



Notices of Exempt Rulemaking

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**6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**

Arizona Revised Statutes (A.R.S.) § 36-405 requires the Department to adopt rules to "establish minimum standards and requirements for the construction, modification and licensure of health care institutions necessary to ensure public health, safety and welfare." The Department has implemented A.R.S. § 36-405 in *Arizona Administrative Code* R9-1-412. The Department uses R9-1-412, which contains physical plant health and safety codes and standards as incorporations by reference, when reviewing architectural plans and specifications for construction or modification of health care institutions under A.R.S. § 36-406. Laws 2011, Ch. 96, § 1 requires the Department to adopt rules regarding health care institutions that reduce monetary or regulatory costs on persons or individuals. The physical plant health and safety codes and standards currently in rule are outdated and may conflict with more current codes used by local jurisdictions, with which a health care institution must also comply. The Department is revising R9-1-412 to reduce the number of incorporated physical plant health and safety codes and standards and update the remaining physical plant health and safety codes and standards. These changes should reduce the regulatory burden on health care institutions that are required to comply with R9-1-412 when undergoing construction or modification of the health care institution's physical plant. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking. The rule conforms to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

**7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**8. A showing of good cause why the rule is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business, and consumer impact, if applicable:**

Not applicable

**10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):**

Not applicable

**11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:**

Not applicable

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rule does not require a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**

Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

Not applicable

**13. A list of any incorporated by reference material and its location in the rules:**

None

**14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:**

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

**15. The full text of the rules follows:**

Notices of Exempt Rulemaking

TITLE 9. HEALTH SERVICES

CHAPTER 1. DEPARTMENT OF HEALTH SERVICES  
ADMINISTRATION

ARTICLE 4. CODES AND STANDARDS REFERENCED

R9-1-412. Physical Plant Health and Safety Codes and Standards

ARTICLE 4. CODES AND STANDARDS REFERENCED

**R9-1-412. Physical Plant Health and Safety Codes and Standards**

- A. The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
1. Guidelines for Design and Construction of Health Care Facilities (2010 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at [www.fgiguilines.org](http://www.fgiguilines.org);
  2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at [www.nfpa.org/catalog](http://www.nfpa.org/catalog):
    - a. NFPA70 National Electrical Code,
    - b. NFPA101 Life Safety Code, and
    - c. 2012 Supplements;
  - 1.3. ~~International Code Council~~, International Building Code (2006) (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Section 101.2 is modified by deleting the “Exception”;
    - c. Sections 103.1 through 103.3 are deleted;
    - d. Sections 104.1 through ~~104.9.1~~ 104.11.2 are deleted;
    - e. Sections 105.1 through 105.7 are deleted;
    - f. Sections 106.1 through ~~106.5~~ 106.3 are deleted;
    - g. Sections 107.1 through ~~107.4~~ 107.5 are deleted;
    - h. Sections 108.1 through ~~108.6~~ 108.4 are deleted;
    - i. Sections 109.1 through 109.6 are deleted;
    - j. Sections 110.1 through ~~110.4~~ 110.6 are deleted;
    - k. Sections 111.1 through ~~111.3~~ 111.4 are deleted;
    - l. Sections 112.1 through 112.3 are deleted;
    - m. Sections 113.1 through ~~113.4~~ 113.3 are deleted;
    - n. Sections 114.1 through ~~114.3~~ 114.4 are deleted;
    - o. Sections 115.1 through ~~115.5~~ 115.3 are deleted;
    - p. Sections 116.1 through 116.5 are deleted;
    - ~~p-q.~~ Section 3401.3 is modified by deleting “International Residential Code,” “International Energy Conservation Code,” and “International Property Maintenance Code”; and
    - ~~q-r.~~ Appendices A, B, C, D, ~~and G~~ K, L, and M are deleted;
    - r. Section K101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - s. Section K201.3 is modified by deleting “International Residential Code, International Zoning Code”;
    - t. Appendix K, Chapters K3, K4, K5, K7, K8, K9, K10, and K11 are deleted; and
    - u. Section K1201.1.1 is modified by deleting “the International Residential Code or”;
  2. International Code Council, International Fuel Gas Code (2006), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Section 101.2 is modified by deleting the “Exception”;
    - c. Sections 103.1 through 103.4 are deleted;
    - d. Sections 104.1 through 104.8 are deleted;
    - e. Sections 106.1 through 106.5.3 are deleted;
    - f. Sections 107.1 through 107.4 are deleted;
    - g. Sections 108.1 through 108.7.3 are deleted; and
    - h. Sections 109.1 through 109.7 are deleted;

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- 3-4. ~~International Code Council~~, International Mechanical Code (~~2006~~) (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
  - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4 are deleted,
  - c. Sections 104.1 through ~~104.8~~ 104.7 are deleted,
  - d. Sections 105.1 through 105.4 are deleted.
  - ~~d-e.~~ Sections 106.1 through 106.5.3 are deleted,
  - ~~e-f.~~ Sections 107.1 through ~~107.4~~ 107.6 are deleted,
  - ~~f-g.~~ Sections 108.1 through 108.7.3 are deleted,
  - ~~g-h.~~ Sections 109.1 through 109.7 are deleted, ~~and~~
  - i. Sections 110.1 through 110.4 are deleted, and
  - ~~h-j.~~ Appendix B is deleted;
4. ~~International Code Council, International Property Maintenance Code (2006)~~, published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
  - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.5 are deleted,
  - e. Sections 104.1 through 104.7 are deleted,
  - d. Sections 106.1 through 106.5 are deleted,
  - e. Sections 107.1 through 107.5 are deleted,
  - f. Sections 108.1 through 108.5 are deleted,
  - g. Sections 109.1 through 109.6 are deleted,
  - h. Sections 110.1 through 110.4 are deleted,
  - i. Sections 111.1 through 111.8 are deleted, and
  - j. Section 201.3 is modified by deleting “International Zoning Code”;
5. International Plumbing Code (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
  - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”.
  - b. Sections 103.1 through 103.4 are deleted.
  - c. Sections 104.1 through 104.7 are deleted.
  - d. Sections 105.1 through 105.4 are deleted.
  - e. Sections 106.1 through 106.6.3 are deleted.
  - f. Sections 107.1 through 107.7 are deleted.
  - g. Sections 108.1 through 108.7.3 are deleted.
  - h. Sections 109.1 through 109.7 are deleted.
  - i. Sections 110.1 through 110.4 are deleted, and
  - j. Appendix A is deleted;
- 5-6. ~~International Code Council~~, International Fire Code (~~2006~~) (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
  - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4.1 are deleted,
  - c. Sections 104.1 through 104.11.3 are deleted,
  - d. Sections 105.1 through ~~105.7-13~~ 105.7.16 are deleted,
  - e. Sections 106.1 through 106.4 are deleted,
  - f. Sections 108.1 through 108.3 are deleted,
  - g. Sections 109.1 through ~~109.3-4~~ 109.4.1 are deleted,
  - h. Sections 110.1 through 110.4 are deleted,
  - i. Sections 111.1 through 111.4 are deleted, ~~and~~
  - j. Section 112.1 is deleted.
  - k. Sections 113.1 through 113.5 are deleted, and
  - ~~j-l.~~ Appendix A is deleted;
6. ~~International Code Council, ICC Electrical Code Administrative Provisions (2006)~~, published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
  - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Section 201.3 is modified by deleting “International Residential Code, International Zoning Code”;

