducted by the provider.

(3) Approved provider status shall be effective for the biennium in which such status was granted by the department. Provider status may be ~~renewed upon meeting requirements of Rule 64B24-6.005, F.A.C., completing the form provided by the department, and remitting the renewal fee pursuant to Rule 64B24-3.001, F.A.C.~~

(4) Approved providers shall maintain records of each program offering for 4 years following each licensure biennium during which the program was offered. Program records shall be limited to the following items:

- (a) A program outline which reflects its educational objectives;
- (b) The instructor's name;
- (c) The date and location of the program;
- (d) Participants' evaluations of the program;
- (e) The number of clock hours of credit awarded to each participant; and
- (f) A roster of participants by name and licensure number.

(5) The approved provider shall certify the participation of any midwife who completes the program by providing the midwife with a certificate or comparable documentation verifying that the midwife completed the program. The verification shall contain:

- (a) The provider's name and provider number;
- (b) The title of the program;
- (c) The name of the instructor;
- (d) The date and location of the program; and
- (e) The number of hours of continuing education earned.

(6) Presenters of programs may receive the same amount of credit, on a one time basis, as program participants. The presenters must have developed the program, been in attendance for the entire program and received documentation of completion from the approved provider. A maximum of 3 hours of continuing education credit per biennium may be received for presenting programs.

(7) The department retains the right and authority to audit or monitor programs and review records and program materials given by any provider approved pursuant to this section. The department may rescind provider status or reject individual programs given by a provider if they do not have clinical relevance to the practice of midwifery, or if any false or misleading information has been disseminated in connection with the continuing education program, or if the provider has failed to conform to and abide by the conditions outlined in the application and rules of the department.

*Rulemaking Authority 467.005 FS. Law Implemented 467.012 FS. History—New 1-26-94, Formerly 61E8-6.004, 59DD-6.004, Amended 9-10-02.*

#### **64B24-6.005 Criteria for Continuing Education Programs.**

(1) Any institution, organization, agency or individual approved by the department to provide continuing education programs to midwives for the purpose of licensure renewal shall demonstrate such programs comply with the following criteria:

- (a) Programs shall have clinical relevance to the practice of midwifery;
- (b) Programs shall be at least 1 clock-hour in duration;
- (c) Programs shall have an organized structure with objectives and expected outcomes; and
- (d) Presenters, instructors and facilitators of programs shall be recognized professionals such as physicians, nurses, certified nurse midwives, psychologists, or licensed midwives.

(2) The following programs which meet the requirements of subsection (1) of this rule are approved for renewal of license;

(a) Programs sponsored by the American College of Nurse Midwives or the Midwives Alliance of North America;

(b) Programs offered by a midwifery training program approved by the agency ~~pursuant to Rules 64B24-4.002 and 64B24-4.006, F.A.C.;~~

- (c) Programs sponsored by the Public Health Service;
- (d) Programs sponsored by the American Red Cross;
- (e) American Medical Association (AMA) or American Osteopathic Association (AOA) Category I programs;
- (f) Programs sponsored by the American Psychological Association (APA);
- (g) Programs sponsored by the American Heart Association;
- (h) Programs sponsored by the American Cancer Society; and
- (i) Programs sponsored by the National Safety Council.

(j) Courses that have been pre-approved by the Florida Board of Nursing, Florida Board of Medicine, Florida Board of Osteopathic Medicine, Florida Board of Pharmacy, Florida Board of Psychology, Florida Board of Massage Therapy; Florida Board of Acupuncture, the Dietetic and Nutrition Practice Council of Florida, and the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling as it pertains to the practice of midwifery.

(k) A Florida licensed midwife who resides in another state may obtain the continuing education units required for license renewal from programs approved by the state agencies which regulate licensure of health care professionals in that state providing such programs have clinical relevance to the practice of midwifery and meet the requirements of this section.

(l) ~~Videocassette~~ Courses contained on electronic media up to a maximum of five (5) hours per subject which meet the criteria pursuant to this section.

(m) Programs not specifically approved above shall be considered by the department on an individual basis upon written request and sufficient documentation to verify that the program meets the continuing education program requirements pursuant to Rule 64B24-6.005, F.A.C.

(3) To receive approval by the department, courses on domestic violence must be a minimum of 1 hour long, cover the substantive areas set forth in Section 456.031, F.S., as it pertains to the practice of midwifery, and must be approved by a state or federal government agency or professional association within the United States or offered by an approved continuing education provider. Home study courses which meet these requirements will be accepted.

*Rulemaking Authority 467.005, 467.012 FS. Law Implemented 456.013, 456.031, 467.012 FS. History—New 1-26-94, Formerly 61E8-6.005, Amended 3-20-96, Formerly 59DD-6.005, Amended 9-10-02, 4-1-09.*

#### **64B24-6.006 Performance of Pro Bono Services.**

(1) Up to 5 hours, per biennium, of continuing education credit may be fulfilled by the performance of pro bono services to the indigent or to under served populations or in areas of critical need within the state pursuant to Section 456.013(8), F.S. The standard for determining indigence shall be that recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services.

(2) In order to receive credit under this rule, licensees must notify the department and receive approval in advance of providing the services. Credit shall be given on an hour per hour basis. In the formal request to the department, licensees shall disclose the following:

- (a) The type, nature and extent of services to be rendered;
- (b) The location where the services will be rendered;
- (c) The number of patients expected to be served; and
- (d) A statement indicating that the patients to be served are indigent.

If licensees intend to provide services in under-served or critical-need areas, the request for approval shall provide a brief explanation as to those facts.

*Rulemaking Authority 456.025(4) FS. Law Implemented 456.013(8) FS. History—New 1-26-94, Formerly 61E8-6.006, 59DD-6.006.*

**CHAPTER 64B24-7  
MIDWIFERY PRACTICE**

64B24-7.001	Definitions
64B24-7.003	Acceptance of Patients (Repealed)
64B24-7.004	Risk Assessment
64B24-7.005	Informed Consent
64B24-7.006	Preparation for Home Delivery
64B24-7.007	Responsibilities of Midwives During the Antepartum Period
64B24-7.008	Responsibilities of Midwives During Intrapartum
64B24-7.009	Responsibilities of the Midwife During Postpartum
64B24-7.010	Collaborative Management
64B24-7.011	Administration of Medicinal Drugs
64B24-7.013	Requirement for Insurance
64B24-7.014	<u>Patient Records and Reports</u>
64B24-7.015	Advertising
64B24-7.016	Sexual Misconduct (Repealed)
64B24-7.018	Address of Record

**64B24-7.001 Definitions.**

As used in this rule chapter, the term:

- (1) "Consultation" means communication between a licensed midwife and a health care provider for the purpose of assessing a potential or actual problem relevant to the patient.
- (2) "Referral" means a request made by a licensed midwife to a physician, or ARNP for an assessment of a patient to determine management for or a resolution to a problem relating to the health of the patient.
- (3) "Transfer" means a formal dissolution of care to the patient by a licensed midwife which results in such care being assumed by another health care provider.

*Specific Authority 467.005 FS. Law Implemented 467.005 FS. History—New 7-14-94, Formerly 61E8-7.001, 59DD-7.001, Amended 9-11-02.*

**64B24-7.003 Acceptance of Patients.**

*Specific Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.003, 59DD-7.003, Repealed 2-6-08.*

**64B24-7.004 Risk Assessment.**

(1) For each patient, the licensed midwife shall assess risk status criteria for acceptance and continuation of care. The general health status and risk assessment shall be determined by the licensed midwife by obtaining a detailed medical history, performing a physical examination, and taking into account family circumstances along with social and psychological factors. The licensed midwife shall risk screen potential patients using the criteria in this section. If the risk factor score reaches 3 points the midwife shall consult with a physician who has obstetrical hospital privileges and if there is a joint determination that the patient can be expected to have a normal pregnancy, labor and delivery the midwife may provide services to the patient. When a client has a risk score of 3 or higher and has previously had a physician consultation for the identical risk factors in a prior pregnancy with no current changes in health or risk factors another consultation is not required.

(2) The licensed midwife shall continue to evaluate a patient during the antepartum, intrapartum and postpartum. If the cumulative risk score reaches three points or higher and the patient is not expected to have a normal pregnancy, labor and delivery, the midwife shall transfer such patient out of his or her care. The midwife may provide collaborative care to the patient pursuant to Rule 64B24-7.010, F.A.C.

	Score
(3) The risk factors shall be scored as follows:	
(a) Socio-Demographic Factors.	
1. Chronological age under 16, or older than 40.	1
2. Residence of anticipated birth more than 30 minutes from emergency care.	3
(b) Documented Problems in Maternal Medical History.	
1. Cardiovascular System	
a. Chronic hypertension.	3
b. Heart disease.	3
c. Heart disease assessed by a cardiologist which places the mother or fetus at no risk.	1
d. Pulmonary embolus.	3
e. Congenital heart defects.	3
(i) Congenital heart defects assessed by a cardiologist which places the mother or fetus at no risk.	1
2. Urinary System	
a. Renal disease.	3
b. History of pyelonephritis.	1
3. Psycho-Neurological	
a. History of psychotic episode adjudged by psychiatric evaluation and which required use of drugs related to its management, but not currently on medication.	1
b. Current mental health problems requiring drug therapy.	3
c. Epilepsy or seizures in the last two years.	3
d. Required use of anticonvulsant drugs.	3
e. During the current pregnancy, drug or alcohol addiction, use of addicting drugs.	3
f. Severe undiagnosed headache.	3
4. Endocrine System	
a. Diabetes mellitus.	3
b. History of gestational diabetes.	1
c. Current thyroid disease.	
(i) Euthyroid.	1
(ii) Non-Euthyroid	3
5. Respiratory System	
a. Chronic bronchitis.	1
(i) Current or chronic or with medication.	3
(ii) Without medication or current problems.	1
b. Smoking.	
(i) 10 or less cigarettes per day.	1
(ii) More than 10 cigarettes per day.	3
6. Other Systems	
a. Bleeding disorder or hemolytic disease.	3
b. Cancer of the breast in the past five years.	3
7. Documented Problems in Obstetrical History	
a. Expected Date of Delivery (EDD) less than 12 months from date of previous delivery.	1
b. Previous Rh sensitization.	3
c. 5 or more term pregnancies.	3
d. Previous abortions.	
(i) 3 or more consecutive spontaneous abortions.	3
(ii) Two consecutive spontaneous abortions or more than three spontaneous abortions.	1
(iii) 1 septic abortion.	3
e. Uterus.	

(i) Incompetent cervix, with related medical treatment.	3
(ii) Prior uterine surgery	3
(iii) Prior uterine surgery followed by an uncomplicated vaginal birth.	2
f. Previous placenta abruptio.	3
g. Previous placenta previa.	1
h. Severe pregnancy induced hypertension during last pregnancy.	2
i. Postpartum hemorrhage apparently unrelated to management.	3
<b>8. Physical Findings of Previous Births</b>	
a. Stillbirth occurring at more than 20 weeks gestation or neonatal loss (other than cord accident).	3
b. Birthweight.	
(i) Less than 2500 grams or two or more previous premature labors without a subsequent low risk pregnancy and full term appropriate for gestational age (AGA) infant.	3
(ii) Less than 2500 grams or two or more previous premature labors with one or more full term AGA infant(s) subsequently delivered, after a low risk pregnancy.	1
(iii) More than 4000 grams.	1
c. Major congenital malformations, genetic, or metabolic disorder.	3
<b>9. Maternal Physical Findings</b>	
a. Gestation.	
(i) Of more than 22 weeks in the patient's first pregnancy (nullipara), unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed physician, advanced registered nurse practitioner, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care.	3
(ii) Of more than 28 weeks if the patient has had at least one previous viable birth (multipara), unless the patient provides a copy of a medical record documenting a prenatal physical examination and prenatal care by a licensed physician, advanced registered nurse practitioner, or licensed midwife trained in obstetrics and gynecology who regularly provides maternity care.	3
b. Prepregnant weight is not within the range of the following weights by height:	2

Height in Inches Without Shoes	Prepregnant Minimum Weight in Pounds	Prepregnant Maximum Weight in Pounds
56	83	143
57	85	146
58	86	150
59	89	153
60	92	157
61	95	161
62	97	166
63	100	170
64	103	175
65	106	180
66	110	185
67	113	190
68	117	196
69	121	202
70	124	208
71	128	212
72	131	217
73	135	222

c. Evidence of clinically diagnosed pathological uterine myoma or malformations, abdominal or adnexal masses.	3
d. Polyhydramnios or oligohydramnios.	
(i) Prior pregnancy.	2
(ii) Current pregnancy.	3
e. Cardiac diastolic murmur, systolic murmur grade III or above, or cardiac enlargement.	3
10. Current Laboratory Findings	
a. Hematocrit/Hemoglobin.	
(i) Less than 31% or 10.3 gm/100 ml.	1
(ii) Less than 28% or 9.3 gm/100 ml.	3
b. Sickle cell anemia.	3
c. Pap smear suggestive of dysplasia.	3
d. Evidence of active tuberculosis.	3
e. Positive serologic test for syphilis confirmed active.	3
f. HIV positive.	3

*Rulemaking Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.004, 59DD-7.004, Amended 9-11-02, 2-2-06, 4-1-09.*

**64B24-7.005 Informed Consent.**

(1) A licensed midwife shall obtain a patient’s consent for the provision of midwifery services. Such consent shall be recorded on the Informed Consent for Licensed Midwifery Services, Form DH-MQA 1047, ~~revised 3/01 (###/###)~~, which is hereby adopted and incorporated by reference, available at <https://flrules.com/gateway/reference.asp?No=Ref-#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which and can be obtained from the Council of Licensed Midwifery, 4052 Bald Cypress Way, BIN #C06, Tallahassee, Florida 32399-3256.

~~(2) To complete the consent form, the licensed midwife shall inform the patient of:~~

- ~~(a) The licensee’s qualifications to perform the services rendered.~~
- ~~(b) The nature and risks of the procedures to be used.~~
- ~~(c) The advantages of the procedures to be used.~~
- ~~(d) Professional liability insurance status.~~

~~(3) A signed copy of the consent form shall be placed in the patient’s record.~~

*Specific Authority 467.005 FS. Law Implemented 467.014, 467.015(1)(a), 467.016 FS. History—New 7-14-94, Formerly 61E8-7.005, 59DD-7.005, Amended 5-31-01, 9-11-02.*

**64B24-7.006 Preparation for Home Delivery.**

(1) For home births, the licensed midwife shall:

- (a) Encourage each patient to have medical care available by a health care practitioner experienced in obstetrics throughout the prenatal, intrapartal and postpartal periods, and
- (b) Make a home visit by 36 weeks of pregnancy. The licensed midwife shall ensure that the setting in which the infant is to be delivered is safe, clean and conducive to the establishment and maintenance of health.

(2) The midwife shall prepare or cause to be prepared the following facilities to be used for delivery:

- (a) The area used for labor shall be cleaned, well lighted, well ventilated and close to the toilet.
- (b) The delivery area should be large enough to allow ample work space and provide privacy.
- (c) The delivery area must be organized, well lighted, clean, free from drafts and insects, near handwashing facilities and clear of unnecessary furnishings.
- (d) A safe, clean sleeping arrangement for the infant.

(3) The midwife shall instruct the expectant parents and ensure that appropriate supplies are on hand for use by



the mother and infant at the time of delivery and early postpartum.

(4) The midwife shall have the following equipment and supplies clean and ready for use at delivery:

- (a) Sterile obstetrical pack.
- (b) Bulb syringe.
- (c) Oxygen.
- (d) Eye prophylaxis pursuant to Section 383.04, F.S.

*Specific Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.006, 59DD-7.006, Amended 9-11-02.*

**64B24-7.007 Responsibilities of Midwives During the Antepartum Period.**

(1) The licensed midwife shall:

(a) Require each patient to have a complete history and physical examination which includes:

1. Pap smear.
2. Serological screen for syphilis.
3. Gonorrhea and chlamydia screening.
4. Blood group including Rh factor and antibody screen.
5. Complete blood count (CBC).
6. Rubella titer.
7. Urinalysis with culture.
8. Sickle cell screening for at risk population.
9. Screen for hepatitis B surface antigen (HBsAG).
10. Screen for HIV/AIDS.

(b) Conduct the Healthy Start Prenatal Screen interview or assure that each patient has been previously screened.

(c) Provide counseling and offer screening related to the following:

1. Neural tube defects.
2. Group B Streptococcus.
3. CVS or genetic amniocentesis for women 35 years of age or older at the time of delivery.
4. Nutritional counseling.
5. Childbirth preparation.
6. Risk Factors.
7. Common discomforts of pregnancy.
8. Danger signs of pregnancy.

(d) Follow-up screening:

1. Hematocrit or hemoglobin levels at 28 and 36 weeks gestation.
2. Diabetic screening between 24 and 28 weeks gestation.

3. Antibody screen for Rh negative mothers, at 28 weeks gestation. Counsel and encourage RhoGAM prophylaxis. In those clients declining RhoGAM prophylaxis repeat antibody screen at 36 weeks.

(e) Require prenatal visits every four weeks until 28 weeks gestation, every two weeks from 28 to 36 weeks gestation and weekly from 36 weeks until delivery.

(2) The following procedures and examinations shall be completed and recorded at each prenatal visit:

- (a) Weight.
- (b) Blood pressure.
- (c) Urine dip stick for protein and glucose each visit with leukocytes, ketones, and nitrites as indicated.
- (d) Fundal height measurements.
- (e) Fetal heart tones and rate.
- (f) Assessment of edema and patellar reflexes, when indicated.
- (g) Indication of weeks' gestation and size correlation.

- (h) Determination of fetal presentation after 28 weeks of gestation.
  - (i) Nutritional assessment.
  - (j) Assessment of subjective symptoms of PIH, UTI and preterm labor.
- (3) An assessment of the Expected Date of Delivery (EDD) and gestational age shall be done by 20 weeks, if practical, according to:
- (a) Last normal menstrual period.
  - (b) Reference to the statement of uterine size recorded during the initial exam.
  - (c) Hearing fetal heart tones at eleven weeks with a Doppler unit, if one is available, and patient gives consent.
  - (d) Recording of quickening date.
  - (e) Recording weeks of gestation by dates and measuring in centimeters the height of the uterine fundus.
  - (f) Hearing the fetal heart tones at twenty weeks with a fetoscope.
- (4) If a reliable EDD cannot be established by the above criteria, then the licensed midwife shall encourage the patient to have an ultrasound for EDD.
- (5) The midwife shall refer a patient for consultation to a physician with hospital obstetrical privileges if any of the following conditions occur during the pregnancy:
- (a) Hematocrit of less than 33% at 37th week gestation or hemoglobin less than 11 gms/100 ml.
  - (b) Unexplained vaginal bleeding.
  - (c) Abnormal weight change defined as less than 12 or more than 50 pounds at term.
  - (d) Non-vertex presentation persisting past 37th week of gestation.
  - (e) Gestational age between 41 and 42 weeks.
  - (f) Genital herpes confirmed clinically or by culture at term.
  - (g) Documented asthma attack.
  - (h) Hyperemesis not responsive to supportive care.
  - (i) Any other severe obstetrical, medical or surgical problem.
- (6) The midwife shall transfer a patient if any of the following conditions occur during the pregnancy:
- (a) Genetic or congenital abnormalities or fetal chromosomal disorder.
  - (b) Multiple gestation.
  - (c) Pre-eclampsia.
  - (d) Intrauterine growth retardation.
  - (e) Thrombophlebitis.
  - (f) Pyelonephritis.
  - (g) Gestational diabetes confirmed by abnormal glucose tolerance test.
  - (h) Laboratory evidence of Rh sensitization.
- (7) If the conditions listed pursuant to this section are resolved satisfactorily and the physician and midwife deem that the patient is expected to have a normal pregnancy, labor and delivery, then the care of the patient shall continue with the licensed midwife.

*Specific Authority 456.004(5), 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.007, 59DD-7.007, Amended 9-11-02, 7-21-03, 9-18-06.*

**64B24-7.008 Responsibilities of Midwives During Intrapartum.**

- (1) Upon initial assessment, the midwife shall:
  - (a) Determine onset of labor.
  - (b) Review patient's prenatal records.
  - (c) Assess condition of the mother and fetus.
  - (d) Assess delivery environment.
  - (e) Perform sterile vaginal examinations to initially assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes.
- (2) Throughout active labor the midwife shall:

- (a) Maintain a safe and hygienic environment.
- (b) Provide nourishment, rest and support as indicated by patient's condition.
- (c) Monitor, assess and record the status of labor and the maternal and fetal condition.
- (d) Measure the blood pressure every hour unless significant changes or symptoms require more frequent assessments.
- (e) Take the patient's pulse every 2 hours while membranes are intact and temperature is normal, then every hour after rupture of membranes.

(f) Take the temperature every 4 hours, or more frequently if maternal condition warrants, and every hour if elevated to 100° F or above.

(g) Estimate fluid intake and urinary output at least every 2 hours.

(h) Assess for hydration and edema.

(3) The midwife shall assess and record the status of labor as follows:

(a) Measure the frequency, duration and intensity of the contractions every half hour and more frequently if indicated.

(b) Observe and record vaginal discharge.

(c) Monitor fetal heart tones during and following contractions to assess fetal condition according to the following schedule after admission to care for labor:

1. Every hour during the latent phase.

2. Every 30 minutes during the active phase of the first stage.

3. Every 15 minutes during transition.

4. Every five minutes during the second stage.

5. Immediately after the appearance of amniotic fluid in the vaginal discharge.

(d) Palpate the abdomen for the position and level of the presenting part.

(e) Perform sterile vaginal examinations to assess cervical dilation and effacement, presentation, position and station of the fetus, and the status of the membranes.

(4) Risk factors shall be assessed throughout labor to determine the need for physician consultation or emergency transport. The midwife shall consult, refer or transfer to a physician with hospital obstetrical privileges if the following occur during labor, delivery or immediately thereafter:

(a) Premature labor, meaning labor occurring at less than 37 weeks of gestation.

(b) Premature rupture of membranes, meaning rupture occurring more than 12 hours before onset of regular active labor.

(c) Non-vertex presentation.

(d) Evidence of fetal distress.

(e) Abnormal heart tones.

(f) Moderate or severe meconium staining.

(g) Estimated fetal weight less than 2500 grams or greater than 4000 grams.

(h) Pregnancy induced hypertension which is defined as 140/90, or an increase of 30 mm hg systolic or 15 mm hg diastolic above baseline.

(i) Failure to progress in active labor:

1. First stage: lack of steady progress in dilation and descent after 24 hours in primipara and 18 hours in multipara.

2. Second stage: more than 2 hours without progress in descent.

3. Third stage: more than 1 hour.

(j) Severe vulvar varicosities.

(k) Marked edema of cervix.

(l) Active bleeding.

(m) Prolapse of the cord.

(n) Active infectious process.

- (o) Other medical or surgical problems.
- (5) The midwife shall not perform any operative procedure other than:
  - (a) Artificial rupture of the membranes when the fetal head is engaged and well applied to the cervix in active labor and four or more centimeters dilated.
  - (b) Clamping and cutting the umbilical cord.
  - (c) Episiotomy when indicated.
  - (d) Suture to repair first and second degree lacerations.
  - (6) The midwife shall not attempt to correct fetal presentations by external or internal version.
  - (7) The midwife shall use only prescription drugs pursuant to Rule 64B24-7.011, F.A.C.
  - (8) The midwife shall not use artificial, forcible or mechanical means to assist the birth.

*Specific Authority 467.005 FS. Law Implemented 467.015 FS. History—New 7-14-94, Formerly 61E8-7.008, 59DD-7.008, Amended 9-11-02, 7-21-03.*

**64B24-7.009 Responsibilities of the Midwife During Postpartum.**

- (1) Care of the newborn shall include:
  - (a) Clearing the airway of mucus.
  - (b) Clamping and cutting the umbilical cord.
  - (c) Obtaining a cord blood sample for laboratory testing for type, Rh Factor, and direct Coombs test when the mother is Rh negative.
  - (d) Assessing the newborn's condition according to Apgar scoring at one (1) minute and five (5) minutes and record the results of each assessment.
  - (e) Weighing the infant.
  - (f) Instilling prophylaxis into each eye or retain the written objection pursuant to Section 383.04 and 383.06, F.S.
  - (g) Administering vitamin K prophylaxis.
  - (h) Examining the newborn and reporting any abnormalities or problems to the physician including low Apgar score.
  - (i) Providing for infant bonding with parent.
- (2) The midwife shall consult, refer or transfer the infant to a physician if any of the following conditions occur:
  - (a) Apgar score less than 7 at 5 minutes.
  - (b) Signs of pre- or post-maturity.
  - (c) Weight: if less than 2500 grams.
  - (d) Jaundice.
  - (e) Persistent hypothermia, meaning a body temperature of less than 97° F rectal after 2 hours of life.
  - (f) Respiratory problem.
  - (g) Exaggerated tremors.
  - (h) Major congenital anomaly.
  - (i) Any condition requiring more than 4 hours of postdelivery observation.
- (3) Care of the mother shall include:
  - (a) Observation for signs of hemorrhage.
  - (b) Inspection of the expelled placenta to insure that it is intact and free from defects or abnormalities.
  - (c) Palpation of the fundus to insure that it is firm.
  - (d) The midwife shall instruct the mother in self care and care of the infant including feeding and cord care.
- (4) The midwife must remain with the mother and infant for at least 2 hours postpartum, or until both the mother's and infant's conditions are stable, whichever is longer. Maternal stability is evidenced by normal blood pressure, pulse, respirations, bladder functioning, fundus firm and lochia normal. Infant stability is evidenced by established respirations, normal temperature, and strong sucking.
- (5) If any complications arise, such as a retained placenta or postpartum hemorrhage, the midwife shall consult

with a physician, or transport the patient for emergency medical care dependent upon the urgency of the situation.

(6) A follow-up visit shall be made between 24 and 48 hours following delivery, unless conditions warrant an earlier visit. The midwife may arrange for such a visit to be made by a physician, certified nurse midwife, registered nurse, or another licensed midwife. The patient shall be instructed to have a postpartum examination within 6 to 8 weeks after delivery or sooner if any abnormalities exist or problems arise.

(7) If the mother is Rh negative, the midwife shall obtain the laboratory tests results of the cord blood studies, and if the infant is Rh positive, assure and document that the mother receives Rho immune globulin within 72 hours of the delivery.

(8) The midwife shall instruct the parents regarding the requirement for the infant screening blood test for metabolic disorders. If arrangements for this screening have not been made, the midwife shall notify the county health unit or retain the written objection pursuant to Section 383.14, F.S.

(9) The midwife shall conduct the Healthy Start Postnatal Screening for the infant or assure that it will be done.

(10) Within 5 days following each birth, form DH 511, Certificate of Live Birth, available from the local county health department, must be completed and submitted to the local registrar of vital statistics.

(a) For births occurring in a hospital, birth center or other health care facility, or en route thereto, the person in charge of the facility is responsible for the preparation and filing of the certificate, and for certifying the facts of the birth therein. Within 48 hours of the birth, the midwife shall provide the facility with the medical information required for the birth certificate.

(b) For births occurring outside a facility wherein a licensed midwife is in attendance during or immediately after the delivery, the midwife shall prepare and file the certificate.

*Specific Authority 467.005 FS. Law Implemented 382.013, 467.015 FS. History—New 7-14-94, Formerly 61E8-7.009, Amended 3-20-96, Formerly 59DD-7.009, Amended 9-11-02.*

#### **64B24-7.010 Collaborative Management.**

(1) A midwife may provide collaborative prenatal and postpartal care to women not expected to have a normal pregnancy, labor and delivery with a physician who holds hospital obstetrical privileges maintaining supervision for directing the specific course of medical treatment.

(2) Prior to engaging in collaborative management, the licensed midwife shall:

(a) Provide and document to the department that the midwife successfully completed a course on collaborative management within an approved training program.

(b) Enter into a written protocol with a physician licensed under Chapter 458 or 459, F.S., who is actively practicing obstetrics and has hospital obstetrical privileges. The protocol shall be made on the Collaborative Management Agreement form which is incorporated by reference herein, ~~effective 7-14-94 (##/##)~~, available at <https://flrules.com/gateway/reference.asp?No=Ref-#####> or [www.doh.state.fl.us/mqa/midwifery](http://www.doh.state.fl.us/mqa/midwifery) or which and can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256 and shall at a minimum contain:

1. Name, address and telephone number of patient.

2. Name, address and telephone number of midwife.

3. Name, address and telephone number of physician who will maintain supervision for directing the specific plan of medical treatment as outlined in the protocol.

4. Identification of factors.

5. Rationale of the deviation from the low-risk criteria.

6. Specific course of management and expected outcome.

7. Criteria for the discontinuance of the collaborative agreement.

(c) The protocol shall be signed and dated by the patient, licensed midwife and physician. A copy of the collaborative agreement shall be placed and maintained in the patient's record.

(d) The midwife shall provide the physician with a complete copy of all patient records pertaining to this pregnancy.

(3) A licensed midwife practicing within a health care facility or under the supervision of a physician group shall establish a written collaborative management protocol prior to providing prenatal and postnatal care to women not expected to have a normal pregnancy, labor, or delivery. The written protocol shall:

- (a) Be maintained on the premises of the health care facility,
- (b) Be updated at least annually,
- (c) Be readily accessible to the midwife and physician,
- (d) Include a plan for access to complete obstetrical services, and
- (e) Be acceptable in lieu of a patient's specific collaborative management agreement.

*Specific Authority 467.005 FS. Law Implemented 467.015(2) FS. History--New 7-14-94, Formerly 61E8-7.010, 59DD-7.010, Amended 9-11-02.*

#### **64B24-7.011 Administration of Medicinal Drugs.**

(1) A midwife licensed prior to October 1, 1992, may administer certain medicinal drugs during intraparturial, postparturial and neonatal care, if prior to administering such drugs, the licensee has successfully completed a course in the practice of administering medicinal drugs within an approved training program.

(2) A midwife may administer only those drugs which have been prescribed by a physician licensed under Chapter 458 or 459, F.S., pursuant to Chapter 499, F.S., and dispensed at a pharmacy permitted by Chapter 465, F.S., and by a pharmacist licensed pursuant to Chapter 465, F.S.

(3) The midwife may administer the following:

- (a) Postpartum oxytocics.
- (b) Prophylactic ophthalmic medication.
- (c) Oxygen.
- (d) Vitamin K.
- (e) RhO Immune Globulin.
- (f) Local anesthetic.
- (g) Other medications as prescribed by the physician.

(4) After administering any medicinal drug, the midwife shall document in the medical record of the patient the type of drug(s) administered, name of drug, dosage, method of administration, injection site, or topical, the date and time, and the drug's effect.

*Specific Authority 467.005 FS. Law Implemented 467.006(2), 467.015(3) FS. History--New 7-14-94, Formerly 61E8-7.011, 59DD-7.011, Amended 9-11-02.*

#### **64B24-7.013 Requirement for Insurance.**

(1) ~~The midwife shall include the amount of malpractice or liability insurance, if any, in the informed consent plan presented to the parents. Except as provided herein, applicants for licensure, applicants for licensure reactivation, and applicants for licensure renewal shall at the time of application submit proof of professional liability insurance coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under Section 624.09, F.S., from a surplus lines insurer as defined under Section 626.914, F.S., from a risk retention group as defined under Section 627.942, F.S., from the Joint Underwriting Association established under Section 627.351(4), F.S., or through a plan of self insurance as provided in Section 627.357, F.S.~~

(2) ~~A licensed midwife who practices exclusively as an officer, employee, or agent of the Federal Government or the state or its agencies or subdivisions shall submit proof to the department that coverage equivalent to or exceeding this section is maintained by her employer on her behalf. For purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self insurance or insurance program authorized by the provisions of Section 768.28(15), F.S., or who is a volunteer under Section 110.501(1),~~

F.S.

~~(3) A licensed midwife who practices only in conjunction with teaching duties at an approved midwifery school shall submit proof to the department that coverage equivalent to or exceeding this section is maintained by her employer on her behalf. A licensed midwife may engage in the practice of midwifery only to the extent that such practice is incidental to and a necessary part of duties in conjunction with the teaching position in the school unless the midwife provides proof of coverage as provided by subsection (1) or (2).~~

~~(4) A licensed midwife who does not practice midwifery in this state shall submit written proof to the department that the licensed midwife does not practice midwifery and shall be required to submit proof of professional liability coverage as required by this section to the department at least 15 days prior to practicing midwifery in this state.~~

*Specific Authority 409.908(12), 467.005 FS. Law Implemented 409.908(12), 467.014 FS. History—New 7-14-94, Formerly 59DD-7.013, 61E8-7.013, Amended 5-4-98, 4-26-99, 9-11-02.*

**64B24-7.014 Patient Records and Reports.**

(1) The midwife shall keep a record of each patient served. Such record shall contain:

(a) Name, address and telephone number of patient.

(b) The informed consent form and all documentation of all care given during the prenatal, intrapartum and postpartum period relevant to midwifery services.

(c) The emergency care plan.

(d) Documentation of all consultations, referrals, transport, transfer of care and emergency care rendered, and all subsequent updates.

(e) A copy of form DH511, Certificate of Live Birth, submitted to the registrar of vital statistics pursuant to Section 467.019(1), F.S.

(2) The patient's records shall be kept on file for a minimum of 5 years from date of last entry in records.

(3) Patient records are confidential and may not be released unless authorized by the patient in writing. This confidentiality prohibits review of the records by a licensed midwife other than the midwife of record or by other health care providers unless they are actually involved in care or treatment of the patient. Maintenance of patient records by a deceased licensed midwife's estate, authorized agent of the estate or by a successor-owner midwife of a practice does not authorize review of patient records. However, limited review for the purpose of obtaining a patient's name, address and last date of treatment in order to comply with this rule is permitted.

(4) Within 90 days of a midwife's death, the midwife's estate or agent shall place all patient records of the deceased midwife in the care of another Florida licensed midwife who shall notify each patient of the death, the transfer of records, and advise patients that they may obtain copies of their medical records and specify the name, address and telephone number of the person from whom copies of records may be obtained.

(a) The patient records of the deceased midwife shall be maintained and made available to patients for a period of 5 years.

~~(b) Within 90 days of a midwife's death the midwife's estate or agent shall cause a notice to be published in the newspaper of greatest general circulation in the county where the midwife practiced which advises patients of the licensed midwife's death. The notice shall advise patients that they may obtain copies of their medical records and specify the name, address and telephone number of the person from whom the copies of records may be obtained. The notice shall appear at least once a week for four consecutive weeks.~~

~~(c) The subsequent Florida licensed midwife shall cause to be published a similar notice whenever the patient records of the deceased midwife are subsequently transferred to another Florida licensed midwife if such transfer is within 5 years of the midwife's death.~~

~~(d) During the five year retention period required by this rule each Florida licensed midwife who is in possession of the deceased midwife's patient records shall insure that the original patient records, or in cases where the patient has requested that the records be released or transferred, copies thereof remain in their possession.~~

(5) Medical records of a licensed midwife who is terminating or relocating their private practice shall be

retained by the licensed midwife or their authorized agent, which may be a successor-owner midwife, and made available to patients for 5 years from the date of the last entry in the records.

(6) ~~Within one month of a licensed midwife's termination of practice or relocation of practice outside the local telephone directory service area of their current practice, a notice shall be published in the newspaper of greatest general circulation in the county where the midwife practiced which advises patients of the midwife's termination of practice or relocation. The notice~~ the midwife shall advise patients in writing that they may obtain copies of their medical records and specify the name, address and telephone number of the person from whom copies of records may be obtained shall be specified. The notice shall appear at least once a week for 4 consecutive weeks.

(7) Records shall be made available at a location within the county where the midwife practices or practiced and shall be made available at reasonable times.

(8) When a licensed midwife has been employed by a practice or facility such as a birth center and the laws and rules of that practice/facility maintain that the patients' records belong to the facility, the licensed midwife shall be allowed to review on the premises of the practice/facility the patients records as needed for statistical information pursuant to Sections 467.004(3)(e) and 456.071, F.S., or, the facility may provide the required information in writing to the licensed midwife at reasonable and customary cost to the midwife pursuant to Section 119.08, F.S.

(9) Each licensed midwife who assists or supervises a student midwife in assisting in childbirth that occurs in an out-of-hospital setting shall annually report to the Department no later than March 30 for the prior calendar year.