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- e. Chapter 3 is deleted;
  - d. Chapter 4 is deleted;
  - e. Chapter 5 is deleted;
  - f. Chapter 7 is deleted;
  - g. Chapter 8 is deleted;
  - h. Chapter 9 is deleted;
  - i. Chapter 10 is deleted;
  - j. Chapter 11 is deleted; and
  - k. Section 1201.1.1 is modified by deleting “the International Residential Code or”;
7. International Code Council, International Energy Conservation Code (2006), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”, and
  - b. Section 101.4.3 is modified by deleting the “Exception”;
8. International Code Council, International Plumbing Code (2006), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4 are deleted;
  - e. Sections 104.1 through 104.8 are deleted;
  - d. Sections 106.1 through 106.6.3 are deleted;
  - e. Sections 107.1 through 107.5 are deleted;
  - f. Sections 108.1 through 108.7.3 are deleted;
  - g. Sections 109.1 through 109.7 are deleted; and
  - h. Appendix A is deleted;
9. International Code Council, International Private Sewage Disposal Code (2006), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4 are deleted;
  - e. Sections 104.1 through 104.8 are deleted;
  - d. Sections 106.1 through 106.4.3 are deleted;
  - e. Sections 107.1 through 107.4 are deleted;
  - f. Sections 108.1 through 108.7.2 are deleted; and
  - g. Sections 109.1 through 109.7 are deleted;
- ~~10.7. International Code Council, Pub. No. ICC/ANSI A117.1-2003 ICC/A117.1-2009, American National Standard: Accessible and Usable Buildings and Facilities (2003) (2009), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org);~~
11. American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities (2006 ed.), published by and available from the American Institute of Architects, 1735 New York Avenue, N.W., Washington, DC 20006, with the following modifications: In the appendices, the word “should” is replaced with “shall” each time it is used; and
12. National Fire Protection Association, National Fire Codes (2006), as updated by National Fire Codes Supplement (2006), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-9101, with the following modifications:
- a. All annexes and appendices are deleted, except the following:
    - i. In NFPA 15, Annexes A, B, and C;
    - ii. In NFPA 20, Annexes A and B;
    - iii. In NFPA 70, Annexes B, C, and D;
    - iv. In NFPA 80, Appendices A, B, C, D, E, F, G, H, I, and J;
    - v. In NFPA 82, Annex A;
    - vi. In NFPA 90A, Annexes A and B;
    - vii. In NFPA 96, Annexes A and B;
    - viii. In NFPA 99, Annexes A, B, C, D, E, and G;
    - ix. In NFPA 99B, Annexes A, B, and D;
    - x. In NFPA 101, Annex A;
    - xi. In NFPA 101B, Annex A;
    - xii. In NFPA 110, Annexes A and B;

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- ~~xiii. In NFPA 111, Annex A;~~
- ~~xiv. In NFPA 253, Annexes A, B, C, D, E, G, and H;~~
- ~~xv. In NFPA 255, Annexes A, B, C, and D;~~
- ~~xvi. In NFPA 288, Annexes A, B, and C;~~
- ~~xvii. In NFPA 418, Appendix A;~~
- ~~xviii. In NFPA 701, Annexes A, B, C, and D; and~~
- ~~xix. In NFPA 801, Annexes A and C; and~~

~~b. The language in the included appendices and annexes shall be construed as mandatory rather than advisory.~~

8. International Fuel Gas Code (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”.
- b. Section 101.2 is modified by deleting the “Exception”.
- c. Sections 103.1 through 103.4 are deleted.
- d. Sections 104.1 through 104.7 are deleted.
- e. Sections 105.1 through 105.5 are deleted.
- f. Sections 106.1 through 106.6.3 are deleted.
- g. Sections 107.1 through 107.6 are deleted.
- h. Sections 108.1 through 108.7.3 are deleted.
- i. Sections 109.1 through 109.7 are deleted, and
- j. Sections 110.1 through 110.4 are deleted; and

9. International Private Sewage Disposal Code (2012), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at www.iccsafe.org, with the following modifications:

- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”.
- b. Sections 103.1 through 103.4 are deleted.
- c. Sections 104.1 through 104.7 are deleted.
- d. Sections 105.1 through 105.4 are deleted.
- e. Sections 106.1 through 106.4.3 are deleted.
- f. Sections 107.1 through 107.7 are deleted.
- g. Sections 108.1 through 108.7.2 are deleted.
- h. Sections 109.1 through 109.7 are deleted, and
- i. Sections 110.1 through 110.4 are deleted.

B. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

**NOTICE OF EXEMPT RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 16. DEPARTMENT OF HEALTH SERVICES**

**OCCUPATIONAL LICENSING**

*Editor’s Note: The following Notice of Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 1845). The Governor’s Office authorized the notice to proceed through the rulemaking process on August 16, 2012.*

[R13-113]

**PREAMBLE**

<b><u>1. Article, Part or Sections Affected (as applicable)</u></b>	<b><u>Rulemaking Action</u></b>
R9-16-101	Amend
R9-16-102	Repeal
R9-16-102	Repeal
R9-16-102	Repeal
R9-16-102	Repeal
R9-16-103	Repeal
R9-16-103	Repeal
R9-16-103	Repeal
Exhibit B	Repeal
Exhibit C	Repeal
R9-16-104	Repeal
R9-16-104	New Section

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R9-16-105	Amend
Exhibit D	Repeal
R9-16-105.01	Repeal
Table 1	Repeal
R9-16-106	Repeal
R9-16-106	Repeal
R9-16-107	Repeal
R9-16-107	Repeal
Table 1.1	Repeal
Exhibit E	Repeal
R9-16-108	Repeal
R9-16-108	Repeal
R9-16-109	Repeal
R9-16-109	Repeal
R9-16-110	Repeal
R9-16-110	Repeal
R9-16-111	Repeal
R9-16-111	Repeal
R9-16-112	Repeal
R9-16-112	Repeal
R9-16-113	Repeal
R9-16-113	Repeal
R9-16-114	Repeal
R9-16-115	Repeal
R9-16-115	Repeal
R9-16-116	Repeal
R9-16-116	Repeal
R9-16-117	Repeal

**2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific) and the statute or session law authorizing the exemption:**

Authorizing statutes: A.R.S. §§ 36-132(A)(1) and 36-136(F)

Implementing statutes: A.R.S. §§ 36-751 *et seq.*

Statute or session law authorizing the exemption: Laws 2012, Chapter 93

**3. The effective date of the rule and the agency’s reason it selected the effective date:**

July 1, 2013

The effective date is the earliest date the new rules can become effective consistent with opportunities for stakeholder involvement, requirements for public notice, and opportunity for public comment in Laws 2012, Chapter 93.

**4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:**

Notice of Public Information: 19 A.A.R. 994, May 10, 2013

**5. The agency’s contact person who can answer questions about the rulemaking:**

Name: Cara Christ, M.D., Assistant Director  
Address: Arizona Department of Health Services  
Division of Licensing Services  
150 N. 18th Ave., Suite 510  
Phoenix, AZ 85007  
Telephone: (602) 364-3064  
Fax: (602) 364-4808  
E-mail: Cara.Christ@azdhs.gov

or

Name: Thomas Salow, Manager  
Address: Arizona Department of Health Services  
Office of Administrative Counsel and Rules  
1740 W. Adams, Suite 203  
Phoenix, AZ 85007  
Telephone: (602) 542-1020

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Fax: (602) 364-1150  
E-mail: Thomas.Salow@azdhs.gov

**6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**

The statutes in Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7, govern licensing and regulation of midwifery. Under these statutes, the Department adopted the rules in 9 A.A.C. 16, Article 1. Laws 2012, Chapter 93 requires the Department to consider adopting rules regarding midwifery that reduce the regulatory burden on licensed midwives, revise the midwifery scope of practice, and if available, adopt national licensure testing standards. To facilitate these changes, Laws 2012, Chapter 93 gives the Department exempt rulemaking authority until July 1, 2013 to amend 9 A.A.C. 16, Article 1. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking.

The amendments to 9 A.A.C. 16 made under Laws 2012, Chapter 93 include definition changes to improve clarity and the streamlining and updating of sections pertaining to applicant qualifications, application requirements, prohibited practice and transfer of care, required consultation, emergency measures, and administration of client and newborn records.

Notable changes to 9 A.A.C. 16 include:

- The elimination of Department-administered examination requirements and the addition of conditions for an applicant to provide documentation of certification by the North American Registry of Midwives (NARM) as a Certified Professional Midwife (CPM);
- The expansion of a midwife's scope of practice where a client may be accepted for a vaginal delivery after Caesarean section or for the delivery a fetus in a complete or frank breech presentation;
- The requirement that a midwife must establish an emergency care plan for all clients;
- A new section regarding informed consent for midwifery services;
- A new section permitting a client to decline testing;
- The establishment of a midwifery advisory committee to assist the director of the Department in analysis and research and the formulation of an annual report with recommendations to the Department; and
- The elimination of the exhibits pertaining to initial and renewal application forms, the preceptor rating guide, the affidavit of continuing education, and the midwives quarterly report.

All changes conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

**7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

None

**8. A showing of good cause why the rule is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business, and consumer impact, if applicable:**

Not applicable

**10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):**

Not applicable

**11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:**

Not applicable

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

A.R.S. § 36-405 authorizes the Department to issue licenses to specific applicants based on specific circumstances, so a general permit is not appropriate and is not used.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**

Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness**



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**of business in this state to the impact on business in other states:**

Not applicable

**13. A list of any incorporated by reference material and its location in the rules:**

None

**14. Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:**

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

**15. The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 16. DEPARTMENT OF HEALTH SERVICES  
OCCUPATIONAL LICENSING

ARTICLE 1. LICENSING OF MIDWIFERY

Sections

- R9-16-101. Definitions
- R9-16-102. Qualifications for Licensure
- R9-16-103. ~~R9-16-102.~~ Application for Initial Licensure
- R9-16-103. Renewal
- Exhibit B. ~~Midwife License Application Form~~ Repealed
- Exhibit C. ~~Preceptor Rating Guide~~ Repealed
- R9-16-104. Qualifying Examination
- R9-16-104. Administration
- R9-16-105. ~~Initial License Fee; Renewal; Continuing Education~~
- Exhibit D. ~~Renewal Application Form~~ Repealed
- R9-16-105.01. ~~Time frames~~ Repealed
- Table 1. ~~Time frames~~ Repealed
- R9-16-106. Name Change; Duplicate License
- R9-16-107. Time-frames
- Table 1.1. Time-frames (in calendar days)
- Exhibit E. ~~Individual Quarterly Report~~ Repealed
- R9-16-106. ~~R9-16-108.~~ Responsibilities of the Licensed a Midwife; Scope of Practice
- R9-16-109. Informed Consent for Midwifery Services
- R9-16-110. Assertion to Decline Required Tests
- R9-16-108. ~~R9-16-111.~~ Prohibited Practice; Transfer of Care
- R9-16-112. ~~Expired~~
- R9-16-109. ~~R9-16-112.~~ Required Consultation
- R9-16-110. ~~R9-16-113.~~ Emergency Services Measures
- R9-16-114. Midwife Report after Termination of Midwifery Services
- R9-16-107. ~~R9-16-115.~~ Recordkeeping and Report Requirements Client and Newborn Records
- R9-16-111. ~~R9-16-116.~~ Denial, Suspension, or Revocation of License; Civil Penalties; Procedures
- R9-16-117. Midwifery Advisory Committee

ARTICLE 1. LICENSING OF MIDWIFERY

**R9-16-101. Definitions**

In Article 1, unless the context otherwise requires:

1. "Abnormal presentation" means the fetus is not in a head down position with the crown of the head being the leading body part.
2. "ABO" means the classification of blood types.
3. "ADHS" or "Department" mean the Arizona Department of Health Services.
4. "Amniotic" means the fluid surrounding the fetus while in the mother's uterus.
5. "Apgar score" means the numerical score assigned to a newborn's physical condition at birth based on a rating of zero to 2 given to selected body functions.
6. "Apprenticeship" means the period of time, under the direction of a preceptor, during which a student obtains all of

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- the necessary theoretical, clinical, and practical application and intervention skills and knowledge required to be licensed pursuant to these rules.
7. "Aseptic" means free of germs.
  8. "Cervix" means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
  9. "Consultation" means communication between a licensed midwife and physician for the purpose of receiving and implementing prospective advice regarding the care of a pregnant woman or infant.
  10. "Core subjects" means the portion of study related to a woman's reproductive cycle and fetal/infant development including: human anatomy and physiology, embryology, biology, genetics, pharmacology, psychology and nutrition.
  11. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.
  12. "Direction" means the advice provided by a preceptor to a student to assist in making changes in performance without necessarily being in attendance.
  13. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
  14. "Episiotomy" means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
  15. "Fetus" refers to the infant in the mother's uterus.
  16. "HIV+" means a positive test for the Human Immunodeficiency Virus.
  17. "Infant" means a human being between birth and two years of age.
  18. "Informed Consent" means a document signed by a client consenting to the provision of midwifery services, following receipt of information and education from a licensed midwife in accordance with R9-16-106(D).
  19. "Intrapartum" means occurring from the onset of labor until after the delivery of the placenta.
  20. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
  21. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records in accordance with A.R.S. Title 36, Chapter 3.
  22. "Low risk" means that the expected outcome of pregnancy, determined through physical assessment and review of the obstetrical history shall most likely be that of a healthy woman giving birth to a healthy infant and expelling an intact placenta.
  23. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
  24. "Multipara" means a woman who has given birth more than once.
  25. "Newborn" means an infant who is within the first 28 days of life.
  26. "Observation" means the planned learning experience where the student midwife obtains knowledge through watching a licensed, registered, or certified midwife, or certified nurse midwife or physician provide obstetric service to a mother or newborn.
  27. "Parity" means the number of infants a woman has delivered.
  28. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
  29. "Physician" means a medical, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice.
  30. "Postpartum" means the six week period following delivery of an infant and placenta.
  31. "Preceptor" means an Arizona licensed midwife, certified nurse midwife, physician, or a midwife who is certified, registered, or licensed by another state and who is responsible for supervising a person preparing to be licensed as a midwife during the person's apprenticeship period.
  32. "Prenatal" means the period from conception to the onset of labor and birth.
  33. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
  34. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of the pregnancy and the overall health of the woman.
  35. "Primigravida" means a woman who is pregnant for the first time.
  36. "Primipara" means a woman who has given birth to her first infant.
  37. "Quickening" means the first perceptible movement of the fetus in the uterus, appearing usually in the 16th to the 20th week of pregnancy.
  38. "Rh" means a blood antigen.
  39. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action by the midwife.
  40. "Supervision" means, in a preceptor student midwife relationship, overseeing a student's learning activities while retaining full responsibility for the care of the client and being present during new procedures.
  41. "Transfer of care" means that the midwife refers the care of the client to a medical facility or physician who then assumes responsibility for the direct care of the client.

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42. “Universal precautions” means the handling of all materials and instruments which may contain or have been in contact with blood or bodily fluids in accordance with the “Update: Universal Precautions for the Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health Care Settings,” Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37, No. 24, Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, GA 30333, incorporated herein by reference and on file with the Office of the Secretary of State.

In addition to the definitions in A.R.S. § 36-751, the following definitions apply in this Article unless otherwise specified:

1. “Abnormal presentation” means the fetus is not in a head-down position with the crown of the head being the leading body part.
2. “Addiction” means a condition that results when a person ingests a substance that becomes compulsive and interferes with ordinary life responsibilities, such as work, relationships, or health.
3. “Amniotic” means the fluid surrounding the fetus while in the mother's uterus.
4. “Apgar score” means the number indicating a newborn's physical condition attained by rating selected body functions.
5. “Aseptic” means free of germs.
6. “Breech” means a complete breech, a frank breech, or an incomplete breech.
7. “Certified nurse midwife” means an individual who meets the criteria in 4 A.A.C. 19, Article 5 and is certified by the Arizona State Board of Nursing.
8. “Complete breech” means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded at the knees and the feet near the buttocks.
9. “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
10. “Cervix” means the narrow lower end of the uterus which protrudes into the cavity of the vagina.
11. “Consultation” means communication between a midwife and a physician or a midwife and a certified nurse midwife for the purpose of receiving a written or verbal recommendation and implementing prospective advice regarding the care of a pregnant woman or the woman's child.
12. “Current photograph” means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
  - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
  - b. Is 2 inches by 2 inches in size;
  - c. Is in natural color;
  - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
  - e. Has a plain white or off-white background; and
  - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
13. “Dilation” means opening of the cervix during the mechanism of labor to allow for passage of the fetus.
14. “Effacement” means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
15. “Emergency care plan” means the arrangements established by a midwife for a client's transfer of care in a situation in which the health or safety of the client or newborn are determined to be at risk.
16. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
17. “Episiotomy” means the cutting of the perineum, center, middle, or midline, in order to enlarge the vaginal opening for delivery.
18. “Fetus” means a child *in utero* from conception to birth.
19. “Frank breech” means that at the time of birth the buttocks of a fetus is pointing downward with both legs folded flat up against the head.
20. “Gestation” means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.
21. “Gravida” means the number of times the mother has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term.
22. “Incomplete breech” means that at the time of birth the buttocks of a fetus is pointing downward with one leg folded at the knee with the foot near the buttocks.
23. “Infant” has the same meaning as in A.R.S. § 36-694.
24. “Informed consent” means a document signed by a client, as provided in R9-16-109, agreeing to the provision of midwifery services.
25. “Intrapartum” means occurring from the onset of labor until after the delivery of the placenta.
26. “Jurisprudence test” means an assessment of an individual's knowledge of the:
  - a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and
  - b. Rules pertaining to the practice of midwifery.