(10) The report shall be on Form DH-MQA #####, (##/##), incorporated herein by reference, available at <https://flrules.com/gateway/reference.asp?No=Ref#####>, or <http://www.doh.state.fl.us/mqa/midwifery>, or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256 and must contain, at a minimum, the following:

- (a) The midwife's name and license number.
- (b) The calendar year being reported.
- (c) The total number of patients served by the midwife, or student midwife supervised by the midwife.
- (d) The number, by county, of live births attended by the midwife as primary caregiver.
- (e) The number, by county, of cases of fetal demise, infant deaths and maternal deaths attended as primary caregiver at the discovery of the demise or death and a brief description of the complications resulting in the morbidity or mortality of a mother or a neonate.
- (f) The number of women whose primary care was transferred to another health care practitioner during the antepartum period, and the reason for each transfer.
- (g) The number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period
- (h) The number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period.
- (i) The number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period.
- (j) The number of planned out-of-hospital births and the number of births completed in an out-of-hospital setting.
- (k) The number of planned out-of-hospital births completed in an out-of-hospital setting that resulted in twins, multiple births other than twins, or breech births.

(11) The Department shall send a notice of noncompliance to each licensee who fails to meet the reporting requirement.

*Specific Authority 467.005 FS. Law Implemented 467.019 FS. History--New 7-14-94, Formerly 61E8-7.014, Amended 3-20-96, Formerly 59DD-7.014, Amended 9-11-02.*



**64B24-7.015 Advertising.**

(1) The department permits advertising by licensed midwives regarding the practice of licensed midwifery in accordance with the council's rules so long as such information is in no way fraudulent, false, deceptive or misleading.

(2) No licensed midwife shall disseminate or cause the dissemination of any advertisement or advertising which is in any way false, deceptive, or misleading. Any advertisement or advertising shall be deemed by the department to be false, deceptive, or misleading if it:

(a) Contains a misrepresentation of facts; or

(b) Makes only a partial disclosure of relevant facts; or

(c) Creates false or unjustified expectations of beneficial assistance; or

(d) Appeals primarily to a layperson's fears, ignorance, or anxieties; or

(e) Contains any representation or claims as to which the licensed midwife referred to in the advertising does not expect to perform; or

(f) Contains any representation, statement, or claim which misleads or deceives; or

(g) Could lead a reasonable prudent person to believe that the licensed midwife is licensed to practice medicine when not so licensed in the state of Florida.

(3) As used in the rules of this council, the terms "advertisement" and "advertising" shall mean any statements, oral or written, disseminated to or before the public or any portion thereof, with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services.

*Specific Authority 467.005, 467.203(1)(e) FS. Law Implemented 467.203(1)(e) FS. History—New 3-20-96, Formerly 59DD-7.015.*

**64B24-7.016 Sexual Misconduct.**

*Specific Authority 467.005, 467.203(1)(f) FS. Law Implemented 467.203(1)(f) FS. History—New 3-20-96, Formerly 59DD-7.016, Repealed 2-18-08.*

**64B24-7.018 Address of Record.**

Each licensed midwife shall provide Council staff with either written or electronic notification of one current mailing address. The current mailing address and place of practice is defined as an address acceptable to the United States postal service where the licensed midwife shall be served with notices pertaining to licensure.

*Specific Authority 456.035, 467.005 FS. Law Implemented 456.035 FS. History—New 3-17-09.*

**CHAPTER 64B24-8  
DISCIPLINE**

- 64B24-8.001 Investigation of Complaints (Repealed)
- 64B24-8.002 Disciplinary Action and Guidelines
- 64B24-8.003 Citations
- 64B24-8.004 Mediation

**64B24-8.001 Investigation of Complaints.**

*Rulemaking Authority 456.004(5) FS. Law Implemented 467.203 FS. History—New 7-14-94, Formerly 61E8-8.001, 59DD-8.001, Repealed 1-31-08.*

**64B24-8.002 Disciplinary Action and Guidelines.**

(1) Purpose. Pursuant to Sections 456.079 and 467.203, F.S., the department provides for disciplinary guidelines in this rule which shall be imposed upon applicants or licensees whom it regulates under Chapter 467, F.S. The purpose of this rule is to notify applicants and licensees of the ranges of penalties which will routinely be imposed unless the department finds it necessary to deviate from the guidelines for the stated reasons given in this rule. The ranges of penalties are based upon a single count violation of each provision listed. Multiple counts of the violated provisions or a combination of the violations may result in a higher penalty than that for a single, isolated violation. Each range includes the lowest and highest penalty and all penalties falling between, including appropriate probation, supervision, and continuing education. For applicants, all offenses listed in the Disciplinary Guidelines are sufficient for refusal to certify an application for licensure.

(2) Violations and Range of Penalties. In imposing discipline upon applicants and licensees the department shall act in accordance with guidelines and shall impose a penalty within a range corresponding to the violations set forth in the Midwifery Disciplinary Guidelines, which are incorporated herein by reference and available at <https://firules.com/gateway/reference.asp?No=Ref-#####>, or which can be obtained from the Council of Licensed Midwifery, Department of Health, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256.

(4) (3) The department shall take into consideration the following factors in determining the appropriate disciplinary action to be imposed:

- (a) The danger to the public;
- (b) The number of repetitions of offenses;
- (c) The length of time since date of violation;
- (d) The number of disciplinary actions taken against the licensee;
- (e) The length of time licensee has practiced;
- (f) The actual damage, physical or otherwise, to the patient;
- (g) The deterrent effect of the penalty imposed;
- (h) Any efforts for rehabilitation;
- (i) Any other mitigating or aggravating circumstances.

~~(4) Except as provided in subsection (1), the department shall discipline violations within the following specified range of penalty guidelines inclusive of the lesser and intermediate penalties set forth in Section 456.072(2), F.S., which fall within the identified range. For all persons subject to this rule, conditions of probation including having to work under a preceptor may be required during the period of probation, which is either the maximum penalty imposed or follows a period of suspension of license. For applicants, all offenses listed herein are sufficient for refusal to certify an application for licensure. In addition to any other discipline imposed, the department shall assess the actual costs related to the investigation and prosecution of a case. In addition to or in lieu of any guideline penalties provided herein, if the violation is for fraud or making a false or fraudulent representation, the department shall impose a fine of \$10,000 per count or offense.~~

~~(a) Section 467.203(1)(a) or 456.072(1)(h), F.S.: Procuring, attempting to procure, or renewing a license to practice midwifery by bribery, by fraudulent misrepresentation, or through an error of the department.~~

~~Obtain license by bribery— from a minimum fine of \$500 and/or up to two years of probation to a maximum of revocation. For a subsequent offense, revocation;~~

~~Obtain license by fraudulent misrepresentation— from six months probation and a fine of \$10,000 to a maximum of revocation and a fine of \$10,000. For a subsequent offense, a fine of \$10,000 and revocation;~~

~~Obtain license by Department error— from a minimum letter of concern and/or a fine of \$250, up to a maximum of suspension of license for one year, followed by two years of probation, and a fine of \$1,000. For a subsequent offense, from a minimum fine of \$5,000 to revocation of license;~~

~~(b) Section 467.203(1)(b) or 456.072(1)(f), F.S.: Having a license to practice midwifery revoked, suspended, or otherwise acted against, including being denied licensure, by the licensing authority of another state, territory, or country— action consistent with the disciplinary guidelines for the offense that would have been taken had the violation occurred in Florida with consideration of the penalty imposed by the other jurisdiction. For a subsequent offense, action consistent with the disciplinary guidelines for a repeat offense had the violation occurred in Florida with consideration of the penalty imposed by the other jurisdiction.~~

~~(c) Section 467.203(1)(c) or 456.072(1)(e), F.S.: Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime which directly relates to the practice of midwifery or to the ability to practice midwifery. A plea of nolo contendere shall be considered a conviction for purposes of this provision— misdemeanor: from a minimum fine of \$600 and six months probation, up to a fine of \$3,000 and one year's suspension with conditions followed by two years probation; felony: from a minimum of a fine of \$1,500 and two years probation, up to a fine of \$10,000 and revocation. After the first offense, from a minimum of one year of probation, up to a maximum fine of \$10,000 and revocation of license;~~

~~(d) Section 467.203(1)(d) or 456.072(1)(a), (g) or (l), F.S.: Making or filing a false report or record, which the licensee knows to be false; intentionally or negligently failing to file a report or record required by State or federal law; or willfully impeding or obstructing such filing or inducing another to do so. Such reports or records shall include only those which are signed in the midwife's capacity as a licensed midwife.~~

~~Negligent filing of false report— from a minimum fine of \$500, up to a maximum of one year probation and a fine of \$2,500. For a second offense, a minimum fine of \$1,000 and a reprimand to a maximum fine of \$3,000 and two years suspension. After the second offense, up to a maximum fine of \$5,000 and/or revocation;~~

~~Willful filing of false report, impeding, or inducing another to file false report— from a minimum fine of \$2,000 and/or suspension of license for three months, followed by six months of probation, up to a maximum of revocation of license. After the first offense, up to a maximum fine of \$10,000 and/or revocation.~~

~~(e) Section 467.203(1)(e) or 456.072(1)(m), F.S.: Advertising falsely, misleadingly, or deceptively— from a minimum fine of \$500 and a letter of concern up to a maximum fine of \$10,000 and/or three months suspension of license. For a subsequent offense, a fine of up to \$10,000 and/or one year suspension to the maximum \$10,000 fine and revocation;~~

~~(f) Section 467.203(1)(f), F.S.: Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of midwifery as established by the department, in which case actual injury need not be established— from a reprimand and minimum fine of \$250 to suspension of license for up to three years and/or a fine of \$3,000. For a second offense, from two years probation and a minimum fine of \$500 to revocation and/or a fine of up to \$10,000. After the second offense, revocation and a fine of up to \$10,000;~~

~~(g) Section 467.203(1)(g) or 456.072(1)(z), F.S.: Being unable to practice midwifery with reasonable skill and safety to patients by reason of illness; drunkenness; or use of drugs, narcotics, chemicals, or other materials or as a result of any mental or physical condition. A midwife affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate the ability to resume the competent practice of midwifery with reasonable skill and safety— from three years of probation and referral for a PRN evaluation, up to a maximum of suspension of license for one year, followed by up to five years of probation. For a subsequent offense, from a fine of up to \$1,500, referral for a PRN evaluation, and two years of probation to a maximum fine of \$5,000 and/or revocation;~~

~~(h) Section 467.203(1)(h) or 456.072(1)(i), F.S.: Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department— from a minimum letter of concern and/or a~~

fine of \$250, up to a maximum fine of \$750 and/or six months of probation. After the first offense, a minimum of six months of probation and a fine of \$800 to a maximum fine of \$5,000 and/or revocation;

(i) ~~Section 467.203(1)(i) or 456.072(1)(q), F.S.: Violating any lawful order of the department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department from a minimum fine of \$500 and a letter of concern, up to a maximum fine of \$10,000 and/or revocation. For a subsequent offense, from a minimum fine of \$1,500 and/or two years of probation up to a maximum fine of \$10,000 and/or revocation of license;~~

(j) ~~Section 467.203(1)(j) or 456.072(1)(b) or (dd), F.S.: Violating any provision of this chapter or Chapter 456, F.S., or any rules adopted pursuant thereto from a minimum fine of \$500 and/or a letter of concern up to a maximum fine of \$5,000 and/or suspension of license for two years followed by two years of probation. For a second offense, from a minimum fine of \$1,500 and/or two years of probation up to a maximum fine of \$7,500 and/or revocation of license. After the second offense, from a minimum fine of \$3,000 and/or six months of suspension followed by one year of probation up to a maximum fine of \$10,000 and/or revocation;~~

(k) ~~Section 456.072(1)(j) or (p), F.S.: Knowingly or willfully allowing a midwifery student to practice midwifery without a preceptor present, except in an emergency or aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to the chapter regulating the profession or the applicable rules from a minimum fine of \$750 and/or six months of probation, up to a maximum fine of \$2,500 and suspension of license for three years, followed by up to three years of probation. For a subsequent offense, from a minimum fine of \$1,000 and/or suspension of license for one year followed by two years of probation up to a maximum fine of \$7,500 and/or revocation;~~

(l) ~~Section 456.072(1)(k), F.S.: Failing to perform any statutory or legal obligation placed upon a licensee from a minimum fine of \$250 and a letter of concern, up to a maximum fine of \$3,000 and/or up to two years of suspension followed by two years of probation;~~

(m) ~~Section 456.072(1)(o), F.S.: Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform from a minimum fine of \$500 and/or one year of probation, up to a maximum of suspension of license for three years followed by probation and a fine of \$3,000. For a subsequent offense, up to a maximum fine of \$10,000 and/or revocation;~~

(n) ~~Section 456.072(1)(r), F.S. Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding from a minimum fine of \$500 and/or one year of probation up to a maximum fine of \$3,000 and/or up to suspension for two years followed by two years probation. For a subsequent offense, a minimum fine of \$1,000 up to a maximum fine of \$10,000 and/or revocation;~~

(o) ~~Section 456.072(1)(v), F.S.: Engaging or attempting to engage in sexual misconduct from a reprimand and/or a PRN referral for evaluation, up to a maximum fine of \$10,000 and/or revocation. For a subsequent offense, from a minimum fine of \$1,000, referral to PRN for evaluation, and suspension for up to three years followed by probation for three years up to a maximum fine of \$10,000 and revocation;~~

(p) ~~Section 456.072(1)(x), F.S.: Failing to report to the department in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction from a minimum fine of \$500 and/or a letter of concern, up to a maximum fine of \$2,000 and/or six months suspension followed by one year of probation. For a subsequent offense, a fine of up to \$3,000 and/or probation for one year up to suspension of license for two years followed by two years of probation;~~

(q) ~~Section 456.072(1)(bb), F.S.: Performing or attempting to perform health care services on the wrong patient, a wrong site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition including the preparation of the patient from a minimum fine of \$500 and one year of probation to a maximum fine of \$1,500 and one year suspension of the license followed by two years of probation. For a subsequent offense, from a fine of up to \$5,000 to revocation;~~

(r) ~~Section 456.072(1)(cc), F.S.: Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in examination or other diagnostic procedures from a minimum fine~~

of \$500 and one year of probation to a maximum fine of \$1,500 and one year suspension of the license followed by two years of probation. For a subsequent offense, from a fine of up to \$5,000 to revocation;

(s) Section 456.072(1)(hh), F.S.: Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug or alcohol treatment program— from a minimum fine of \$300 and a stayed suspension with advocacy and demonstration of a current signed contract with PRN to a maximum fine of \$2,000 and revocation of license. For a subsequent offense, a fine of up to \$3,000 and suspension for two years and until the subject demonstrates to the department the ability to practice with skill and safety followed by three years probation to revocation.

(t) Section 456.072(1)(ii), F.S.: Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program— misdemeanor: from a minimum fine of \$600 and one year of probation up to a fine of \$3,000 and revocation; felony: from a minimum fine of \$1,500 and six months of suspension followed by two years of probation, up to a maximum fine of \$10,000 and revocation of license. For a subsequent offense, a fine of up to \$10,000 and revocation.

(u) Section 456.072(1)(jj), F.S.: Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or agreement— from a minimum fine of \$300 and a letter of concern to a maximum fine of \$3,500 and up to six months suspension followed by up to three years of probation. For a subsequent offense, from a minimum fine of \$1,000 and two years of probation to a maximum fine of \$10,000 and revocation.

(v) Section 456.072(1)(kk), F.S.: Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., and other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored— from a minimum fine of \$500 and a letter of concern to one year suspension and a fine of \$3,000. For a subsequent offense, from a year of probation and a minimum fine of \$1,000 to revocation and a fine of \$10,000.

(w) Section 456.072(1)(ll), F.S.: Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud— misdemeanor and unintentional fraud: from a minimum fine of \$600 and one year of probation up to a fine of \$3,000 and up to three years of probation; intentional fraud or felony: from a minimum fine of \$10,000 and three months suspension followed by two years probation to a maximum fine of \$10,000 and revocation. For a subsequent offense, a fine of \$10,000 and revocation.

*Rulemaking Authority 456.004(5), 456.079, 467.005, 467.203(4) FS. Law Implemented 456.079, 467.203 FS. History—New 7-14-94, Formerly 61E8-8.002, 59DD-8.002, Amended 10-3-06, 10-28-10.*

#### **64B24-8.003 Citations.**

(1) The Department designates the following as citation violations:

(a) ~~Failure to pay the one time fee assessment by December 31, 2008— \$100 fine.~~

(b) ~~Failure to notify the Department of a change of address within 60 days – \$100~~ \$250 ~~fine.~~

(c) ~~First-time failure to complete the continuing education requirements within the biennium as required by Section 467.012(3), F.S. and Rule 64B24-6.001, F.A.C.— \$25 fine per continuing education hour plus proof of completing the continuing education within three months.~~

(d) ~~First-time engagement in unprofessional conduct under Section 467.203(1)(f), F.S., where no patient harm occurred— \$300 fine.~~

(e) ~~First-time failure to maintain proof of professional liability insurance for less than three months— \$200 fine.~~

(f) ~~First-time printing or publication of a misleading or deceptive advertisement— \$150 fine.~~

(g) ~~Failure to identify through written notice, or name tag, or orally to a patient that the practitioner is a licensed midwife – \$100 fine.~~

(2) The penalty specified in the citation shall be the sum of the penalty established by this rule plus the Department's cost of investigation.

(3) If the subject does not dispute the citation within 30 days after service, the citation becomes a final order of the Department.

*Rulemaking Authority 456.072(3), 456.077, 467.005 FS. Law Implemented 456.072(3), 456.07, 467.203 FS. History—New 2-2-09.*

**64B24-8.004 Mediation.**

(1) "Mediation" is a process in which a mediator is appointed by the Department to encourage and facilitate resolution of a legally sufficient complaint. It is an informal and non-adversarial process with the objective of assisting the parties or the complainant and the subject of a complaint to reach a mutually acceptable resolution.

(2) For purposes of Section 456.078, F.S., the Department designates the following as appropriate for mediation:

(a) Failure to timely file the annual report, provided that the report is filed within 30 days of the due date;

(b) Failure to timely respond to a continuing education audit;

(c) Failure to report address changes, provided the failure does not constitute failure to comply with an order of the Department.

*Rulemaking Authority 456.072(3), 456.077, 467.005 FS. Law Implemented 456.079, 467.203 FS; History—New ##-##-##.*

## MIDWIFERY DISCIPLINARY ACTION AND GUIDELINES

NUMBER	VIOLATION	STATUTE/RULE	FIRST OFFENSE	SUBSEQUENT OFFENSE
(1)	Procuring, attempting to procure, or renewing a license to practice midwifery by bribery, by fraudulent misrepresentation, or through an error of the department	s. 467.203(1)(a), F.S. s. 456.072(1)(h), F.S.		
(a)	Obtaining an initial license by bribery or fraud		Denial of application and \$10,000 fine	
(b)	Obtaining or renewing a license by bribery or fraud		Up to revocation or denial and a fine of \$5,000 to \$10,000	Revocation and a fine of \$10,000
(c)	Attempting to obtain or renew a license by bribery or fraud		Up to revocation or denial and a fine of \$5,000 to \$10,000	Revocation and a fine of \$10,000
(d)	Obtaining or renewing a license through error of the department		Revocation	Revocation
(2)	Having a license to practice midwifery revoked, suspended, or otherwise acted against, including being denied licensure, by the licensing authority of another state, territory, or country.	s. 467.203(b), F.S. s. 456.072(1)(f), F.S.	From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida, to suspension or denial of the license until the license is unencumbered in the jurisdiction in which the action was originally taken, and a fine of \$250 to \$5,000	From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to revocation and a fine ranging from \$5,000 to \$10,000
(3)	Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime which directly relates to the practice of midwifery or to the ability to practice midwifery. A plea of nolo contendere shall be considered a conviction for purposes of this provision.	s. 467.203(1)(c), F.S. s. 456.072(1)(c), F.S.	From letter of concern to revocation or denial and a fine of \$500 to \$10,000	Revocation and a fine of \$10,000
(4)	Making or filing a false report or record, which the licensee knows to be false;	s. 467.203(1)(d), F.S. s. 456.072(1)(c), F.S.	From letter of concern to revocation or denial and a fine	Revocation and a fine of \$10,000

## MIDWIFERY DISCIPLINARY ACTION AND GUIDELINES

	intentionally or negligently failing to file a report or record required by state or federal law; or wilfully impeding or obstructing such filing or inducing another to do so. Such reports or records shall include only those which are signed in the midwife's capacity as a licensed midwife.		of \$500 to \$10,000	
(5)	Advertising falsely, misleadingly, or deceptively.	s. 467.203(1)(3), F.S. s. 456.072(1)(m), F.S.	From a letter of concern to revocation or denial and a fine of \$500 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(6)	Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of midwifery as established by the department, in which case actual injury need not be established.	s. 467.203(1)(f), F.S.	From a letter of concern to revocation and denial and a fine of \$500 to \$5,000	From a reprimand to revocation and a fine of \$5,000 to \$10,000
(7)	Being unable to practice midwifery with reasonable skill and safety to patients by reason of illness; drunkenness; or use of drugs, narcotics, chemicals, or other materials or as a result of any mental or physical condition. A midwife affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the competent practice of midwifery with reasonable skill and safety.	s. 467.203(1)(g), F.S. s. 456.072(1)(z), F.S.	From a letter of concern to indefinite suspension until licensee is able to demonstrate to practice with reasonable skill and safety followed by a period of probation to revocation or denial and a fine of \$500 to \$5,000	From indefinite suspension until licensee is able to demonstrate ability to practice with reasonable skill and safety followed by a period of probation for a minimum of five years to revocation or denial and a fine of \$5,000 to \$10,000
(8)	Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department.	s. 467.203(1)(h), F.S. s. 456.072(1)(i), F.S.	From letter of concern to revocation or denial and a fine of \$500 to \$1,000	From a reprimand to revocation and a fine of \$1,000 to \$5,000
(9)	Violating any lawful order of the	s. 467.203(1)(i), F.S.	From letter of concern to	From reprimand to



## MIDWIFERY DISCIPLINARY ACTION AND GUIDELINES

	department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.	s. 456.072(1)(q), F.S.	revocation or denial and a fine of \$1,000 to \$5,000	revocation and a fine of \$5,000 to \$10,000
(10)	Violating any provision of the chapter governing midwifery or chapter 456, or any rules adopted pursuant thereto.	s. 467.203(1)(j), F.S. s. 456.072(1)(b) or (dd), F.S.	From reprimand to revocation or denial and a fine of \$1,000 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(11)	Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice midwifery contrary to law or the rules of the department.	s. 456.072(1)(j) or (p), F.S.	From a letter of concern to revocation or denial and a fine of \$1,000 to \$5,000	From a reprimand to revocation and a fine of \$5,000 to \$10,000
(12)	Failing to perform any statutory or legal obligation.	s. 456.072(1)(k), F.S.	From letter of concern to revocation or denial and a fine of \$500 to \$5,000	From a reprimand to revocation and a fine of \$5,000 to \$10,000
(a)	Failing to repay a student loan issued or guaranteed by the state or the Federal Government in accordance with the terms of the loan or failing to comply with service scholarship obligations shall be considered a failure to perform a statutory or legal obligation.		Suspension of license until new payment terms are agreed upon or the scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period and a fine equal to 10% of the defaulted loan amount payable to the Medical Quality Assurance Trust Fund to revocation.	
(13)	Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.	s. 456.072(1)(o), F.S.	From a letter of concern to revocation or denial and a fine of \$500 to \$5,000	From a reprimand to revocation and a fine of \$5,000 to \$10,000
(14)	Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary	s. 456.072(1)(r), F.S.	From letter of concern to revocation or denial and a fine of \$500 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000

## MIDWIFERY DISCIPLINARY ACTION AND GUIDELINES

	proceeding.			
(15)	Engaging or attempting to engage in sexual misconduct as defined and prohibited in s. 456.063(1), F.S.	s. 456.072(1)(v), F.S.	From a reprimand to revocation or denial and a fine of \$1,000 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(16)	Failing to report to the department in writing within 30 days being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.	s. 456.072(1)(x), F.S.	From a letter of concern to revocation or denial and a fine of \$500 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(17)	Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. Performing or attempting to perform health care services includes the preparation of the patient.	s. 456.072(1)(bb), F.S.	From a letter of concern to revocation or denial and a fine of \$1,000 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(18)	Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures. It is legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, regardless of the intent of the midwife.	s. 456.072(1)(cc), F.S.	From letter of concern to revocation or denial and a fine of \$1,000 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(19)	Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in s. 456.076, F.S., for failure to comply,	s. 456.072(1)(hh), F.S.	From suspension until licensee demonstrates compliance with all terms of contract and is able to demonstrate to the department the ability to	From suspension until licensee demonstrates compliance with all terms of contract and is able to demonstrate to the

## MIDWIFERY DISCIPLINARY ACTION AND GUIDELINES

	without good cause, with the terms of the monitoring or treatment contract entered into by the midwife, or for not successfully completing any drug treatment or alcohol treatment program.		practice with reasonable skill and safety to be followed by a term of probation to revocation or denial and a fine of \$1,000 to \$5,000	department the ability to practice with reasonable skill and safety to be followed by a term of probation of at least five years to revocation and a fine of \$5,000 to \$10,000
(20)	Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.	s. 456.072(1)(ii), F.S.	Revocation or denial and a fine of \$10,000	
(21)	Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.	s. 456.072(1)(jj), F.S.	From a letter of concern to revocation or denial and a fine of \$500 to \$5,000	From a reprimand to revocation and a fine of \$5,000 to \$10,000
(22)	Being terminated from the state Medicaid program pursuant to s. 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.	s. 456.072(1)(kk), F.S.	From letter of concern to revocation or denial and a fine of \$1,000 to \$5,000	From reprimand to revocation and a fine of \$5,000 to \$10,000
(23)	Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.	s. 456.072(1)(ll), F.S.	Revocation or denial and a fine of \$10,000	



EMERGENCY CARE PLAN FOR LICENSED MIDWIFERY PATIENTS

All midwives are required to file with the department upon initial application and each biennial renewal, an emergency care plan that shall be implemented as needed in the practice setting (s. 467.017, F.S.).

Homebirth Birth Center Hospital

(If you practice in a facility with a standard emergency care plan, please attach a copy of the facility's plan to this form.)

Midwife's Name:

Address:

Cell Phone: Home Phone: Pager:

Business/Facility Name: Business Phone:

Business/Facility Address:

Emergency Transfer Hospital Information:

(List first and second option in your practice area -please check the box if the facility has NICU/Perinatal Unit)

1. Hospital Name: E. R. #: L&D #:

Address: NICU Perinatal Unit

2. Hospital: E. R. #: L&D #:

Address: NICU Perinatal Unit

Plan for Consultation with other Health Care Providers and Emergency Transfer:

Blank lines for consultation plan

Name of Emergency Medical Services (EMS) 911 Transport Entity:

City County

Backup Physician Arrangement (if any):

Physician Name: Phone:

Address:

Affirmation:

In the event complications arise during my patient's pregnancy, labor, delivery or postpartum, I will implement the Emergency Care Plan individualized for each patient accepted into my care, according to the guidelines contained herein. I will consult, refer or transfer to the appropriate health care facility as medically necessary, and provide emergency management. In order to facilitate the safe transfer of services and to provide continued supportive care to the extent that I am able, I will accompany my patient during transfer to provide relevant patient data and documentation and give report to the accepting provider.

Midwife's Signature: Date:

DH-MQA 1077, Rev. 04/15, Rule #

**INFORMED CONSENT FOR  
LICENSED MIDWIFERY SERVICES**

**Client's Name:** \_\_\_\_\_

First                      Middle                      Maiden                      Last

**Address:** \_\_\_\_\_

Street    City    State    Zip

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Gravida:** \_\_\_\_\_

**Para:** \_\_\_\_\_

**EDD:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONSENT:**

I acknowledge that I am contracting for the services of a licensed midwife. I understand that licensed midwives provide care for women who have normal, uncomplicated pregnancies and expect a normal delivery of a healthy child. The educational background, training and experience of Florida licensed midwives varies. The licensed midwife listed below has explained her training and experience to me.

In order to receive care by the midwife, I must do the following:

- Give a complete medical, health and maternity history.
- Review risk factors and other requirements with my midwife.
- Maintain a regular schedule for prenatal visits.
- I must make a plan for emergency care, with the assistance of the midwife. This plan will be implemented should unforeseen complications arise during my pregnancy or delivery. Further, the plan shall include any pediatric care necessary for my baby.

Childbearing is a normal human function, however unpredictable medical problems may arise during pregnancy or childbirth. Because some of these problems may place my child or myself at risk, transfer to a physician and/or hospital may be necessary. Delay in treatment may increase the degree of complication(s). Conditions that may be life threatening and/or require transfer to a hospital, are, but not limited to, symptoms of fetal distress, severe tears of the perineal area, excessive blood loss, seizures, abruption of the placenta, prolapsed cord or uterine rupture.

I am also aware of the benefits of natural childbirth relating to avoidance of potential injury resulting from either invasive procedures, anesthesia, or surgical intervention.

I have had an opportunity to review and discuss the information contained in this consent form; including, but not limited to the conditions which require the midwife to refer and/or transfer my care and responsibilities while under the midwife's care.

I hereby affirm that the licensed midwife presented to me the status of the midwife's malpractice insurance, including the amount of insurance, if any. Yes \_\_\_\_ No \_\_\_\_

I hereby attest to the given accuracy of my medical and obstetrical history and agree to adhere to the listed conditions, but not limited to, in this consent form.

**I HEREBY AUTHORIZE \_\_\_\_\_, LICENSED MIDWIFE, TO PERFORM THOSE MATERNITY SERVICES WHICH ARE WITHIN THE SCOPE OF THE MIDWIFERY LIENSE. A COPY OF CHAPTER 467, FLORIDA STATUTES, AND 64B24, FLORIDA ADMINISTRATIVE CODE, OUTLINING THE SCOPE AND QUALIFICAITONS OF THE MIDWIFERY LIENSE ARE AVAILABLE UPON REQUEST.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date Accepted Licensed Midwife for Services

\_\_\_\_\_  
Signature of Licensed Midwife

\_\_\_\_\_  
Date Accepted Client for Services

\_\_\_\_\_  
Printed name of Licensed Midwife

\_\_\_\_\_  
License number

**Florida Department of Health  
Council of Licensed Midwifery  
Collaborative Management Agreement**

**Name of Licensed Midwife:** \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Address: \_\_\_\_\_

ER Phone: \_\_\_\_\_ L&D Phone: \_\_\_\_\_ NU Phone: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gravida / Para: \_\_\_\_\_ EDD: \_\_\_\_\_

Patient Risk Factors: \_\_\_\_\_

**Rationale for Deviation from Low Risk Criteria:** \_\_\_\_\_

**Management of Care Plan:** \_\_\_\_\_

**Expected Outcome:** \_\_\_\_\_

**Criteria to Discontinue Collaborative Agreement:** \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ hereby entered into an agreement to provide collaborative prenatal/postpartum care to \_\_\_\_\_ with \_\_\_\_\_ who will direct and supervise the course of medical management as specified above.

Date Midwife's Signature Patient's Signature Physician's Signature

**Collaborative Agreement Discontinued On:** \_\_\_\_\_  
Date Patient's Signature  
Midwife's Signature Physician's Signature

**Explanation of Discontinuation:** \_\_\_\_\_

**Florida Department of Health  
Council of Licensed Midwifery  
Application for Licensure  
Apply for your license online at [www.flhealthsource.gov](http://www.flhealthsource.gov)**

**GENERAL INFORMATION**

For a detailed list of licensure requirements and information about the licensure process please visit [www.floridahealth.gov/licensing-and-regulation/midwifery/index.html](http://www.floridahealth.gov/licensing-and-regulation/midwifery/index.html).

**Fees:** All fees must be made payable to the Department of Health and must be a cashiers check or money order. All fees must be encompassed in one check. The fees required for initial licensure are listed below.

<b>Licensure by Examination= \$705.00</b> Application Fee \$200.00 (non-refundable) Licensure Fee \$500.00 Unlicensed Activity Fee \$5.00	<b>Licensure by Endorsement= \$955.00</b> Application Fee \$200.00 (non-refundable) Endorsement Fee \$250.00 Licensure Fee \$500.00 Unlicensed Activity Fee \$5.00
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**Mailing Information:** Submit your application, fees, and any supplemental documentation you are sending with your application to the following address:

Department of Health  
PO Box 6330  
Tallahassee, FL 32314-6330

Mail additional information, **not included with your application**, to the following address:

Department of Health  
**Council of Licensed Midwifery**  
1052 Bald Cypress Way, Bin #C-06  
Tallahassee, FL 32399-3256

**ADDITIONAL DOCUMENTATION REQUIRED EVERY APPLICANT**

- Emergency Back-Up Plan Form:** This form is attached and can also be obtained from our website at [www.floridahealth.gov/licensing-and-regulation/midwifery/index.html](http://www.floridahealth.gov/licensing-and-regulation/midwifery/index.html).
- Exam Scores:** Official documentation mailed directly from North American Registry of Midwives' (NARM) certifying a passing exam score.
- Prevention of Medical Errors Course:** If not completed prior to submission of this application, please submit proof of completion to the Council office once completed.
- HIV/AIDS Course:** If not completed prior to submission of this application, please submit proof of completion to the Council office once completed.
- Additional Documents:** May be required based on answers to application questions and your particular situation. Those items are listed on the application form with the corresponding questions.

**Applicants for Licensure by Examination (completion of a Florida approved midwifery program) must also submit:**

- Official transcript mailed directly from the school to the Council office.

**Applicants for Licensure by Endorsement (another state license) must also submit:**

- Official verification of all certificates or licenses to practice midwifery in another state, submitted to our office directly from the issuing state. At least one license or certificate must be current, valid and unrestricted.
- Copy of the other state's laws and rules under which the certificate or license was issued.
- Official certificate or diploma from a midwifery program approved by the certifying body of the state in which it was located or an authenticated copy of that certificate or diploma.
- Official transcript from the midwifery program which documents classroom instruction and clinical training.

- Proof of educational equivalency, which can be determined through the use of an approved education credentialing agency. The following agencies are currently approved by the Council: International Credentialing Associates, Inc. and Josef Silny and Associates, Inc. Please refer to Rule 64B24-2.004(2)(c), F.A.C.
- Evidence of successful completion of an approved 4-month pre-licensure midwifery training program (please refer to Rule 64B24-2.001(3), F.A.C.).

**Applicants for Licensure by Endorsement (foreign trained) must also submit:**

- Valid certificate or diploma from either a foreign institution of medicine or a foreign school of midwifery.
- Certified translation of the certificate or diploma earned from a foreign institution of medicine or foreign school of midwifery.
- Proof of educational equivalency, which can be determined through the use of an approved education credentialing agency. The following agencies are currently approved by the Council: International Credentialing Associates, Inc. and Josef Silny and Associates, Inc. Please refer to Rule 64B24-2.004(1)(b), F.A.C.
- Document which renders the foreign trained applicant eligible to practice medicine or midwifery in the country in which that document was issued.
- Certified translation of the certificate, diploma or license which renders the foreign trained applicant eligible to practice medicine or midwifery in the country from which the diploma or certificate was awarded.
- Clarification of the existence of any deviation as to how the applicant's name appears on the face of documents in support of this application.
- Evidence of successful completion of an approved 4-month pre-licensure midwifery training program (please refer to Rule 64B24-2.001(3), F.A.C.).



**COUNCIL OF LICENSED MIDWIFERY  
APPLICATION FOR LICENSURE**

**Mail completed application and fee to:**

Department of Health  
Council of Licensed Midwifery  
Post Office Box 6330  
Tallahassee, Florida 32314-6330

**Application Method - Check only one**

- Licensure by Examination **(\$705.00)**
- Licensure by Endorsement- Another State License **(\$955.00)**
- Licensure by Endorsement- Foreign Trained **(\$955.00)**

**Military Veterans Fee Waiver:** If you were honorably discharged from the U.S. armed services within 24 months of your application you will qualify for a waiver of the application fee and the initial licensure fee. In order to qualify, please check the box above indicating that you are seeking a waiver and submit a **DD-214 or NGB-22 form as proof of honorable discharge.**

**PERSONAL INFORMATION:**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(last) (first) (middle) (mm/dd/yyyy)

List any other names you have been known by: \_\_\_\_\_

**Mailing Address:** (the address where mail and your license should be sent)

\_\_\_\_\_  
Street and number or PO Box Suite/Apt #

\_\_\_\_\_  
State/Province Zip/Postal Code Country

**Physical Address:** A Post Office Box is not acceptable. This address will be posted on the Department of Health's website. If you do not have a current practice address, your mailing address will be used. When you obtain a practice address you will be required to update your online practitioner profile.