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27. "Ketones" means certain harmful chemical elements which are present in the body in excessive amounts when there is a compromised bodily function.
28. "Local registrar" means a person appointed by the state's registrar of vital statistics for a registration district whose duty includes receipt of birth and death certificates for births and deaths occurring within that district for review, registration, and transmittal to the state office of vital records according to A.R.S. Title 36, Chapter 3.
29. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
30. "Midwifery services" means health care, provided by a midwife to a mother, related to pregnancy, labor, delivery or postpartum care.
31. "Newborn" has the same meaning as in A.R.S. § 36-694.
32. "Para" means the number of births that are greater than 20 weeks of gestation, including viable and non-viable births, where multiples are counted as one birth.
33. "Parity" means the number of newborns a woman has delivered.
34. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
35. "Physician" means an allopathic, an osteopathic, or a naturopathic practitioner licensed according to A.R.S. Title 32, Chapters 13, 14, or 17.
36. "Postpartum" means the six-week period following delivery of a newborn and placenta.
37. "Prenatal" means the period from conception to the onset of labor and birth.
38. "Prenatal care" means the on-going risk assessments, clinical examinations, and prenatal, nutritional, and anticipatory guidance offered to a pregnant woman.
39. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.
40. "Primigravida" means a woman who is pregnant for the first time.
41. "Primipara" means a woman who has given birth to her first newborn.
42. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation.
43. "Rh" means a blood antigen.
44. "Serious mental illness" means a condition in an individual who is 18 years of age or older and who exhibits emotional or behavioral functioning, as a result of a mental disorder as defined in A.R.S. § 36-501, that:
  - a. Is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation; and
  - b. Impairs or substantially interferes with the capacity of the individual to remain in the community without supportive treatment or services of a long-term or indefinite duration.
45. "Substance abuse" means the continued use of alcohol or other drugs in spite of negative consequences.
46. "Shoulder dystocia" means the shoulders of the fetus are wedged in the mother's pelvis in such a way that the fetus is unable to be born without emergency action.
47. "Transfer of care" means that a midwife refers the care of a client or newborn to an emergency medical services provider, a certified nurse midwife, a hospital, or a physician who then assumes responsibility for the direct care of the client or newborn.
48. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

**~~R9-16-102. Qualifications for Licensure Repealed~~**

According to A.R.S. § 36-755(B)(4), to qualify for a midwife license, an applicant shall:

1. ~~Be 18 years of age or older;~~
2. ~~Have a high school diploma or a high school equivalency diploma;~~
3. ~~Be of good moral character;~~
4. ~~Be currently certified by the American Heart Association in adult basic cardiopulmonary resuscitation;~~
5. ~~Be currently certified by the American Academy of Pediatrics in neonatal cardiopulmonary resuscitation;~~
6. ~~Submit a letter of recommendation from a certified nurse midwife, a licensed midwife, or a physician that contains the recommending individual's signature, title, address, and telephone number and date of the recommendation; and~~
7. ~~Submit a letter of recommendation from a mother for whom the applicant has provided midwifery services that contains the mother's signature, address, and telephone number and date of the recommendation.~~

**~~R9-16-103, R9-16-102, Application for Initial Licensure~~**

~~A. An applicant for a license to practice midwifery shall submit the following information to the Department on forms prescribed by the Director:~~

1. ~~A completed application packet with notarized preceptor signature;~~
2. ~~A filing fee of \$25; and~~
3. ~~A 2" x 2" photograph of the applicant.~~

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- ~~B.~~ A completed application, shown as Exhibit B, including the validation of midwifery apprenticeship signed by the applicant's preceptor, shall be submitted to the Director by an applicant on or before March 15 if an applicant desires to sit for the June administration of the licensing exam, or on or before July 15 if the applicant desires to sit for the fall administration of the examination.
- ~~C.~~ All documents required to be submitted in applying for licensure shall be an original or a certified copy of an original.
- ~~D.~~ The Director may refuse to consider any application which is not complete. An applicant shall provide a more detailed response to any request by the Director for additional information.
- ~~E.~~ Each applicant shall provide evidence of having obtained a score of 80% or better in each of the core subjects from accredited college-level courses, or through self study and demonstration of competencies and knowledge to a preceptor at a level of above average or excellent in each of the core subjects. A preceptor shall utilize the standards in the Preceptor Rating Guide which is set forth in Exhibit C.
- ~~F.~~ Each applicant shall provide evidence of having obtained during apprenticeship, under the supervision and direction of a preceptor, an assessment of above average or excellent, based upon the standards in the Preceptor Rating Guide, in each of the following:
  - 1. 60 prenatal care visits to a minimum of 15 women;
  - 2. Attendance at the labor and delivery of at least 25 live births, for the purpose of observation and to provide assistance to the preceptor;
  - 3. Supervised management of labor and delivery of the newborn and placenta for at least 25 births;
  - 4. 25 newborn examinations;
  - 5. 25 postpartum evaluations of mother and newborn within 72 hours and again at six weeks; and
  - 6. Observation of one complete set of at least six prepared childbirth classes offered by a nationally certified childbirth educator or organization.
- ~~G.~~ Each applicant shall provide evidence of having obtained during apprenticeship an assessment of above average or excellent, based upon the standards in the Preceptor Rating Guide, from the applicant's preceptor in each of the following:
  - 1. Provision of care during the prenatal, intrapartum, postpartum, and newborn period;
  - 2. Recognition of normal, abnormal, emergency, and complications of expected fetal and maternal conditions and the appropriate application of interventions;
  - 3. Practice of universal precautions in the handling of bodily fluids and the aseptic theory related to the provision of care during a woman's childbearing year;
  - 4. Techniques of drawing blood and performing urine testing, ordering exams as well as the interpretation of results;
  - 5. Performing injections;
  - 6. Suturing;
  - 7. Techniques in the operation and maintenance of office laboratory equipment;
  - 8. Techniques of record maintenance and charting; and
  - 9. Techniques of physical assessment in adults and newborns.
- ~~H.~~ Applicants determined to be eligible for the exam and, upon being informed of the exam dates and times in writing by the Department, shall submit a \$100 testing fee no later than 30 days prior to the date of the examination.
- ~~A.~~ An applicant for an initial license to practice midwifery shall submit:
  - 1. An application in a format provided by the Department that contains:
    - a. The applicant's name, address, telephone number, and e-mail address;
    - b. The applicant's Social Security Number, as required under A.R.S. §§ 25-320 and 25-502;
    - c. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
    - d. If the applicant was convicted of a felony or misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the applicant was convicted, and
      - iv. The disposition of the case;
    - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
    - f. An attestation that information required as part of the application has been submitted and is true and accurate; and
    - g. The applicant's signature and date of signature;
  - 2. A copy of the applicant's:
    - a. U.S. passport, current or expired;
    - b. Birth certificate;
    - c. Naturalization documents; or
    - d. Documentation of legal resident alien status;
  - 3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsec-

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tion (A)(2) does not demonstrate that the applicant is 21 years of age or older;