\_\_\_\_\_  
Street and number or PO Box Suite/Apt #

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

**Telephone:** \_\_\_\_\_  
Primary Alternate Cell

**Email Address:** \_\_\_\_\_  
*Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.*

**Equal Opportunity Data:** We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43C FR 38295 August 25, 1978. This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

**Race:** White  Black  Hispanic  Asian/Pacific Islander  Native American  Other   
**Sex:** Male  Female

Yes  No **Availability for Disaster:** Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

**EDUCATION / TRAINING:**

**Midwifery Education:** List your midwifery school and dates of attendance below.

Midwifery School Name	Address	Attendance Dates (Month/Year)	
		Start	End

**Medical Education:** List your medical school and dates of attendance below (foreign trained applicants).

Medical School Name	Address	Attendance Dates (Month/Year)	
		Start	End

**Prevention of Medical Errors Course:** Visit [www.CEBroker.com](http://www.CEBroker.com) for a list of providers offering this course.

I hereby state that I have completed a minimum of two (2) hours of Prevention of Medical Errors continuing education in accordance with s. 456.013(7), Florida Statutes.

**HIV/AIDS Course:** Visit [www.CEBroker.com](http://www.CEBroker.com) for a list of providers offering this course.

I hereby state that I have completed a minimum of two (2) hours of Prevention of Medical Errors continuing education in accordance with s. 381.0034(3), Florida Statutes.

**LICENSURE HISTORY:**

Yes  No Do you hold or have you ever held a license to practice midwifery or any other profession in any US State or territory, or foreign country? If yes, list below.

State or Country	License Number	Original Issue Date	Method of Licensure (examination, endorsement, grandfathered, etc.)	License Type

**PRACTICE / EMPLOYMENT HISTORY:**

Yes  No Have you had any application for a license to practice any profession, including midwifery, denied by any state board or the licensing authority of any state territory or country?

Yes  No Are you currently under investigation in any jurisdiction for an act or offense that would constitute a violation of Section 467.203, Florida Statutes?

Yes  No Have you ever had any professional license or license to practice midwifery revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory or country?

- Yes  No Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of the midwifery and/or medical practice act(s), for unprofessional or unethical conduct?

A "yes" answer to any of the four questions above requires the following:

- o A self explanation on a separate sheet providing accurate details; and
- o A copy of the administrative complaint/charging document, final order/document outlining sanctions, and proof of compliance with sanctions (if applicable.)

- Yes  No Have you ever had any judgments entered against you related to the practice of midwifery or any other health care profession?

- Yes  No Have you ever been sued for malpractice?

- o A "yes" answer to either of the above two questions requires the following:
  - o A self explanation listing your involvement in each case.
  - o A copy of the complaint and disposition for each case.

#### CRIMINAL HISTORY:

- Yes  No Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? **You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not considered a minor traffic offense for purposes of this question.**

- Yes  No Have you ever been arrested or criminally or civilly charged with any intentional or negligent action related to use or misuse of drugs, alcohol, or illegal chemical substances?

- o A "yes" answer to the above two questions requires the following:
  - o A self explanation listing accurate details (including dates, city/state, charges and final results)
  - o Final disposition and arrest records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
  - o Completion of sentence documents. If unavailable with the Clerk of Courts, obtain from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

#### ADDITIONAL CRIMINAL AND MEDICAID / MEDICARE FRAUD QUESTIONS:

Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes.

1.  Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? **(If you responded "no", skip to question 2.)**
- a.  Yes  No If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
- b.  Yes  No If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
- c.  Yes  No If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

- d.  Yes  No If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).
- Yes  No Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If you responded "no", skip to question 3.)
- a.  Yes  No If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3.  Yes  No Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If you responded "no", skip to question 4.)
- a.  Yes  No If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4.  Yes  No Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If you responded "no", skip to question 5.)
- a.  Yes  No Have you been in good standing with a state Medicaid program for the most recent five years?
- b.  Yes  No Did the termination occur at least 20 years before the date of this application?
5.  Yes  No Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6.  Yes  No If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)
- o A "yes" answer to any of the above questions requires the following:
    - o A self explanation for each providing accurate details (including the county and state of each termination or conviction, date of each termination or conviction).
    - o Copies of supporting documentation (including court dispositions or agency orders where applicable).

**PROFESSIONAL LIABILITY COVERAGE (Please choose one of the following):**

- I hereby certify that I have professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer.
- I hereby certify that I am exempt from demonstrating financial responsibility because I fall into **one of the categories listed below (check one):**
- I practice exclusively as an officer, employee, or agent of the federal government, or of the state of its agencies or subdivisions.
  - I have an inactive license, and do not practice in the state of Florida.
  - I practice only in conjunction with my teaching duties at an approved midwifery school.
  - I do not practice in the state of Florida, but I will submit proof of professional liability coverage at least 15 days prior to practicing midwifery in this state
  - I have no malpractice exposure in the state of Florida.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action or criminal penalties as provided in Sections 409.908(12)(c), 456.048(2), 467.014, Florida Statutes, and Rule 64B24-7.013, Florida Administrative Code.

\_\_\_\_\_  
Signature of licensee (required)

\_\_\_\_\_  
Date of signature

**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE**

Name: \_\_\_\_\_  
  **Last  First  Middle**

Social Security Number: \_\_\_\_\_

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

**HEALTH HISTORY:**

- Yes  No      In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?
  
- Yes  No      In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
  
- Yes  No      During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice midwifery within the past five years?
  
- Yes  No      During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice midwifery?
  
- Yes  No      In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
  
- Yes  No      During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice midwifery within the last five years?
  
- A "yes" answer to any of the above questions requires the following:
  - A self explanation providing accurate details (including, but not limited to, the date(s), location(s), specific circumstances, practitioners and/or treatment involved).
  - If you have been under treatment for emotional/mental illness, chemical dependency, etc., you must request that each practitioner, hospital, and program involved in your treatment submit a full, detailed report of such to the Board office, to include: treatment received, medications, and dates of treatment and, if applicable, all DSM III R/DSM IV/DSM IV-TR Axis I and II diagnosis(es) code(s), and admission and discharge summary(s).

**STATEMENT OF APPLICANT**

These statements are true and correct and I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to 456.067, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers, (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida Department of Health any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice Midwifery in the State of Florida.

I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

**EVALUATION TOOL – Four-Month-Pre-Licensure-Course  
Out-of-State Midwife Applicant for Licensure By Endorsement**

<b>Unit of Study - Classroom and Clinical : Aspects of Prenatal, Intrapartal, Postpartal &amp; Neonatal Care [FS 467.009 (1)]</b>	<b>Credits</b>	<b>Hours</b>	<b>Evidence Found</b>
Basic Nursing/ Healthcare Skills			
Basic Sciences			
Behavioral Sciences			
Female Reproductive Anatomy and Physiology			
Nutrition During Pregnancy and Lactation			
Childbirth Education			
Breast Feeding			
Community Care			
Epidemiology			
Genetics			
Embryology			
Neonatology/ Neonatal Pediatrics			
Obstetrics/ Common Complications			
Gynecology/ Women's Health			
Family Planning			
Applied pharmacology			
Medico/legal Aspects of Midwifery			
Professional Responsibilities			
<b>Midwifery Knowledge, Skills and Professional Behavior in:</b>			
<b>Primary Management</b>			
Antepartum Care			
Intrapartum Care			
Postpartum Care			
Neonatal Care			
<b>Collaborative Management/ Referral/ Medical Consultation</b>			
Other Courses:			
<b>Practicum During Training [FS 467.009 (4)(5)]</b>			<b>Number Obtained</b>
Primary Management of :			
50 Women in the Antepartum			#
50 Women in the Intrapartum			#
25 Observations of Women in the IP			#
50 Women in the Postpartum			#
50 Babies in the Neonatal Period			#
<b>Length of Program [FS 467.009 (2)]</b>			
<b>Total Credits / Hours</b>			
3 Years /90 credits/1800 clock hrs			
< 3 Years /90 credits/1800 clock hrs			

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Licensure by Endorsement	Yes/ No	Year		
High School Diploma or Equivalent				
<b>Communications Classes</b> College Level Math (3 credits) & English (3 credits) <b>OR</b> <b>CLEP Credit</b>				
<b>Midwifery Program(s)</b> <b>Name:</b>				
<b>MEAC Accredited</b> (Equivalent 1800 clock hours)				
<b>CPM Obtained</b> Current: yes/ no				
<b>NARM Exam Passed</b>				
<b>Admissible to a Four Month Pre-licensure Course per Department of Health CLM</b>				

APPLICANT NAME: \_\_\_\_\_

STATE OF MIDWIFERY EDUCATION: \_\_\_\_\_

\_\_\_\_\_

EVALUATOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DH-MQA 1112, 5/13 04/15





<b>[Licensure by Endorsement</b>	<b>Yes/ No</b>		
<b>High School Diploma or Equivalent</b>			
<b>Communications Classes</b> College Level Math (3 credits) & English (3 credits) <b>OR</b> <b>CLEP Credit</b>			
<b>Certificate / Diploma of Midwifery</b> (translated into English if applicable)			
<b>License /Documentation of Eligibility to Practice in Country translated into English</b> (translated into English if applicable)  Current: yes/ no Unrestricted: yes/ no			
<b>CPM Obtained</b> <b>Current: yes/ no</b>			
<b>Other Verifiable Sources</b>			
<b>Admissible to a Four Month Pre-licensure Course per Department of Health CLM</b>			

APPLICANT NAME: \_\_\_\_\_

MIDWIFERY SCHOOL: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

\_\_\_\_\_

EVALUATOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

# Core Competencies for Basic Midwifery Practice



Adopted by the Midwives Alliance Board October 3, 1994

Revisions by committee, adopted by the Midwives Alliance Board August 4, 2011

## Introduction

The Midwives Alliance of North America Core Competencies establish the essential knowledge, clinical skills and critical thinking necessary for entry-level midwifery practice. An entry-level midwife is qualified to practice midwifery autonomously.

The Competencies inform practicing midwives, student midwives, midwifery education programs, consumers, accreditation and certification agencies, state and federal legislators, licensing authorities, health policy makers and other health care professionals concerning the practice of midwifery. Individual midwives are responsible to the licensing authority and regulations of the jurisdiction within which they practice.

Midwives provide care to parturient women and their newborn babies in a variety of settings in accordance with the Midwives Model of Care™, which is based on the principle that pregnancy and birth are normal life processes.

The Midwives Model of Care™ includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- providing the mother with individualized education, counseling and prenatal care; continuous hands-on assistance during labor and delivery; and postpartum support;
- minimizing technological interventions;
- identifying and referring women who require obstetrical attention.

[<http://cfmidwifery.org/mmoc/define.aspx>;

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The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.

*Note:* The MANA Core Competencies were written during the early developmental phase of the Midwives Alliance of North America. The Board of Directors first approved them in 1984. They were adopted by both NARM and MEAC as the education content for certificate programs for CPMs. Two years ago a task force was assembled to update and revise the original Core Competencies with representatives from MANA, NARM, MEAC, NACPM, and individuals who had been authors on the original document. This resulted in a very thorough and intensive collaboration to update, revise, and invigorate this very important core document. Thanks to the determination and passion of these partners and the skillful task force leadership of Pam Dyer Stewart and Justine Clegg, the revised Core Competencies for the Practice of Basic Midwifery were completed in Spring 2011 and approved by the MANA Board in July 2011. We present this incredible and inclusive document with pride and celebration of what it means to be a midwife.

The scope of midwifery practice may be expanded beyond the Core Competencies outlined in this document to incorporate additional skills and procedures that improve care for women and their families.

The midwife provides care according to the following guiding principles of practice:

- Pregnancy and childbearing are natural physiologic life processes.
- Women have within themselves the innate biological wisdom to give birth.
- Physical, emotional, psychosocial and spiritual factors synergistically shape the health of individuals and affect the childbearing process.
- The childbearing experience and birth of a baby are personal, family and community events.
- The woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- The parameters of “normal” vary widely, and each pregnancy, birth and baby is unique.

In consideration thereof:

- Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
- Midwives respect and support the dignity, rights and responsibilities of the women they serve.
- Midwives are committed to addressing disparities in maternal and child health care status and outcomes.
- Midwives work as autonomous practitioners, although they collaborate with other health care and social service providers when necessary.
- Midwives work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
- Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own and their baby’s well-being.
- Midwives integrate clinical or hands-on evaluation, theoretical knowledge, intuitive assessment, spiritual awareness and informed consent and refusal as essential components of effective decision making.

- Midwives strive to ensure optimal birth for each woman and baby and provide guidance, education and support to facilitate the spontaneous processes of pregnancy, labor and birth, lactation and mother–baby attachment, using appropriate intervention as needed.
- Midwives value continuity of care throughout the childbearing cycle and strive to maintain such continuity.
- Midwives are committed to sharing their knowledge and experience through such avenues as peer review, preceptorship, mentoring and participation in MANA’s statistics collection program.

### MANA Core Competencies

Academic knowledge provides the theoretical foundation for understanding the scope of health during the childbearing year in order to distinguish deviations from healthy functioning.

Clinical skills refer to the hands-on assessment of the woman’s physical health, observation of her psychosocial well-being and skilled listening. The midwife views health holistically, uses critical thinking to evaluate clinical findings, applies intuition as authoritative knowledge, maintains an integrated understanding of the whole picture and, with the woman, identifies and creates a plan of care based on conscious analysis of challenges and goals.

#### I. General Knowledge and Skills

The midwife’s knowledge and skills include but are not limited to:

- A. communication, counseling and education before pregnancy and during the childbearing year;
- B. human anatomy and physiology, especially as relevant to childbearing;
- C. human sexuality;
- D. various therapeutic health care modalities for treating body, mind and spirit;
- E. community health care, wellness and social service resources;
- F. nutritional needs of the mother and baby during the childbearing year;
- G. diversity awareness and competency as it relates to childbearing.

The midwife maintains professional standards of practice including but not limited to:

- A. principles of informed consent and refusal and shared decision making;
- B. critical evaluation of evidence-based research findings and application to best practices;
- C. documentation of care throughout the childbearing cycle;
- D. ethical considerations relevant to reproductive health;
- E. cultural sensitivity and competency;
- F. use of common medical terms;
- G. implementation of individualized plans for woman-centered midwifery care that support the relationship between the mother, the baby and their larger support community;
- H. judicious use of technology;
- I. self-assessment and acknowledgement of personal and professional limitations.

## II. Care During Pregnancy

The midwife provides care, support and information to women throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;
- B. education and counseling during the childbearing cycle;
- C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;
- D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;
- E. emotional, psychosocial and sexual variations that may occur during pregnancy;
- F. environmental and occupational hazards for pregnant women;
- G. methods of diagnosing pregnancy;

- H. the growth and development of the unborn baby;
- I. genetic factors that may indicate the need for counseling, testing or referral;
- J. indications for and risks and benefits of biotechnical screening methods and diagnostic tests used during pregnancy;
- K. anatomy, physiology and evaluation of the soft and bony structures of the pelvis;
- L. palpation skills for evaluation of the baby and the uterus;
- M. the causes, assessment and treatment of the common discomforts of pregnancy;
- N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;
- O. management and care of the Rh-negative woman;
- P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

## III. Care During Labor, Birth and Immediately Thereafter

The midwife provides care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. the processes of labor and birth;
- B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;
- C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;
- D. maternal emotional responses and their impact during labor, birth and immediately thereafter;
- E. comfort and support measures during labor, birth and immediately thereafter;

- F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;
- G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;
- H. fluid and nutritional requirements during labor, birth and immediately thereafter;
- I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;
- J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;
- K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;
- L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother-baby attachment and family bonding;
- M. current biotechnical interventions and technologies that may be commonly used in a medical setting;
- N. care and repair of the perineum and surrounding tissues;
- O. third-stage management, including assessment of the placenta, membranes and umbilical cord;
- P. breastfeeding and lactation;
- Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

#### IV. Postpartum Care

The midwife provides care, support and information to women throughout the postpartum period and determines the need for consultation, referral or transfer of care as appropriate. The midwife has knowledge and skills to provide care that include but are not limited to:

- A. anatomy and physiology of the mother;

- B. lactation support and appropriate breast care including treatments for problems with nursing;
- C. support of maternal well-being and mother-baby attachment;
- D. treatment for maternal discomforts;
- E. emotional, psychosocial, mental and sexual variations;
- F. maternal nutritional needs during the postpartum period and lactation;
- G. current treatments for problems such as postpartum depression and mental illness;
- H. grief counseling and support when necessary;
- I. family-planning methods, as the individual woman desires.

#### V. Newborn Care

The midwife provides care to the newborn during the postpartum period, as well as support and information to parents regarding newborn care and informed decision making, and determines the need for consultation, referral or transfer of care as appropriate. The midwife's assessment, care and shared information include but are not limited to:

- A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;
- B. newborn wellness, including relevant historical data and gestational age;
- C. nutritional needs of the newborn;
- D. benefits of breastfeeding and lactation support;
- E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;
- F. neonatal problems and abnormalities, including referral as appropriate;
- G. newborn growth, development, behavior, nutrition, feeding and care;
- H. immunizations, circumcision and safety needs of the newborn.

#### **VI. Women's Health Care and Family Planning**

The midwife provides care, support and information to women regarding their reproductive health and determines the need for consultation or referral by using a foundation of knowledge and skills that include but are not limited to:

- A. reproductive health care across the lifespan;
- B. evaluation of the woman's well-being, including relevant health history;
- C. anatomy and physiology of the female reproductive system and breasts;
- D. family planning and methods of contraception;
- E. decision making regarding timing of pregnancies and resources for counseling and referral;
- F. preconception and interconceptual care;
- G. well-woman gynecology as authorized by jurisdictional regulations.

#### **VII. Professional, Legal and Other Aspects of Midwifery Care**

The midwife assumes responsibility for practicing in accordance with the principles and competencies outlined in this document. The midwife uses a foundation of theoretical knowledge, clinical assessment, critical-thinking skills and shared decision making that are based on:

- A. MANA's Essential Documents concerning the art and practice of midwifery,
- B. the purpose and goals of MANA and local (state or provincial) midwifery associations,
- C. principles and practice of data collection as relevant to midwifery practice,
- D. ongoing education,
- E. critical review of evidence-based research findings in midwifery practice and application as appropriate,
- F. jurisdictional laws and regulations governing the practice of midwifery,
- G. basic knowledge of community maternal and child health care delivery systems,
- H. skills in entrepreneurship and midwifery business management.

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## CORE COMPETENCIES FOR BASIC MIDWIFERY PRACTICE

The *Core Competencies for Basic Midwifery Practice* include the fundamental knowledge, skills, and behaviors expected of a new practitioner. Accordingly, they serve as guidelines for educators, students, health care professionals, consumers, employers, and policy makers and constitute the basic requisites for graduates of all nurse-midwifery and midwifery education programs accredited/preaccredited by the Accreditation Commission for Midwifery Education (ACME), formerly the American College of Nurse-Midwives (ACNM) Division of Accreditation (DOA).

Midwifery practice is based on the *Core Competencies for Basic Midwifery Practice*, the *Standards for the Practice of Midwifery*, the *Philosophy of the ACNM*, and the *Code of Ethics* promulgated by the ACNM. Certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the ACNM or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC), assume responsibility and accountability for their practice as primary health care providers for women and newborns.

The scope of midwifery practice may be expanded beyond the core competencies to incorporate additional skills and procedures that improve care for women and their families. Following basic midwifery education, midwives may choose to expand their practice following the guidelines outlined in Standard VIII of the *Standards for the Practice of Midwifery*.

Midwifery education is based on an understanding of health sciences theory and clinical preparation that shapes knowledge, judgment, and skills deemed necessary to provide primary health care management to women and newborns. Midwives provide health care that incorporates appropriate medical consultation, collaborative management, or referral. Each education program is encouraged to develop its own method of addressing health care issues beyond the scope of the current core competencies, and each graduate is responsible for complying with the laws of the jurisdiction where midwifery is practiced and the ACNM *Standards for the Practice of Midwifery*.

ACNM defines the midwife's role in primary health care based on the Institute of Medicine's report, *Primary Care: America's Health Care in a New Era*,<sup>1</sup> the *Philosophy of the ACNM*,<sup>2</sup> and the ACNM position statement, "Midwives are Primary Care Providers and Leaders of Maternity Care Homes."<sup>3</sup> Primary health care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing the majority of health care needs, developing a sustained partnership with patients, and practicing within the context of family and community. As primary health care providers, CNMs and CMs assume responsibility for the provision of and referral to appropriate health care services, including prescribing, administering and dispensing of pharmacologic agents. The concepts, skills, and midwifery management processes identified



below form the foundation upon which practice guidelines and educational curricula are built. The core competencies are reviewed and revised regularly to incorporate changing trends in midwifery practice. This document must be adhered to in its entirety and applies to all settings for midwifery care, including hospitals, ambulatory care settings, birth centers, and homes.

## **I. Hallmarks of Midwifery**

The art and science of midwifery are characterized by the following hallmarks:

- A. Recognition of menarche, pregnancy, birth, and menopause as normal physiologic and developmental processes
- B. Advocacy of non-intervention in normal processes in the absence of complications
- C. Incorporation of scientific evidence into clinical practice
- D. Promotion of woman- and family-centered care
- E. Empowerment of women as partners in health care
- F. Facilitation of healthy family and interpersonal relationships
- G. Promotion of continuity of care
- H. Health promotion, disease prevention, and health education
- I. Promotion of a public health care perspective
- J. Care to vulnerable populations
- K. Advocacy for informed choice, shared decision making, and the right to self-determination
- L. Integration of cultural humility
- M. Incorporation of evidence-based complementary and alternative therapies in education and practice
- N. Skillful communication, guidance, and counseling
- O. Therapeutic value of human presence
- P. Collaboration with other members of the interprofessional health care team

## **II. Components of Midwifery Care: Professional Responsibilities of CNMs and CMs**

The professional responsibilities of CNMs and CMs include but are not limited to the following components:

- A. Promotion of the hallmarks of midwifery
- B. Knowledge of the history of midwifery
- C. Knowledge of the legal basis for practice
- D. Knowledge of national and international issues and trends in women's health and maternal/newborn care
- E. Support of legislation and policy initiatives that promote quality health care
- F. Knowledge of issues and trends in health care policy and systems
- G. Knowledge of information systems and other technologies to improve the quality and safety of health care
- H. Broad understanding of the bioethics related to the care of women, newborns, and families
- I. Practice in accordance with the ACNM Philosophy, Standards, and Code of Ethics
- J. Ability to evaluate, apply, interpret, and collaborate in research

- K. Participation in self-evaluation, peer review, lifelong learning, and other activities that ensure and validate quality practice
- L. Development of leadership skills
- M. Knowledge of licensure, clinical privileges, and credentialing
  
- N. Knowledge of practice management and finances
- O. Promotion of the profession of midwifery, including participation in the professional organization at the local and national level
- P. Support of the profession's growth through participation in midwifery education
- Q. Knowledge of the structure and function of ACNM

### **III. Components of Midwifery Care: Midwifery Management Process**

The midwifery management process is used for all areas of clinical care and consists of the following steps:

- A. Investigate by obtaining all necessary data for the complete evaluation of the woman or newborn.
- B. Identify problems or diagnoses and health care needs based on correct interpretation of the subjective and objective data.
- C. Anticipate potential problems or diagnoses that may be expected based on the identified problems or diagnoses.
- D. Evaluate the need for immediate intervention and/or consultation, collaborative management, or referral with other health care team members as dictated by the condition of the woman, fetus, or newborn.
- E. In partnership with the woman, develop a comprehensive plan of care that is supported by a valid rationale, is based on the preceding steps, and includes therapeutics as indicated.
- F. Assume responsibility for the safe and efficient implementation of a plan of care that includes the provision of treatments and interventions as indicated.
- G. Evaluate the effectiveness of the care given, recycling appropriately through the management process for any aspect of care that has been ineffective.

### **IV. Components of Midwifery Care: Fundamentals**

- A. Anatomy and physiology, including pathophysiology
- B. Normal growth and development
- C. Psychosocial, sexual, and behavioral development
- D. Basic epidemiology
- E. Nutrition
- F. Pharmacokinetics and pharmacotherapeutics
- G. Principles of individual and group health education
- H. Bioethics related to the care of women, newborns, and families
- I. Clinical genetics and genomics

## **V. Components of Midwifery Care of Women**

Independently manages primary health screening, health promotion, and care of women from the peri-menarcheal period through the lifespan using the midwifery management process. While the woman's life is a continuum, midwifery care of women can be divided into primary, preconception, gynecologic, antepartum, intrapartum, and post-pregnancy care.

A. Applies knowledge, skills, and abilities in primary care that include but are not limited to the following:

1. Nationally defined goals and objectives for health promotion and disease prevention
2. Parameters for assessment of physical, mental, and social health
3. Nationally defined screening and immunization recommendations to promote health and to detect and prevent disease
4. Management strategies and therapeutics to facilitate health and promote healthy behaviors
5. Identification of normal and deviations from normal in the following areas:
  - a. Cardiovascular and hematologic
  - b. Dermatologic
  - c. Endocrine
  - d. Eye, ear, nose, and throat
  - e. Gastrointestinal
  - f. Mental health
  - g. Musculoskeletal
  - h. Neurologic
  - i. Respiratory
  - j. Renal
6. Management strategies and therapeutics for the treatment of common health problems and deviations from normal of women, including infections, self-limited conditions, and mild and/or stable presentations of chronic conditions, utilizing consultation, collaboration, and/or referral to appropriate health care services as indicated.

B. Applies knowledge, skills, and abilities in the preconception period that include but are not limited to the following:

1. Individual and family readiness for pregnancy, including physical, emotional, psychosocial, and sexual factors including
  - a. Non-modifiable factors such as family and genetic/genomic risk
  - b. Modifiable factors such as environmental and occupational factors, nutrition, medications, and maternal lifestyle
2. Health and laboratory screening
3. Fertility awareness, cycle charting, signs and symptoms of pregnancy, and pregnancy spacing

C. Applies knowledge, skills, and abilities in gynecologic care that include but are not limited to the following:

1. Human sexuality, including biological sex, gender identities and roles, sexual orientation, eroticism, intimacy, and reproduction
2. Common screening tools and diagnostic tests
3. Common gynecologic and urogynecologic problems
4. All available contraceptive methods
5. Sexually transmitted infections including indicated partner evaluation, treatment, or referral
6. Counseling for sexual behaviors that promote health and prevent disease
7. Counseling, clinical interventions, and/or referral for unplanned or undesired pregnancies, sexual and gender concerns, and infertility
8. Identification of deviations from normal and appropriate interventions, including management of complications and emergencies utilizing consultation, collaboration, and/or referral as indicated

D. Applies knowledge, skills, and abilities in the perimenopausal and postmenopausal periods that include but are not limited to the following:

1. Effects of menopause on physical, mental, and sexual health
2. Identification of deviations from normal
3. Counseling and education for health maintenance and promotion
4. Initiation or referral for age/risk appropriate periodic health screening
5. Management and therapeutics for alleviation of common discomforts

E. Applies knowledge, skills and abilities in the antepartum period that include but are not limited to the following:

1. Epidemiology of maternal and perinatal morbidity and mortality
2. Confirmation and dating of pregnancy
3. Promotion of normal pregnancy using management strategies and therapeutics as indicated
4. Common discomforts of pregnancy
5. Influence of environmental, cultural and occupational factors, health habits, and maternal behaviors on pregnancy outcomes
6. Health risks, including but not limited to domestic violence, infections, and substance use/abuse
7. Emotional, psychosocial, and sexual changes during pregnancy
8. Anticipatory guidance related to birth, breastfeeding, parenthood, and change in the family constellation
9. Deviations from normal and appropriate interventions, including management of complications and emergencies
10. Placental physiology, embryology, fetal development, and indicators of fetal well-being

F. Applies knowledge, skills, and abilities in the intrapartum period that include but are not limited to the following:

1. Confirmation and assessment of labor and its progress
2. Maternal and fetal status
3. Deviations from normal and appropriate interventions, including management of complications, abnormal intrapartum events, and emergencies
4. Facilitation of physiologic labor progress
5. Measures to support psychosocial needs during labor and birth
6. Labor pain and coping
7. Pharmacologic and non-pharmacologic strategies to facilitate maternal coping
8. Techniques for
  - a. administration of local anesthesia
  - b. spontaneous vaginal birth
  - c. third stage management
  - d. performance of episiotomy repair of episiotomy and 1st and 2nd degree lacerations

G. Applies knowledge, skills, and abilities in the period following pregnancy that include but are not limited to the following:

1. Physical involution following pregnancy ending in spontaneous or induced abortion, preterm birth, or term birth
2. Management strategies and therapeutics to facilitate a healthy puerperium
3. Discomforts of the puerperium
4. Self-care
5. Psychosocial coping and healing following pregnancy
6. Readjustment of significant relationships and roles
7. Facilitation of the initiation, establishment, and continuation of lactation where indicated
8. Resumption of sexual activity, contraception, and pregnancy spacing
9. Deviations from normal and appropriate interventions including management of complications and emergencies

## **VI. Components of Midwifery Care of the Newborn**

Independently manages the care of the newborn immediately after birth and continues to provide care to well newborns up to 28 days of life utilizing the midwifery management process and consultation, collaboration, and/or referral to appropriate health care services as indicated.

A. Applies knowledge, skills, and abilities to the newborn that include but are not limited to the following:

1. Effect of maternal and fetal history and risk factors on the newborn
2. Preparation and planning for birth based on ongoing assessment of maternal and fetal status
3. Methods to facilitate physiologic transition to extrauterine life that includes but is not limited to the following:

- a. Establishment of respiration
  - b. Cardiac and hematologic stabilization including cord clamping and cutting
  - c. Thermoregulation
  - d. Establishment of feeding and maintenance of normoglycemia
  - e. Bonding and attachment through prolonged contact with neonate.
  - f. Identification of deviations from normal and their management.
  - g. Emergency management including resuscitation, stabilization, and consultation and referral as needed
4. Evaluation of the newborn:
- a. Initial physical and behavioral assessment for term and preterm infants
  - b. Gestational age assessment
  - c. Ongoing assessment and management for term, well newborns during first 28 days
  - d. Identification of deviations from normal and consultation, and/or referral to appropriate health services as indicated
5. Develops a plan in conjunction with the woman and family for care of the newborn for the first 28 days of life, including nationally defined goals and objectives for health promotion and disease prevention:
- a. Teaching regarding normal behaviors and development to promote attachment
  - b. Feeding and weight gain including management of common breastfeeding problems
  - c. Normal daily care, interaction, and activity including sleep practice and creating a safe environment
  - d. Provision of preventative care that includes but is not limited to
    - (1) Therapeutics including eye ointment, vitamin K, and others as appropriate by local or national guidelines
    - (2) Testing and screening according to local and national guidelines
    - (3) Need for ongoing preventative health care with pediatric care providers
  - e. Safe integration of the newborn into the family and cultural unit
  - f. Appropriate interventions and referrals for abnormal conditions:
    - (1) Minor and severe congenital malformations
    - (2) Poor transition to extrauterine life
    - (3) Symptoms of infection
    - (4) Infants born to mothers with infections
    - (5) Postpartum depression and its effect on the newborn
    - (6) End-of-life care for stillbirth and conditions incompatible with life
  - g. Health education specific to the infant and woman's needs:
    - (1) Care of multiple children including siblings and multiple births
    - (2) Available community resources

## REFERENCES

1. Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, eds. *Primary Care: America's Health Care in a New Era*. Washington, DC: National Academy Press; 1996.
2. American College of Nurse-Midwives. Our philosophy of care. <http://www.midwife.org/Child-Page-3>. Accessed December 17, 2012.
3. American College of Nurse-Midwives. Midwives are primary care providers and leaders of maternity care homes. Position statement. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000273/Primary%20Care%20Position%20Statement%20June%202012.pdf>. Published June 2012. Accessed December 17, 2012.

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Source: Basic Competency Section, Division of Education

Approved by the ACNM Board of Directors: December 2012

(Supersedes all previous *ACNM Core Competencies for Basic Midwifery Practice*)

# Standards and Qualifications for the Art and Practice of Midwifery



Revised at the Midwives Alliance Business Meeting  
October 2, 2005

The midwife practices in accord with the MANA Standards and Qualifications for the Art and Practice of Midwifery and the MANA Statement of Values and Ethics, and demonstrates the clinical skills and judgments described in the MANA Core Competencies for Midwifery Practice.

1. *Skills*—Necessary skills of a practicing midwife include the ability to:
  - Provide continuity of care to the woman and her newborn during the maternity cycle. Care may continue throughout the woman's entire life cycle. The midwife recognizes that childbearing is a woman's experience and encourages the active involvement of her self-defined family system
  - Identify, assess and provide care during the antepartal, intrapartal, postpartal, and newborn periods. She may also provide well woman and newborn care
  - Maintain proficiency in life-saving measures by regular review and practice
  - Deal with emergency situations appropriately
  - Use judgment, skill and intuition in competent assessment and response
2. *Appropriate equipment and treatment*—Midwives carry and maintain equipment to assess and provide care for the well-woman, the mother, the fetus, and the newborn; to maintain clean and/or aseptic technique; and to treat conditions including, but not limited to, hemorrhage, lacerations, and cardio-respiratory distress. This may include the use of non-pharmaceutical agents, pharmaceutical agents, and equipment for suturing and intravenous therapy.
3. *Records*—Midwives keep accurate records of care for each woman and newborn in their practice. Records shall reflect current standards in midwifery charting and shall be held confidential (except as legally required). Records shall be provided to the woman on request. The midwife maintains confidentiality in all verbal and written communications regarding women in her care.
4. *Data Collection*—It is highly recommended that midwives collect data for their practice on a regular basis and that this be done prospectively, following the protocol developed by the MANA Division of Research. Data collected by the midwife shall be used to inform and improve her practice.
5. *Compliance*—Midwives will inform and assist parents regarding public health requirements of the jurisdiction in which the midwifery service is provided.
6. *Medical Consultation, Collaboration, and Referral*—All midwives recognize that there are certain conditions for which medical consultations are advisable. The midwife shall make a reasonable attempt to assure that her client has access to consultation, collaboration, and/or referral to a medical care system when indicated.



Midwives respect the woman's right to self-determination. Midwives assess and inform each woman regarding her health and well-being relevant to the appropriateness of midwifery services. It is the right and responsibility of the midwife to initiate or discontinue services in certain circumstances. Appropriate referrals are made in the interest of the mother or baby's well-being or when the requested or requested care is outside the midwife's personal scope of practice as described in her practice guidelines.

8. *Informed Choice*—Each midwife will present accurate information about herself and her services, including but not limited to:

- Her education in midwifery
- Her experience level in midwifery
- Her practice guidelines
- Her financial charges for services
- The services she does and does not provide
- Her expectations of the pregnant woman and the woman's self-defined family system

The midwife recognizes that the woman is the primary decision maker in all matters regarding her own health care and that of her infant.

The midwife respects the woman's right to decline treatments or procedures and properly documents these choices. The midwife clearly states and documents when a woman's choices fall outside the midwife's practice guidelines.

Midwives will update their knowledge and skills on a regular basis.

Midwives practice within an on-going process of case review with peers.

Each midwife will develop practice guidelines for her services that are in agreement with the MANA Standards and Qualifications for the Art and Practice of Midwifery, the MANA Statement of Values and Ethics, and the MANA Core Competencies for Midwifery Practice, in keeping with her level of expertise.

12. *Expanded scope of practice*—The midwife may expand her scope of practice beyond the MANA Core Competencies to incorporate new procedures that improve care for women and babies consistent with the midwifery model of care. Her practice must reflect knowledge of the new procedure, including risks, benefits, screening criteria, and identification and management of potential complications.