4. Current documentation of completion of training in:
  - a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association, and
  - b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;
5. Documentation of a high school diploma, a high school equivalency diploma, an associate degree, or a higher degree;
6. Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;
7. A current photograph of the applicant;
8. A non-refundable application fee of \$25; and
9. A non-refundable testing fee of \$100 for a jurisprudence test administered by the Department.
- B.** The Department shall review an application for an initial license to practice midwifery according to R9-16-107 and Table 1.1.
- C.** If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:
  1. Shall take the jurisprudence test administered by the Department,
  2. Shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the jurisprudence test,
  3. May take the jurisprudence test as many times as desired without paying an additional testing fee, and
  4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.
- D.** If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:
  1. A licensing fee of \$25; and
  2. The documentation required in subsection (A)(4) or (6), if the training required in subsection(A)(4) or certification required in subsection (A)(6) is not current.
- E.** The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (D).
- F.** The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:
  1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
  2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

**R9-16-103. Renewal**

- A.** At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:
  1. An application for renewal of a midwifery license in a format provided by the Department, that contains:
    - a. The midwife's name, address, telephone number, and e-mail address;
    - b. The midwife's license number;
    - c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;
    - d. If the midwife was convicted of a felony or misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the midwife was convicted, and
      - iv. The disposition of the case;
    - e. Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
    - f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;
    - g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;
    - h. An attestation that information required as part of the application has been submitted and is true and accurate;  
and
    - i. The midwife's signature and date of signature;
  2. Either:
    - a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or
    - b. For a midwife who has been continuously licensed as a midwife by the Department since 1999, a copy of both sides of documentation showing the completion of current training in:
      - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and

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- ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and
  - 3. A non-refundable renewal fee of \$25.
- B.** The Department shall review an application for renewal of a license to practice midwifery according to R9-16-107 and Table 1.

**~~EXHIBIT B. MIDWIFE LICENSE APPLICATION FORM REPEALED~~**

**~~DIVISION OF FAMILY HEALTH SERVICES~~**

**~~APPLICATION PART I~~**

**~~MIDWIFE APPRENTICESHIP DOCUMENTATION~~**

**~~GENERAL INFORMATION~~**

Office Use Only

Date Stamp	Name: _____	Date: _____	<div style="border: 1px solid black; padding: 20px; margin: 0 auto; width: 80%;"> <p>2 X 2</p> <p>PHOTOGRAPH</p> </div>
F/U Dates	Date of Birth: _____		
	Address: _____		
	_____		
	Phone (home): _____		
	Phone (work): _____		
Accepted for exam on:	ENCLOSE FILING FEE OF \$25.00 TESTING FEE IS \$100.00		

<b>I. Core Subjects:</b>	<b>Grade:</b>	<b>Study Completed at:</b>
Anatomy & Physiology	_____	_____
Embryology/Genetics	_____	_____
Pharmacology	_____	_____
Psychology	_____	_____
Nutrition	_____	_____

  

<b>II. Practical Experience</b>	<b>Grade:</b>	<b>General Experience</b>	<b>Grade:</b>
Prenatal visits (60)	_____	Overall Care	_____
Observe birth (10)	_____	Recognition & Intervention	_____
L & D Management (25)	_____	of norm., abnormal & emerg.	
Newborn Exams (25)	_____	Universal Precautions	_____
Postpartum Exam (25)	_____	Technique of obtaining spec.	_____
Childbirth Prep class	_____	Techniques of record manage.	_____
		Physical Assessment Adult & NB	_____

(Refer to attached detail)

**III. American Heart Association CPR Certification** **Exp. Date**  
 CPR Adult & Infant (Certified copy of card enclosed) \_\_\_\_\_

**IV. Letters of Recommendation**  
 Three letters of recommendation must be mailed directly to the Program Manager from the following individuals: your preceptor, a physician or certified nurse midwife, and a client.

Have you ever been convicted of a felony?      Yes      No  
 Have you ever been convicted of a misdemeanor?      Yes      No  
 Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my license will be revoked, denied, or suspended. I also authorize the Department to make all necessary and appropriate investigations allowable by law to verify the information provided:

Applicant

Date

Social Security # \_\_\_\_\_

DIVISION OF FAMILY HEALTH SERVICES
APPLICATION PART II
VALIDATION OF MIDWIFERY APPRENTICESHIP

Office Use Only

Date Stamp

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Apprentice time period. Began on: \_\_\_\_\_ Completed on: \_\_\_\_\_

Preceptor Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Enclose a copy of your current license and circle the expiration date.)

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my license will be revoked, denied, or suspended. I also authorize the Department to make all necessary and appropriate investigations allowable by law to verify the information provided:

Preceptor's Signature

Date

Notary / Expiration Date

Date

EXHIBIT C. PRECEPTOR RATING GUIDE REPEALED

The following assessment form is provided to act as a guide for the preceptor and student. This guide will act as a standard to measure student strengths and opportunities for improvement:

- 1. Excellent: Demonstrates consistently high level of performance using sound scientific principles for practice, able to motivate patient and family in practice, uses consultation, requires minimal supervision.
2. Above Average: Generally performs with competence but requires periodic supervision, uses consultation appropriately, applies sound scientific principles to practice, protects patient's safety and dignity.
3. Average: Performs procedures adequately but needs supervision, can answer questions relative to underlying scientific principles, practice more self-centered than client-centered.
4. Below Average: Needs considerable supervision, can perform skills if has them demonstrated or reinforced; knows most of the principles underlying procedures but needs help in making application in the situation.
5. Unacceptable: Cannot perform skill with even minimal competence, does not know or understand principles underlying the procedures to be performed, practices inappropriately so as to threaten patient's safety, dignity, or comfort. Unable to judge.

R9-16-104: Qualifying Examination



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- ~~A. An applicant for midwifery licensure shall take a three-part examination administered sequentially and biannually by the Department and consisting of the following:
  - 1. A written examination designed to test the applicant's knowledge of the theory of pregnancy, childbirth, and the core subjects;
  - 2. An oral examination designed to test clinical judgment in the practice of licensed midwifery; and
  - 3. A practical examination designed to demonstrate the applicant's mastery of skills necessary for the practice of midwifery.~~
- ~~B. All applicants registered for the examination shall provide proof of identity by a photographic identification upon request of the proctor administering the test. The proctor shall take all necessary and appropriate actions to secure the integrity of the examination process and may change an applicant's seating location or, for good cause, exclude an applicant from the examination.~~
- ~~C. An applicant shall score 80% or more correct in an examination part before being permitted to take the next part of the examination.~~
- ~~D. An applicant shall score 80% correct on all parts of the examination to be eligible for licensure.~~
- ~~E. An applicant who fails the examination shall not be required to retake those parts of the examination for which the applicant scored 80% or more correct if the applicant retests within two years of taking the examination.~~

**R9-16-104. Administration**

- A. A midwife may submit a written request for the Department to:**
  - 1. Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website;  
or
  - 2. Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website.
- B. A midwife shall:**
  - 1. Notify the Department in a format provided by the Department within five working days after:
    - a. A client has died while under the midwife's care,
    - b. A stillborn child has been delivered by the midwife, or
    - c. A newborn delivered by the midwife has died within the first 6 weeks after birth; and
  - 2. Provide a summary of the:
    - a. Circumstances leading up to the event, and
    - b. Actions taken by the midwife in response to the event.
- C. A midwife shall:**
  - 1. Maintain documentation of:
    - a. Completion of current training in:
      - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
      - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);
    - b. Except as provided in R9-16-103(A)(2)(b), current certification as a Certified Professional Midwife by the North American Registry of Midwives; and
    - c. The continuing education required in subsection R9-16-105 for at least the previous three years; and
  - 2. Provide a copy of documentation required in subsection (C)(1) to the Department within 2 working days after the Department's request.