*The following sources were utilized for reference*

- Essential documents of the National Association of Certified Professional Midwives 2004
- American College of Nurse-Midwives documents and standards for the Practice of Midwifery revised March 2003
- ICM membership and joint study on maternity; FIGO, WHO, etc. revised 1972
- New Mexico regulations for the practice of lay midwifery, revised 1982
- North West Coalition of Midwives Standards for Safety and Competency in Midwifery
- Varney, Helen, *Nurse-Midwifery*, Blackwell Scientific Pub., Boston, MA 1980

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# STANDARDS FOR THE PRACTICE OF MIDWIFERY

Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).

## STANDARD I

### *MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS*

The midwife:

1. Is certified by the ACNM designated certifying agent.
2. Shows evidence of continuing competency as required by the ACNM designated certifying agent.
3. Is in compliance with the legal requirements of the jurisdiction where the midwifery practice occurs.

## STANDARD II

### *MIDWIFERY CARE OCCURS IN A SAFE ENVIRONMENT WITHIN THE CONTEXT OF THE FAMILY, COMMUNITY, AND A SYSTEM OF HEALTH CARE.*

The midwife:

1. Demonstrates knowledge of and utilizes federal and state regulations that apply to the practice environment and infection control.
2. Demonstrates a safe mechanism for obtaining medical consultation, collaboration, and referral.
3. Uses community services as needed.
4. Demonstrates knowledge of the medical, psychosocial, economic, cultural, and family factors that affect care.
5. Demonstrates appropriate techniques for emergency management including arrangements for emergency transportation.
6. Promotes involvement of support persons in the practice setting.

## STANDARD III

### *MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY*

The midwife:

1. Practices in accord with the Philosophy and the Code of Ethics of the American College of Nurse-Midwives.
2. Provides clients with a description of the scope of midwifery services and information regarding the client's rights and responsibilities.

3. Provides clients with information regarding, and/or referral to, other providers and services when requested or when care required is not within the midwife's scope of practice.
4. Provides clients with information regarding health care decisions and the state of the science regarding these choices to allow for informed decision-making.

#### **STANDARD IV**

*MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE, SATISFYING, AND CULTURALLY COMPETENT CARE.*

The midwife:

1. Collects and assesses client care data, develops and implements an individualized plan of management, and evaluates outcome of care.
2. Demonstrates the clinical skills and judgments described in the ACNM Core Competencies for Basic Midwifery Practice.
3. Practices in accord with the ACNM Standards for the Practice of Midwifery.

#### **STANDARD V**

*MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN PRACTICE GUIDELINES AND ARE USED TO GUIDE THE SCOPE OF MIDWIFERY CARE AND SERVICES PROVIDED TO CLIENTS.*

The midwife:

1. Maintains written documentation of the parameters of service for independent and collaborative midwifery management and transfer of care when needed.
2. Has accessible resources to provide evidence based clinical practice for each specialty area which may include, but is not limited to, primary health care of women, care of the childbearing family, and newborn care.

#### **STANDARD VI**

*MIDWIFERY CARE IS DOCUMENTED IN A FORMAT THAT IS ACCESSIBLE AND COMPLETE.*

The midwife:

1. Uses records that facilitate communication of information to clients, consultants, and institutions.
2. Provides prompt and complete documentation of evaluation, course of management, and outcome of care.
3. Promotes a documentation system that provides for confidentiality and transmissibility of health records.
4. Maintains confidentiality in verbal and written communications.

#### **STANDARD VII**

*MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY MANAGEMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.*

The midwife:

1. Participates in a program of quality management for the evaluation of practice within the setting in which it occurs.

2. Provides for a systematic collection of practice data as part of a program of quality management.
3. Seeks consultation to review problems, including peer review of care.
4. Acts to resolve problems identified.

#### **STANDARD VIII**

*MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES.*

The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
  - a) Knowledge of risks, benefits, and client selection criteria.
  - b) Process for acquisition of required skills.
  - c) Identification and management of complications.
  - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, March 8, 2003;

Revised and Approved: ACNM Board of Directors, December 4, 2009

Revised and Approved: ACNM Board of Directors, September 24, 2011

(Supersedes the ACNM's Functions, Standards and Qualifications, 1983 and Standards for the Practice of Nurse-Midwifery 1987, 1993. Standard VIII has been adapted from the ACNM's Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice)



# Best Practice Guidelines: Transfer from Planned Home Birth to Hospital

*"We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits."*

The statement above from the Home Birth Consensus Summit serves as the foundation for the following guidelines on transfer from planned home birth to hospital. These guidelines were developed by a multidisciplinary group of home and hospital based providers and stakeholders who were delegates at the national Home Birth Consensus Summits in 2011 and 2013. These guidelines are informed by the best available evidence on risk reduction and quality improvement and by existing regional policy and practice documents addressing transfer from home to hospital.<sup>2-19</sup>

The purpose of these guidelines is twofold:

1. To highlight core elements to be included when developing documents and policies related to transfer from home to hospital.
2. To promote the highest quality of care for women and families across birth settings via respectful inter-professional collaboration, ongoing communication, and the provision of compassionate family-centered care.

Collaborative care throughout the antepartum, intrapartum, and postpartum periods is crucial to safety whenever birth is planned outside the hospital setting. Coordination of care and communication of expectations during transfer of care between settings improve health outcomes and consumer satisfaction.<sup>20-34</sup>

State-specific hospital regulations and the Emergency Medical Treatment and Labor Act (EMTALA)<sup>35</sup> establish the legal framework for requiring access to hospital care in the United States. The legal recognition of providers of maternity care services varies between states. However, each woman seeking care at any point during the maternity cycle has the right to optimal and respectful care regardless of her planned birth setting, the persons she selects to be part of the process, or state provider regulations.

These guidelines are appropriate for births planned at home or in a freestanding birth center. Furthermore, we recognize not all providers of home birth or birth center services are midwives. However, we use the term midwife herein because the vast majority of providers of home birth or birth center services identify as midwives.

### **Model practices for the midwife**

- In the prenatal period, the midwife provides information to the woman about hospital care and procedures that may be necessary and documents that a plan has been developed with the woman for hospital transfer should the need arise.<sup>15</sup>
- The midwife assesses the status of the woman, fetus, and newborn throughout the maternity care cycle to determine if a transfer will be necessary.
- The midwife notifies the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.<sup>11,13-16,19</sup>
- The midwife continues to provide routine or urgent care en route in coordination with any emergency services personnel and addresses the psychosocial needs of the woman during the change of birth setting.
- Upon arrival at the hospital, the midwife provides a verbal report, including details on current health status and need for urgent care. The midwife also provides a legible copy of relevant prenatal and labor medical records.<sup>11,12,15,16,19</sup>
- The midwife may continue in a primary role as appropriate to her scope of practice and privileges at the hospital. Otherwise the midwife transfers clinical responsibility to the hospital provider.<sup>13</sup>
- The midwife promotes good communication by ensuring that the woman understands the hospital provider's plan of care and the hospital provider understands the woman's need for information regarding care options.
- If the woman chooses, the midwife may remain to provide continuity and support.

### **Model practices for the hospital provider and staff**

- Hospital providers and staff are sensitive to the psychosocial needs of the woman that result from the change of birth setting.<sup>11</sup>
- Hospital providers and staff communicate directly with the midwife to obtain clinical information in addition to the information provided by the woman.<sup>12</sup>
- Timely access to maternity and newborn care providers may be best accomplished by direct admission to the labor and delivery or pediatric unit.<sup>11-15</sup>
- Whenever possible, the woman and her newborn are kept together during the transfer and after admission to the hospital.
- Hospital providers and staff participate in a shared decision-making process with the woman to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the woman.
- If the woman chooses, hospital personnel will accommodate the presence of the midwife as well as the woman's primary support person during assessments and procedures.
- The hospital provider and the midwife coordinate follow up care for the woman and newborn, and care may revert to the midwife upon discharge.
- Relevant medical records, such as a discharge summary, are sent to the referring midwife.<sup>14</sup>

## **Quality improvement and policy development**

All stakeholders involved in the transfer and/or transport process, including midwives based at home or in the hospital, obstetricians, pediatricians, family medicine physicians, nurses, emergency medical services personnel, and home birth consumer representatives, should participate in the policy development process. Policies and quality improvement processes should incorporate the model practices above and delineate at a minimum the following:

- Communication channels and information needed to alert the hospital to an incoming transfer.
- Provision for notification and assembly of staff rapidly in case of emergency transfer.
- Opportunities to debrief the case with providers and with the woman prior to hospital discharge.
- Documentation of the woman's perspective regarding her care during transfer.
- A defined process to regularly review transfers that includes all stakeholders with a shared goal of quality improvement and safety. This process should be protected without risk of discovery.<sup>12</sup>
- Opportunities for education regarding home birth practice, shared continuing medical education, and relationship building that are incorporated into medical, midwifery and nursing education programs. Multi-disciplinary sessions to address system issues may enhance relationship building and the work culture.

Quality of care is improved when policies and procedures are in place to govern best practices for coordination and communication during the process of transfer or transport from a home or birth center to a hospital.<sup>2-10</sup>

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## **CHAPTER 467 MIDWIFERY**

- 467.001 Short title.
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- 467.003 Definitions.
- 467.004 Council of Licensed Midwifery.
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- 467.203 Disciplinary actions; penalties.
- 467.205 Approval of midwifery programs.
- 467.207 Exceptions.

**467.001 Short title.**—This chapter shall be known and may be cited as the “Midwifery Practice Act.”

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 79, ch. 2001-62.

**467.002 Legislative intent.**—The Legislature recognizes the need for a person to have the freedom to choose the manner, cost, and setting for giving birth. The Legislature finds that access to prenatal care and delivery services is limited by the inadequate number of providers of such services and that the regulated practice of midwifery may help to reduce this shortage. The Legislature also recognizes the need for the safe and effective delivery of newborn babies and the health, safety, and welfare of their mothers in the delivery process. The Legislature finds that the interests of public health require the regulation of the practice of midwifery in this state for the purpose of protecting the health and welfare of mothers and infants. Therefore, it is unlawful for any person to practice midwifery in this state unless such person is licensed pursuant to the provisions of this chapter or s. 464.012.

History.—ss. 1, 3, ch. 82-99; ss. 1, 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 1, 19, ch. 92-179; s. 79, ch. 2001-62.

**467.003 Definitions.**—As used in this chapter, unless the context otherwise requires:

- (1) “Approved program” means a midwifery school or a midwifery training program which is approved by the department pursuant to s. 467.205.
- (2) “Certified nurse midwife” means a person who is licensed as an advanced registered nurse practitioner under part I of chapter 464 and who is certified to practice midwifery by the American College of Nurse Midwives.
- (3) “Council” means the Council of Licensed Midwifery.
- (4) “Department” means the Department of Health.
- (5) “Intrapartal” means occurring during the process of giving birth.
- (6) “Licensure” means authorization and license granted by the department for a person to engage in the practice of midwifery.

- (7) "Midwife" means any person not less than 21 years of age, other than a licensed physician or certified nurse midwife, who is licensed under this chapter to supervise the birth of a child.
- (8) "Midwifery" means the practice of supervising the conduct of a normal labor and childbirth, with the informed consent of the parent; the practice of advising the parents as to the progress of the childbirth; and the practice of rendering prenatal and postpartal care.
- (9) "Normal labor and childbirth" means the physiological process of a healthy woman giving birth to a healthy infant and expelling an intact placenta, without injury, complications, or undue strain to the mother.
- (10) "Physician" means a person licensed to practice medicine as authorized in chapter 458 or chapter 459.
- (11) "Postpartal" or "postpartum" means existing or occurring subsequent to birth.
- (12) "Preceptor" means a physician, a licensed midwife, or a certified nurse midwife, who has a minimum of 3 years' professional experience, and who directs, teaches, supervises, and evaluates the learning experiences of the student midwife.
- (13) "Prenatal" or "antepartal" means occurring during pregnancy up to the point of onset of labor.
- (14) "Stillbirth" means the death of a fetus of more than 20 weeks' gestation.
- History.—ss. 1, 3, ch. 82-99; ss. 2, 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 2, 19, ch. 92-179; s. 128, ch. 94-218; s. 74, ch. 98-166; s. 131, ch. 2000-318; s. 87, ch. 2008-6.

**467.004 Council of Licensed Midwifery.—**

- (1) The Council of Licensed Midwifery is created within the department and shall consist of nine members to be appointed by the State Surgeon General.
- (2) One member of the council shall be a certified nurse midwife. One member of the council shall be a physician who is an obstetrician certified by the American Board of Obstetrics and Gynecology and one family physician certified by the American Board of Family Practice. One member of the council shall be a physician who is a pediatrician certified by the American Board of Pediatrics. Four members of the council shall be licensed midwives. The one remaining member shall be a resident of this state who has never been a licensed midwife and who has no financial interest in the practice of midwifery or in any health care facility, agency, or insurer. The council members shall serve staggered 4-year terms as determined by rule.
- (3) The council shall:
- (a) Assist and advise the department in developing rules relating to: training requirements, including core competencies, for persons training to become licensed midwives; the licensure examination; fees; the informed consent form; responsibilities of midwives; emergency care plans; records and reports to be filed by licensed midwives; and other regulatory requirements developed by the department.
  - (b) Assist the department in developing rules to implement s. 467.205, relating to approval of midwifery training programs.
  - (c) Monitor and inform the department on the practice of midwifery in other states and countries by persons who are not nurses.
  - (d) Educate the public and other providers of obstetrical care about the role of licensed midwives.
  - (e) Collect and review data regarding licensed midwifery.
  - (f) Recommend changes in the Midwifery Practice Act to the department and the Legislature.
  - (g) Address concerns and problems of practicing licensed midwives in order to promote improved safety in the practice of midwifery.
- (4) Members of the council shall serve without pay. The council members shall be entitled to reimbursement for per diem and travel expenses pursuant to s. 112.061.

History.—ss. 1, 3, ch. 82-99; s. 2, ch. 83-265; ss. 3, 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 3, 19, 20, ch. 92-179; s. 129, ch. 94-218; s. 62, ch. 95-144; s. 79, ch. 2001-62; s. 88, ch. 2008-6.

**467.005 Authority to make rules.**—The department has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it. The rules shall include, but not be limited to, the allowable scope of midwifery practice regarding use of equipment, procedures, and medication.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 130, ch. 98-200.

**467.006 Requirements to practice midwifery.**—

(1) Any person who seeks to practice midwifery in this state must be at least 21 years of age and must be licensed pursuant to s. 464.012 or this chapter.

(2) A midwife who on October 1, 1992, holds a valid license to practice midwifery in this state may continue to practice midwifery pursuant to the provisions of this chapter except for the provisions relating to collaborative care and to administration of medicinal drugs in s. 467.015(2) and (3). Upon successful completion of additional training requirements, as determined by the council and department, the midwife may practice midwifery in accordance with all provisions of this chapter.

History.—ss. 6, 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 4, 19, ch. 92-179; s. 4, ch. 98-130.

**467.009 Midwifery programs; education and training requirements.**—

(1) The department shall adopt standards for midwifery programs. The standards shall encompass clinical and classroom instruction in all aspects of prenatal, intrapartal, and postpartal care, including obstetrics; neonatal pediatrics; basic sciences; female reproductive anatomy and physiology; behavioral sciences; childbirth education; community care; epidemiology; genetics; embryology; neonatology; applied pharmacology; the medical and legal aspects of midwifery; gynecology and women's health; family planning; nutrition during pregnancy and lactation; breastfeeding; and basic nursing skills; and any other instruction determined by the department and council to be necessary. The standards shall incorporate the core competencies established by the American College of Nurse Midwives and the Midwives Alliance of North America, including knowledge, skills, and professional behavior in the following areas: primary management, collaborative management, referral, and medical consultation; antepartal, intrapartal, postpartal, and neonatal care; family planning and gynecological care; common complications; and professional responsibilities. The standards shall include noncurriculum matters under this section, including, but not limited to, staffing and teacher qualifications.

(2) An approved midwifery program shall include a course of study and clinical training for a minimum of 3 years. If the applicant is a registered nurse or a licensed practical nurse or has previous nursing or midwifery education, the required period of training may be reduced to the extent of the applicant's qualifications, as determined under rules adopted by the department. In no case shall the training be reduced to a period of less than 2 years.

(3) To be accepted into an approved midwifery program, an applicant shall have:

(a) A high school diploma or its equivalent.

(b) Taken three college-level credits each of math and English or demonstrated competencies in communication and computation.

(4) A student midwife, during training, shall undertake, under the supervision of a preceptor, the care of 50 women in each of the prenatal, intrapartal, and postpartal periods, but the same women need not be seen through all three periods.

(5) The student midwife shall observe an additional 25 women in the intrapartal period before qualifying for a license.

(6) The training required under this section shall include training in either hospitals or alternative birth settings, or both, with particular emphasis on learning the ability to differentiate between low-risk pregnancies and high-risk pregnancies. A hospital or birthing center receiving public funds shall be required to provide student midwives access to observe labor, delivery, and postpartal procedures, provided the woman in labor has given informed consent. The Department of Health shall assist in facilitating access to hospital training for approved midwifery programs.

(7) The Department of Education shall adopt curricular frameworks for midwifery programs conducted within public educational institutions pursuant to this section.

(8) Nonpublic educational institutions that conduct approved midwifery programs shall be accredited by a member of the Commission on Recognition of Postsecondary Accreditation and shall be licensed by the Commission for Independent Education.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 5, 19, ch. 92-179; s. 24, ch. 94-310; s. 36, ch. 98-421; s. 226, ch. 99-8; s. 16, ch. 2004-41; s. 1, ch. 2011-177.

#### **467.011 Licensure by examination.—**

(1) The department shall administer an examination to test the proficiency of applicants in the core competencies required to practice midwifery as specified in s. 467.009.

(2) The department shall develop, publish, and make available to interested parties at a reasonable cost a bibliography and guide for the examination.

(3) The department shall issue a license to practice midwifery to an applicant who has graduated from an approved midwifery program and successfully completed the examination, upon payment of the required licensure fee.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 6, 19, ch. 92-179; s. 79, ch. 2001-62.

#### **467.012 Renewal of license.—**

(1) The department shall renew a license upon receipt of the renewal application and fee, provided the applicant is in compliance with the provisions of this chapter and rules adopted under this chapter.

(2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.

(3) The department may by rule prescribe continuing education requirements, not to exceed 20 hours biennially, as a condition for renewal of a license. The criteria for continuing education programs shall be approved by the department. Any individual, institution, organization, or agency that is approved by the department to provide continuing education programs to midwives for the purpose of license renewal must demonstrate that such programs comply with the following criteria:

(a) The programs have clinical relevance to the practice of midwifery;

(b) The programs are at least 1 clock hour in duration;

(c) The programs have an organized structure with objectives and expected outcomes; and

(d) Each presenter, instructor, or facilitator of programs is a recognized professional, such as a physician, nurse, certified nurse midwife, psychologist, or licensed midwife.

(4) The department shall approve, through the adoption of rules, continuing education programs that meet the criteria of this section and have clinical relevance to the practice of midwifery. Each midwife shall be required to affirm that he or she has the applicable number of continuing education hours for the reporting period as specified by the department.

(5) A midwife licensed in this state who resides in another state may obtain the continuing education credits required for license renewal by attending a program approved by the agency in the midwife's state of residence which regulates the licensure of health care

professionals in that state if such program has clinical relevance to the practice of midwifery.

(6) A licensed midwife may fulfill up to 5 hours of continuing education credit by providing pro bono services for indigent persons or underserved populations in areas of critical need within the state.

(7) In order to authorize continuing education credit for pro bono services, the department shall adopt rules requiring that a licensee notify the department of his or her intention of providing these services; the type, nature, and extent of services to be rendered; the location where the services will be rendered; the number of patients expected to be served; and a statement indicating that the patients to be served are indigent.

(8) Each midwife shall maintain documentation of pro bono service for 4 years after the date the credits are used as a basis for license renewal and shall submit a certified copy of such documentation to the department upon request.

(9) The department shall audit the files of randomly selected licensees to ensure compliance with this section and with rules adopted under this section. The department may take disciplinary action, as established by rule, against a licensee who fails to maintain the required documentation for continuing education, patient records, and pro bono service or who submits false or misleading information or documentation to the department.

(10) Any individual, institution, organization, or agency that seeks approval by the department for the purpose of conducting continuing education programs for licensed midwives must apply to the department. The department shall issue a provider number to all approved providers, which number must appear on all documents that relate to each continuing education program conducted by the provider. A provider's approved status remains in effect for the biennium in which such status was granted by the department. The department may renew a provider's approved status if the provider meets the requirements established by the department by rule. An approved provider shall maintain the following records for each continuing education program for 4 years following the licensure biennium during which the program was offered:

- (a) A program outline that reflects the educational objectives of the program;
- (b) The instructor's name;
- (c) The date and location of the program;
- (d) The participants' evaluations of the program;
- (e) The number of clock hours of credit awarded to each participant; and
- (f) A roster of participants by name and license number.

(11) The approved provider of a continuing education program shall certify the participation of any midwife who completes the program by providing the midwife with a certificate or comparable documentation verifying that the midwife completed the program. The department shall adopt rules that establish what the verification must contain.

(12) A presenter of a continuing education program may receive the same amount of credit, on a one-time basis, as the program participants. The presenter must have developed the program, been in attendance for the entire program, and received documentation of completion from the approved provider. A licensee may receive up to 3 hours of continuing education credit per biennium for presenting programs.

(13) The department may audit or monitor programs and review records and program materials given by any approved provider. The department may rescind a provider's approved status or reject an individual program given by a provider if the program does not have clinical relevance to the practice of midwifery, if any false or misleading information is disseminated in connection with the continuing education program, or if the provider fails to conform to and abide by the conditions outlined in the application and rules of the department.

History.—ss. 1, 3, ch. 82-99; s. 88, ch. 83-218; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 182, ch. 94-119; s. 5, ch. 98-130.

**467.0125 Licensure by endorsement.—**

(1) The department shall issue a license by endorsement to practice midwifery to an applicant who, upon applying to the department, demonstrates to the department that she or he:

(a)1. Holds a valid certificate or diploma from a foreign institution of medicine or midwifery or from a midwifery program offered in another state, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the country or state in which it was issued, provided the requirements therefor are deemed by the department to be substantially equivalent to, or to exceed, those established under this chapter and rules adopted under this chapter, and submits therewith a certified translation of the foreign certificate or diploma; or

2. Holds a valid certificate or license to practice midwifery in another state, issued by that state, provided the requirements therefor are deemed by the department to be substantially equivalent to, or to exceed, those established under this chapter and rules adopted under this chapter.

(b) Has completed a 4-month prelicensure course conducted by an approved program and has submitted documentation to the department of successful completion. The department shall determine by rule the content of the prelicensure course.

(c) Has successfully passed the licensed midwifery examination.

(2) The department may issue a temporary certificate to practice in areas of critical need to any midwife who is qualifying for licensure by endorsement under subsection (1), with the following restrictions:

(a) The Department of Health shall determine the areas of critical need, and the midwife so certified shall practice only in those specific areas, under the auspices of a physician licensed pursuant to chapter 458 or chapter 459, a certified nurse midwife licensed pursuant to part I of chapter 464, or a midwife licensed under this chapter, who has a minimum of 3 years' professional experience. Such areas shall include, but not be limited to, health professional shortage areas designated by the United States Department of Health and Human Services.

(b) A temporary certificate issued under this section shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years, and shall not be renewable.

(c) The department may administer an abbreviated oral examination to determine the midwife's competency, but no written regular examination shall be necessary.

(d) The department shall not issue a temporary certificate to any midwife who is under investigation in another state for an act which would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of this section shall apply.

(e) The department shall review the practice under a temporary certificate at least annually to ascertain that the minimum requirements of the midwifery rules promulgated under this chapter are being met. If it is determined that the minimum requirements are not being met, the department shall immediately revoke the temporary certificate.

(f) The fee for a temporary certificate shall not exceed \$50 and shall be in addition to the fee required for licensure.

History.—ss. 7, 19, ch. 92-179; s. 264, ch. 97-103; s. 227, ch. 99-8; s. 132, ch. 2000-318; s. 79, ch. 2001-62; s. 55, ch. 2003-1.

**467.013 Inactive status.—**A licensee may request that his or her license be placed in an inactive status by making application to the department and paying a fee.

(1) An inactive license may be renewed for one additional biennium upon application to the department and payment of the applicable biennium renewal fee. The department shall establish by rule procedures and fees for applying to place a license on inactive status,

renewing an inactive license, and reactivating an inactive license. The fee for any of these procedures may not exceed the biennial renewal fee established by the department.

(2) Any license that is not renewed by the end of the biennium established by the department automatically reverts to involuntary inactive status unless the licensee has applied for voluntary inactive status. Such license may be reactivated only if the licensee meets the requirements for reactivating the license established by department rule.

(3) A midwife who desires to reactivate an inactive license shall apply to the department, complete the reactivation application, remit the applicable fees, and submit proof of compliance with the requirements for continuing education established by department rule.

(4) Each licensed midwife whose license has been placed on inactive status for more than 1 year must complete continuing education hours as a condition of reactivating the inactive license.

(5) The licensee shall submit to the department evidence of participation in 10 hours of continuing education, approved by the department and clinically related to the practice of midwifery, for each year of the biennium in which the license was inactive. This requirement is in addition to submitting evidence of completing the continuing education required for the most recent biennium in which the licensee held an active license.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 8, 19, ch. 92-179; s. 183, ch. 94-119; s. 265, ch. 97-103; s. 6, ch. 98-130.

**467.0135 Fees.**—The department shall establish fees for application, examination, initial licensure, renewal of licensure, licensure by endorsement, inactive status, delinquent status, and reactivation of an inactive license. The appropriate fee must be paid at the time of application and is payable to the Department of Health, in accordance with rules adopted by the department. A fee is nonrefundable, unless otherwise provided by rule. A fee may not exceed:

- (1) Five hundred dollars for examination.
- (2) Five hundred dollars for initial licensure.
- (3) Five hundred dollars for renewal of licensure.
- (4) Two hundred dollars for application, which fee is nonrefundable.
- (5) Five hundred dollars for reactivation of an inactive license.
- (6) Five hundred dollars for licensure by endorsement.

A fee for inactive status, reactivation of an inactive license, or delinquency may not exceed the fee established by the department for biennial renewal of an active license. All fees collected under this section shall be deposited in the Medical Quality Assurance Trust Fund.

History.—ss. 9, 19, ch. 92-179; s. 184, ch. 94-119; s. 7, ch. 98-130; s. 123, ch. 2000-153.

**467.014 Financial responsibility.**—A licensed midwife shall include in the informed consent plan presented to the parents the status of the midwife's malpractice insurance, including the amount of malpractice insurance, if any.

History.—ss. 10, 19, ch. 92-179; s. 79, ch. 2001-62.

**467.015 Responsibilities of the midwife.**—

(1) A midwife shall accept and provide care for only those mothers who are expected to have a normal pregnancy, labor, and delivery and shall ensure that the following conditions are met:

- (a) The patient has signed an informed consent form approved by the department pursuant to s. 467.016.
- (b) If the patient is delivering at home, the home is safe and hygienic and meets standards set forth by the department.



(2) A midwife may provide collaborative prenatal and postpartal care to pregnant women not at low risk in their pregnancy, labor, and delivery, within a written protocol of a physician currently licensed under chapter 458 or chapter 459, which physician shall maintain supervision for directing the specific course of medical treatment. The department shall by rule develop guidelines for the identification of high-risk pregnancies.

(3) A midwife licensed under this chapter may administer prophylactic ophthalmic medication, oxygen, postpartum oxytocin, vitamin K, rho immune globulin (human), and local anesthetic pursuant to a prescription issued by a practitioner licensed under chapter 458 or chapter 459, and may administer such other medicinal drugs as prescribed by such practitioner. Any such prescription for medicinal drugs shall be in a form that complies with chapter 499 and shall be dispensed in a pharmacy permitted under chapter 465 by a pharmacist licensed under chapter 465.

(4) The care of mothers and infants throughout the prenatal, intrapartal, and postpartal periods shall be in conformity with rules adopted by the department pursuant to this chapter and the public health laws of this state.

(5) The midwife shall:

(a) Prepare a written plan of action with the family to ensure continuity of medical care throughout labor and delivery and to provide for immediate medical care if an emergency arises. The family should have specific plans for medical care throughout the prenatal, intrapartal, and postpartal periods.

(b) Instruct the patient and family regarding the preparation of the environment and ensure availability of equipment and supplies needed for delivery and infant care, if a home birth is planned.

(c) Instruct the patient in the hygiene of pregnancy and nutrition as it relates to prenatal care.

(d) Maintain equipment and supplies in conformity with the rules adopted pursuant to this chapter.

(6) The midwife shall determine the progress of labor and, when birth is imminent, shall be immediately available until delivery is accomplished. During labor and delivery, the midwife shall comply with rules adopted by the department pursuant to this chapter, which shall include rules that govern:

(a) Maintaining a safe and hygienic environment;

(b) Monitoring the progress of labor and the status of the fetus;

(c) Recognizing early signs of distress or complications; and

(d) Enacting the written emergency plan when indicated.

(7)(a) The midwife shall remain with the postpartal mother until the conditions of the mother and the neonate are stabilized.

(b) The midwife shall instill into each eye of the newborn infant a prophylactic in accordance with s. 383.04.

History.—ss. 1, 3, ch. 82-99; s. 89, ch. 83-218; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 11, 19, ch. 92-179; s. 79, ch. 2001-62.

**467.016 Informed consent.**—The department shall develop a uniform client informed-consent form to be used by the midwife to inform the client of the qualifications of a licensed midwife and the nature and risk of the procedures to be used by a midwife and to obtain the client's consent for the provision of midwifery services.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 79, ch. 2001-62.

**467.017 Emergency care plan; immunity.**—

(1) Every licensed midwife shall develop a written plan for the appropriate delivery of emergency care. A copy of the plan shall accompany any application for license issuance or renewal. The plan shall address the following:

- (a) Consultation with other health care providers.
- (b) Emergency transfer.
- (c) Access to neonatal intensive care units and obstetrical units or other patient care areas.

(2) Any physician licensed under chapter 458 or chapter 459, or any certified nurse midwife, or any hospital licensed under chapter 395, or any osteopathic hospital, providing medical care or treatment to a woman or infant due to an emergency arising during delivery or birth as a consequence of the care received by a midwife licensed under chapter 467 shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 12, 19, ch. 92-179; s. 79, ch. 2001-62.

**467.019 Records and reports.—**

(1) The midwife shall mail or submit a completed birth certificate for each birth, in accordance with the requirements of chapter 382, to the local registrar of vital statistics within 5 days following birth.

(2) The midwife shall instruct the parents regarding the requirement for an infant screening blood test for metabolic diseases as required by s. 383.14 and rules promulgated pursuant thereto, and shall notify the county health department in the county where the birth occurs, within 48 hours following delivery, unless other arrangements for the test have been made by the parents.

(3) Each maternal death, newborn death, and stillbirth shall be reported immediately to the medical examiner.

(4) The department shall adopt rules requiring that a midwife keep a record of each patient served. Such record must document, but need not be limited to, each consultation, referral, transport, transfer of care, and emergency care rendered by the midwife and must include all subsequent updates and copy of the birth certificate. These records shall be kept on file for a minimum of 5 years following the date of the last entry in the records.

(5) Within 90 days after the death of a midwife, the estate or agent shall place all patient records of the deceased midwife in the care of another midwife licensed in this state who shall ensure that each patient of the deceased midwife is notified in writing. A midwife who terminates or relocates to private practice outside the local telephone directory service area of the midwife's current practice shall provide notice to all patients as prescribed by department rule.

(6) The department shall adopt rules to provide for maintaining patient records of a deceased midwife or a midwife who terminates or relocates a private practice.

(7) A licensed midwife who is or has been employed by a practice or facility, such as a birth center, which maintains patient records as records belonging to the facility may review patient records on the premises of the practice or facility as necessary for statistical purposes.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 144, ch. 97-101; s. 8, ch. 98-130.

**467.201 Violations and penalties.—**Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

- (1) Practicing midwifery, unless holding an active license to do so.
- (2) Using or attempting to use a license which has been suspended or revoked.
- (3) The willful practice of midwifery by a student midwife without a preceptor present, except in an emergency.

- (4) Knowingly allowing a student midwife to practice midwifery without a preceptor present, except in an emergency.
  - (5) Obtaining or attempting to obtain a license under this chapter through bribery or fraudulent misrepresentation.
  - (6) Using the name or title "midwife" or "licensed midwife" or any other name or title which implies that a person is licensed to practice midwifery, unless such person is duly licensed as provided in this chapter.
  - (7) Knowingly concealing information relating to the enforcement of this chapter or rules adopted pursuant thereto.
- History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; s. 96, ch. 91-224; ss. 4, 5, ch. 91-429; ss. 13, 19, ch. 92-179; s. 57, ch. 2000-318; s. 79, ch. 2001-62.

**467.203 Disciplinary actions; penalties.—**

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
  - (a) Procuring, attempting to procure, or renewing a license to practice midwifery by bribery, by fraudulent misrepresentation, or through an error of the department.
  - (b) Having a license to practice midwifery revoked, suspended, or otherwise acted against, including being denied licensure, by the licensing authority of another state, territory, or country.
  - (c) Being convicted or found guilty, regardless of adjudication, in any jurisdiction of a crime which directly relates to the practice of midwifery or to the ability to practice midwifery. A plea of nolo contendere shall be considered a conviction for purposes of this provision.
  - (d) Making or filing a false report or record, which the licensee knows to be false; intentionally or negligently failing to file a report or record required by state or federal law; or willfully impeding or obstructing such filing or inducing another to do so. Such reports or records shall include only those which are signed in the midwife's capacity as a licensed midwife.
  - (e) Advertising falsely, misleadingly, or deceptively.
  - (f) Engaging in unprofessional conduct, which includes, but is not limited to, any departure from, or the failure to conform to, the standards of practice of midwifery as established by the department, in which case actual injury need not be established.
  - (g) Being unable to practice midwifery with reasonable skill and safety to patients by reason of illness; drunkenness; or use of drugs, narcotics, chemicals, or other materials or as a result of any mental or physical condition. A midwife affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the competent practice of midwifery with reasonable skill and safety.
  - (h) Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department.
  - (i) Violating any lawful order of the department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
  - (j) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
- (2) The department may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).
- (3) The department shall not reinstate the license of a midwife, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of midwifery.

(4) The department shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of suspension or probation, or conditions of probation or reissuance of a license.

History.—ss. 1, 3, ch. 82-99; s. 90, ch. 83-218; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 266, ch. 97-103; s. 133, ch. 2000-318; s. 79, ch. 2001-62; s. 36, ch. 2001-277; s. 12, ch. 2005-240.

**467.205 Approval of midwifery programs.—**

(1) An organization desiring to conduct an approved program for the education of midwives shall apply to the department and submit such evidence as may be required to show that it complies with s. 467.009 and with the rules of the department. Any accredited or state-licensed institution of higher learning, public or private, may provide midwifery education and training.

(2) The department shall adopt rules regarding educational objectives, faculty qualifications, curriculum guidelines, administrative procedures, and other training requirements as are necessary to ensure that approved programs graduate midwives competent to practice under this chapter.

(3) The department shall survey each organization applying for approval. If the department is satisfied that the program meets the requirements of s. 467.009 and rules adopted pursuant to that section, it shall approve the program.

(4) The department shall, at least once every 3 years, certify whether each approved midwifery program complies with the standards developed under s. 467.009.

(5) If the department finds that an approved program no longer meets the required standards, it may place the program on probationary status until such time as the standards are restored. If a program fails to correct these conditions within a specified period of time, the department may rescind the approval. Any program having its approval rescinded shall have the right to reapply.

(6) Provisional approval of a new program may be granted pending the licensure results of the first graduating class.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; ss. 14, 19, ch. 92-179; s. 79, ch. 2001-62.

**467.207 Exceptions.—**No provision of this chapter shall be construed to prohibit:

(1) The practice of midwifery by students enrolled in an approved midwifery training program.

(2) The establishment of an independent practice by one or more midwives for the purpose of rendering to patients midwifery services within the scope of the midwife license.

(3) Assistance by any person in the case of an emergency.

History.—ss. 1, 3, ch. 82-99; s. 8, ch. 84-268; ss. 4, 5, ch. 91-429; s. 19, ch. 92-179; s. 79, ch. 2001-62.