**R9-16-105. Initial License Fee; Renewal; Continuing Education**

- ~~A. An applicant who qualifies for initial licensure shall submit a \$25 licensing fee.~~
- ~~B. For purposes of renewal of license, each licensee shall, in accordance with A.R.S. § 36-754(C), file the following with the Department:
  - 1. An application for renewal on the form set forth in Exhibit D.
  - 2. A \$25 renewal fee.
  - 3. A signed affidavit as evidence of completion of the continuing education requirement, pursuant to subsection (C), for courses which have been approved by either the American Nurses Association, the American College of Obstetrics and Gynecologists, Midwives Alliance of North America, Arizona Medical Association, or the American College of Nurse-Midwives.
  - 4. Evidence of current certification by the American Heart Association in cardiopulmonary resuscitation for the adult and by the American Academy of Pediatrics in newborn resuscitation.~~
- ~~C. During the term of a license, a licensed midwife shall obtain 10 continuing education units which are related to maintaining the skills and judgment necessary to:
  - 1. Assess a client for acceptance and monitor the client's ongoing condition;
  - 2. Plan and manage care during the normal prenatal, intrapartum, and postpartum periods;
  - 3. Intervene when the client's condition deviates from normal;
  - 4. Provide emergency assistance, as permitted by these rules, until medical care can be obtained;~~

**Arizona Administrative Register / Secretary of State**  
**Notices of Exempt Rulemaking**

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- 5. Offer anticipatory guidance and support on an ongoing basis for the client and family including nutritional counseling, substance abuse cessation, encouragement for early and continuous care for mother and infant, and motivate the client to establish a relationship with a primary care provider; and
  - 6. Provide referral services to medical and community services as appropriate for the client's needs.
- D.** A midwife shall submit a written request and a fee of \$10.00 to receive a duplicate license.  
During the term of a midwifery license, the midwife shall obtain at least 20 continuing education units that:

- 1. Improve the midwife's ability to:
  - a. Provide services within the midwife's scope of practice.
  - b. Recognize and respond to situations outside the midwife's scope of practice, or
  - c. Provide guidance to other services a client may need; and
- 2. Have been approved as applicable to the practice of midwifery by the:
  - a. American Nurses Association.
  - b. American Congress of Obstetrics and Gynecologists.
  - c. Midwives Alliance of North America.
  - d. Arizona Medical Association.
  - e. American College of Nurse Midwives.
  - f. Midwifery Education Accreditation Council, or
  - g. Another health professional organization.

**EXHIBIT D. RENEWAL APPLICATION FORM REPEALED**

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

**FAMILY HEALTH SERVICES**

**WOMEN'S AND CHILDREN'S HEALTH**

**APPLICATION FOR BIENNIAL RENEWAL OF MIDWIFE LICENSE**

1. NAME: \_\_\_\_\_ 2. MIDWIFE LICENSE NUMBER: \_\_\_\_\_  
Last            First            Middle
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 4. DATE OF BIRTH: \_\_\_\_\_  
(day/month/year)
5. HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Street Address Area Code/Telephone Number

\_\_\_\_\_  
Mailing Address (if different from street address)

\_\_\_\_\_  
City County State Zip

6. BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Business Title

\_\_\_\_\_  
Street Address Area Code/Telephone Number

\_\_\_\_\_  
Mailing Address (if different from street address)

\_\_\_\_\_  
City County State Zip

7. CONSUMER LISTING:  
A listing of the licensed midwives is maintained for ADHS use. Consumers and various groups request copies of the listing of licensed midwives. Do you wish to have your name on this list? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which name, address, and phone number would you like to have on that list?

\_\_\_\_\_

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Name and Business Title

Street or Post Office Box

Area Code/Telephone Number

City

County

State

Zip

8. ATTENDING DELIVERIES:

1) If you do not plan to attend any births during the next licensure period (July 1 to June 30), please complete the following statement. I do not plan to attend any deliveries as a licensed midwife from July 1, \_\_\_\_ to June 30, \_\_\_\_.

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

2) If you do attend births after signing this statement, you must submit quarterly reports.

9. MIDWIFERY PRACTICE:

1) Have you had any maternal deaths during the past licensure period? Yes \_\_\_\_ No \_\_\_\_\_. If yes, give client name and number.

2) Have you delivered any stillborn infants during the past licensure period? Yes \_\_\_\_ No \_\_\_\_\_. If yes, give client name and number.

3) Have any of the infants you delivered died within the first 28 days of life? Yes \_\_\_\_ No \_\_\_\_\_. If yes, give client name and number.

10. Do you have any communicable diseases (i.e., tuberculosis, rubella, hepatitis, etc.)? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please explain on a separate sheet of paper.

11. Besides your midwifery license, do you hold any other licenses in Arizona as a health care provider (i.e., R.N., E.M.T., N.D., etc.)? Yes \_\_\_\_ No \_\_\_\_\_. If yes, what other licenses do you hold? \_\_\_\_\_

12. Have you been convicted of a felony or a misdemeanor (besides a traffic ticket) during the past licensure period? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please explain on a separate sheet of paper.

13. What are the backup facilities you expect to use?

1) Hospitals: \_\_\_\_\_

2) Physicians: \_\_\_\_\_

3) Other: \_\_\_\_\_

I certify that the above information is true, complete, and correct.

Signature: \_\_\_\_\_ Date of Application \_\_\_\_\_

Attach affidavit of continuing education.

\*\*\*\*\*

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Date Renewal Notice Sent \_\_\_\_\_ Date Renewal Form Returned \_\_\_\_\_

Application returned on \_\_\_\_\_ for \_\_\_\_\_

Notices of Exempt Rulemaking

Date completed application received \_\_\_\_\_ License Renewal Granted: Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

Effective Date of License \_\_\_\_\_ Application Reviewed by \_\_\_\_\_

OASpgh:PPMWLIC.w93 7/20 10/89

MIDWIFE LICENSING PROGRAM

AFFIDAVIT OF CONTINUING EDUCATION

(To be attached to application for biennial renewal of license)

A.A.C. R9-16-105(C) requires a licensed midwife to obtain 10 continuing education units (CEUs) during the term of a license. A CEU is defined by the approving agency.

Units are acceptable for continuing education when approved by one of the following:

- American Nurses Association
American College of Obstetrics and Gynecologists
American Medical Association
Midwives Alliance of North America
American College of Nurse-Midwives

COMPLETE THE FOLLOWING:

NAME: ADDRESS:

CITY/STATE/ZIP

TITLE SPONSOR/AGENCY DATE CITY/STATE CEUs/HOURS

I hereby swear or affirm that the information given on this form is accurate and complete, and that I have maintained records as evidence of compliance.

SIGNATURE DATE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC
My commission expires: \_\_\_\_\_

Notices of Exempt Rulemaking

**R9-16-105.01. Time-frames Repealed**

- A.** The overall time frame described in A.R.S. § 41-1072(2) for each type of approval granted by the Department is specified in Table 1. The applicant and the Department may agree in writing to extend the substantive review time frame and the overall time frame. The substantive review time frame and the overall time frame may not be extended by more than 25 percent of the overall time frame.
- B.** The administrative completeness review time frame described in A.R.S. § 41-1072(1) for each type of approval granted by the Department is specified in Table 1.
  - 1. The administrative completeness review time frame begins:
    - a. For an applicant submitting the application in R9-16-103, when the Department receives the application packet required in R9-16-103;
    - b. For an applicant who is requesting approval to take the oral part of the midwifery examination, when the applicant completes taking the written part of the midwifery examination;
    - c. For an applicant for licensure, when the applicant completes taking the practical part of the midwifery examination; and
    - d. For a licensed midwife applying to renew a midwifery license, when the Department receives the application required in R9-16-105.
  - 2. If an application submitted under R9-16-103 is:
    - a. Incomplete, the Department shall provide a deficiency notice to the applicant describing the missing documentation or incomplete information. The administrative completeness review time frame and the overall time frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the deficiency notice. An applicant shall submit to the Department the documentation or information listed in the deficiency notice within the time specified in Table 1 for responding to a deficiency notice.
      - i. If the applicant submits the documentation or information listed in the deficiency notice within the time specified in Table 1, the Department shall provide a written notice of administrative completeness to the applicant.
      - ii. If the applicant does not submit the documentation or information listed in the deficiency notice within the time specified in Table 1, the Department considers the application withdrawn and shall return the application packet to the applicant; or
    - b. Complete, the Department shall provide a notice of administrative completeness to the applicant.
  - 3. If an applicant takes and submits a part of the midwifery examination in R9-16-104 and the examination part is:
    - a. Incomplete, the Department shall provide a deficiency notice to the applicant stating that the applicant's examination part is incomplete and identifying the date of the next scheduled examination. The administrative completeness review time frame and the overall time frame are suspended from the date of the notice until the Department receives a completed part of the midwifery examination; or
    - b. Complete, the Department shall provide a written notice of administrative completeness to the applicant.
- C.** The substantive review time frame described in A.R.S. § 41-1072(3) is specified in Table 1 and begins to run on the date of the notice of administrative completeness.
  - 1. If an application submitted under R9-16-103 or R9-16-105:
    - a. Does not comply with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written request for additional information to the applicant.
      - i. If the applicant does not submit the additional information within the time specified in Table 1 or the additional information submitted by the applicant does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A); or
      - ii. If the applicant submits the additional information within the time specified in Table 1 and the additional information submitted by the applicant demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of approval to take the examination to the applicant; or
    - b. Complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of approval to take the examination to the applicant.
  - 2. If the Department determines that an applicant:
    - a. Failed to take any part of the midwifery examination within the time specified in subsection (F), the Department shall provide a written notice to the applicant requiring the applicant to submit a new application in R9-16-403;
    - b. Failed any part of the midwifery examination, the Department shall provide a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the applicant; or
    - c. Passed all parts of the midwifery examination, the Department shall issue a midwifery license to the applicant.
  - 3. If an application for renewal of a midwifery license in R9-16-105:
    - a. Does not comply with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a comprehensive request for additional information to the applicant;

**Notices of Exempt Rulemaking**

- i. ~~If the applicant does not submit the additional information within the time specified in Table 1 or the additional information submitted does not demonstrate compliance with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the applicant; or~~
- ii. ~~If the applicant submits the additional information within the time specified in Table 1 and the additional information demonstrates compliance with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a midwifery renewal license to the applicant; or~~
- b. ~~Complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a midwifery renewal license to the applicant.~~
- D.** If an applicant receives a written notice of appealable agency action under subsection (C)(2)(b) or (C)(3)(a)(i), the applicant may file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
- E.** If the Department grants approval of an application or approval to take a part of the midwifery examination or renews a midwifery license during the administrative completeness review time frame, the Department shall not issue a separate written notice of administrative completeness.
- F.** If an applicant does not take a part of the midwifery examination within 12 months of the Department's approval to take the midwifery examination, the applicant shall, before taking any part of the midwifery examination:
  - 1. Submit a new application for Department approval and the application fee required in R9-16-103;
  - 2. Receive Department approval to take the midwifery examination; and
  - 3. Submit the nonrefundable examination fee required in R9-16-104.
- G.** If a time frame's last day falls on a Saturday, Sunday, or a legal holiday, the Department considers the next business day as the time frame's last day.

**Table 1. Time frames Repealed**

<b>Type of Approval</b>	<b>Statutory Authority</b>	<b>Overall Time-Frame</b>	<b>Administrative Completeness Review Time-Frame</b>	<b>Time to Respond to Deficiency-Notice</b>	<b>Substantive-Review Time-Frame</b>	<b>Time to Respond to Comprehensive-Written Request</b>
Approval of application in R9-16-103	A.R.S. §§ 36-753, 36-754, and 36-755	75 days	30 days	60 days	45 days	120 days
Approval to take oral midwifery examination (R9-16-104)	A.R.S. § 36-755	75 days	15 days	180 days	60 days	180 days
Initial Licensure (R9-16-104)	A.R.S. §§ 36-753, 36-754, and 36-755	45 days	30 days	60 days	15 days	30 days
Midwifery License Renewal (R9-16-105)	A.R.S. § 36-754	60 days	30 days	30 days	30 days	15 days

**R9-16-106. Name Change; Duplicate License**

- A.** To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:
  - 1. The midwife's name on the current midwifery license;
  - 2. If applicable, the midwife's new name;
  - 3. The midwife's address, license number, and e-mail address;
  - 4. As applicable:
    - a. Documentation supporting the midwife's name change, or
    - b. A statement that the midwife is requesting a duplicate midwifery license; and
  - 5. A non-refundable fee of \$10.00.
- B.** Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:
  - 1. An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or
  - 2. A duplicate midwifery license.

Notices of Exempt Rulemaking

**R9-16-107. Time-frames**

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.
1. The administrative completeness review time-frame begins:
    - a. For an applicant submitting an application for initial licensure, when the Department receives the application packet required in R9-16-102(A); and
    - b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A).
  2. If an application is incomplete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1 for responding to a notice of deficiencies.
  3. If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall provide a written notice of administrative completeness to the applicant or midwife.
  4. If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall consider the application withdrawn.
  5. When an application is complete the Department shall provide a notice of administrative completeness to the applicant or midwife.
  6. If the Department issues a notice of eligibility to take the jurisprudence test or a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072(3) is specified in Table 1.1 and begins on the date of the notice of administrative completeness.
1. If an application complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.
  2. If an application does not comply with the requirements in this Article or A.R.S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested.
  3. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information within the time specified in Table 1.1.
  4. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A).
  5. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

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**Table 1.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

**EXHIBIT E. INDIVIDUAL QUARTERLY REPORT REPEALED**  
**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**OFFICE OF MATERNAL AND CHILD HEALTH**  
**MIDWIVES QUARTERLY REPORT**

MIDWIFE

1. | | | | | 2. | | | | |  
 — LIC. NO. — QTR. — YR.

REPORT PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

3. PATIENT: \_\_\_\_\_  
 LAST FIRST MAIDEN

4. D.O.B: | | | | | 5. | | | | | 6. | | | | |  
 MO: DAY YR. AGE PT. NO.

7. REGISTERED: | | | | | 8. E.D.C: | | | | | 9. DELIVERED: | | | | | | | | | |  
 MO: DAY YR. MO: DAY YR. MO: DAY YR.

10. GRAVIDA: | | | | | 11. PARA. TERM: | | | | | PREMATURE: | | | | | ABORTIONS: | | | | | LIVING: | | | | |

\*12. PREV. HOME BIRTH: YES/NO \*13. REASON FOR CHOOSING H.B.: \_\_\_\_\_

ANTEPARTUM: 14. NO. MIDWIFE VISITS: \_\_\_\_\_ 15. NO. MEDICAL VISITS: \_\_\_\_\_

16. MEDICAL VISITS BY: \_\_\_\_\_ MD/DO/OTHER: \_\_\_\_\_

17. DATES OF FIRST AND LAST MEDICAL VISITS: \_\_\_\_\_

18. TOTAL WEIGHT GAIN: | | | | | LBS.

FORMAL ARRANGEMENT FOR MEDICAL BACK-UP:  
 19. PHYSICIAN: \_\_\_\_\_, MD/DO 20. HOSPITAL: \_\_\_\_\_

21. MIDWIFE CARE TERMINATED AT | | | | | WKS. GEST. 22. REASON: \_\_\_\_\_  
 (ENTER CODE NO. FROM BACK)

**LABORATORY DATA: (MOST RECENT)**

STUDY	RESULT	WKS. GEST.	STUDY	RESULT	WKS. GEST.
Hemoglobin	23.	24.	Ua/Glucose	37. Pos/Neg	38.
Hematoerit	25.	26.	Ua/Protein	39. Pos/Neg	40.
Serology	27. Pos/Neg	28.	*Ua/Ketones	41. Pos/Neg	42.



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*Rubella Titer	29. >1:10/<1:10	30.	*Ua/Microscopic	43. Pos/Neg	44.
Rh Factor	31. Pos/Neg	32.	*G.C. Culture	45. Pos/Neg	46.
*Antibody Titer	33. Pos/Neg	34.	⊘	47.	48.
			⊘	49.	50.
*Pap Smear	35. Class _____	36.	⊘	51.	52.

**LABOR/DELIVERY:** LOCATION OF: 53. LABOR \_\_\_\_\_ 54. DELIVERY \_\_\_\_\_  
 55. FIRST STAGE  HRS.  MINS. 56. SECOND STAGE  HRS.  MINS. 57. THIRD STAGE  HRS.  MINS.  
 58. ROM TO DEL:  HRS.  MINS. 59. E.B.L.  ml.  
**NEWBORN:** 60. SEX: MALE/FEMALE 61. WT.  gm. 62. LENGTH  cm.  
 63. H.C.  cm. 64. EST. GEST. AGE  WKS. 65. SGA / AGA / LGA  
 APGAR SCORE: 68. 1 MIN. \_\_\_\_\_ 67. 5 MINS. \_\_\_\_\_ 68. NO. CORD VESSELS   
 69. EYE PROPHYLAXIS: NO/YES: \_\_\_\_\_ 70. DATE OF METABOLIC SCREENING       
 \_\_\_\_\_ (AGENT) \_\_\_\_\_ MO. DAY YR.  
**FOLLOWUP:** 71. RhoGam: YES/NO 72. FIRST MIDWIFE VISIT AT: 24 HRS./24 48 HRS./48 72 HRS./Other: \_\_\_\_\_  
 73. TOTAL NO. VISITS: \_\_\_\_\_ 74. VISITS BY \_\_\_\_\_ L.M./S.M./OTHER  
**ROUTINE PHYSICIAN EVALUATION** 75. MOTHER: YES/NO 76. BABY: YES/NO  
**LIMITATIONS/COMPLICATIONS/CONSULTATIONS/TRANSFER:** (FROM INITIAL WORK-UP THROUGH FOLLOW-UP)  
 77. \_\_\_\_\_ NONE \_\_\_\_\_ YES: (Detail on back)

\*OPTIONAL  
 ORIGINAL TO ADHS  
 COPY TO MIDWIFE

**EXHIBIT E. INDIVIDUAL QUARTERLY REPORT (CONTINUED)**

**MIDWIFE QUARTERLY REPORT**

**CLIENT CONDITIONS / COMPLICATIONS**

Check (✓) any of the following conditions/limitations/complications encountered. Complete a CONSULTATION/TRANSPORT SUMMARY if client or newborn required transport and/or transfer to physician care, or if you have additional information/comments to provide.

**INITIAL WORKUP**

- 1. Age 15-18 Yrs.
- 2. Age >35 Yrs.
- 3. Parity >4
- 4. Congenital Defects of  
 \_\_\_\_\_ Reprod. Organs
- 5. Abn. Findings on  
 \_\_\_\_\_ Physical Exam

**HISTORY OF:**

- 6. Stillbirth
- 7. Neonatal Death
- 8. Difficult Dr./Depressed Infant
- 9. Birth trauma to mother/infant
- 10. Pre-eclampsia/Eclampsia

**HISTORY OF:**

- 11. Preterm or LBW infants  
 (2500gms/5 1/2 lbs.)
- 12. Infants 4500gm/10 lbs.  
 or greater
- 13. Postpartum hemorrhage/  
 transfusion
- 14. Other: \_\_\_\_\_

**CONSULTATION**

- 15. Dr. \_\_\_\_\_
- 16. Date \_\_\_\_\_
- 17. Approved for home birth:  
 Yes  No

**ANTEPARTUM**

- 18. Elevated BP
- 19. Edema, Hands/face
- 20. Persistent headaches
- 21. Visual disturbances
- 22. Seizures
- 23. Severe Abdom. Pain

- 24. Bleeding 1st or 2nd  
 \_\_\_\_\_ Trimester
- 25. Bleeding 3rd Trim.
- 26. U.T.I.
- 27. HGB < 10 gm/or  
 HCT < 30%
- 28. Varicosities, vulva/legs

- 29. Elevated Temp.
- 30. 42 Wks. Gestation
- 31. Excessive vomiting
- 32. Persistent Ketonuria
- 33. Wt. Gain < 10 lb. at Term
- 34. Shortness of Breath
- 35. Chest Pain
- 36. Other: \_\_\_\_\_

**CONSULTATION**

- 37. Dr. \_\_\_\_\_
- 38. Date \_\_\_\_\_
- 39. Approved for continued  
 \_\_\_\_\_ Midwife care:  
 Yes  No

**FETUS**

- 40. Abn. Growth Pattern
- 41. Expos. to Teratogens
- 42. Excessive Activity
- 43. Decreased Activity

- 44. FHT < 100
- 45. FHT > 160
- 46. Irreg. FHT
- 47. Cord. Prolapse

- 48. Meconium Staining
- 49. Multiple Gestation
- 50. Other: \_\_\_\_\_

**CONSULTATION**

- 51. Dr. \_\_\_\_\_
- 52. Date \_\_\_\_\_
- 53. Approved for continued  
 \_\_\_\_\_ Midwife care:  
 Yes  No

**Arizona Administrative Register / Secretary of State**  
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**INTRAPARTUM**

- 54. Bleeding 1st or 2nd Stage
- 55. Elevated BP
- 56. Elevated Temp.
- 57. Pres. not Vertex
- 58. Unengaged Head
- 59. Premature ROM
- 60. Prolonged ROM
- 61. Premature Labor

- 62. Prolonged 1st Stage
- 63. Prolonged 2nd Stage
- 64. Persistent Ketonuria
- 65. Difficult Delivery/Shoulder Dystocia
- 66. Hemorrhage in 3rd Stage or within 24 hours
- 67. Retained Placenta
- 68. Retained fragments or membranes

- 69. Uterine Atony
- 70. Laceration, 1<sup>o</sup>
- 71. Laceration, 2<sup>o</sup>
- 72. Laceration, 3<sup>o</sup>
- 73. Laceration, 4<sup>o</sup>
- 74. Laceration, periurethral
- 75. Shock
- 76. Other: \_\_\_\_\_

**CONSULTATION**

- 77. Dr. \_\_\_\_\_
- 78. Date \_\_\_\_\_
- 79. Time \_\_\_\_\_
- 80. Approved for continued  
Midwife care:  
 Yes  No

**INFANT**

- 81. APGAR < 5 @ 1 Min.
- 82. APGAR < 7 @ 5 Min.
- 83. Respiratory Distress
- 84. O2 Given
- 85. Assisted Ventilation
- 86. Cardiac Massage
- 87. Pale/Cyanotic/Gray
- 88. Meconium Stained
- 89. Foul Odor
- 90. Abn. Head Circ.

- 91. Congenital Anomaly
- 92. Preterm
- 93. Post-Term
- 94. < 2500 gm/5 1/2 lbs.
- 95. > 4500 gm/10 lbs.
- 96. SGA
- 97. LGA
- 98. Flushed/Red
- 99. Abnormal Cord
- 100. Abnormal Cry

- 101. Jitteriness not resolved by feeding
- 102. Abnormal Temp.
- 103. Abn. finding on P.E.
- 104. No urination in 24 hours
- 105. No Meconium in 24 hours
- 106. Abdominal Distention
- 107. Jaundice
- 108. Poor Feeding
- 109. Other: \_\_\_\_\_

**CONSULTATION**

- 110. Dr. \_\_\_\_\_
- 111. Date \_\_\_\_\_
- 112. Time \_\_\_\_\_
- 113. Approved for continued  
Midwife care:  
 Yes  No

**POSTPARTUM**

- 114. Hemorrhage after 24 hours
- 115. Subinvolution
- 116. Uterine Infection

- 117. Unable to Void in 6 hours
- 118. Urinary Tract inf.
- 119. Breast Infection

- 120. Thrombophlebitis  
(positive Homan's sign)
- 121. Depression
- 122. Other: \_\_\_\_\_

**CONSULTATION**

- 123. Dr. \_\_\_\_\_
- 124. Date \_\_\_\_\_
- 125. Approved for continued  
Midwife care:  
 Yes  No

**EXHIBIT E. INDIVIDUAL QUARTERLY REPORT (CONTINUED)**

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**OFFICE OF MATERNAL AND CHILD HEALTH**  
**MIDWIVES QUARTERLY REPORT**  
**CONSULTATION / TRANSPORT SUMMARY**  
**ORIGINAL COPY TO ADHS — COPY TO MIDWIFE**

\_\_\_\_\_  
MIDWIFE

1. / / / / /      2. / / / / /  
LIC. NO.      QTR.    YR.

\_\_\_\_\_  
3. / / / / /  
PATIENT NAME      PT. NO.

**NARRATIVE SUMMARY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Multiple horizontal lines for text entry.

DETAILS ON TRANSFER/TRANSPORT AND OUTCOME: 4. REFERENCE NO. \_\_\_\_\_ PROBLEM \_\_\_\_\_

CALL FOR TRANSPORT: 5. DATE /\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/ 6. TIME /\_\_\_/\_\_\_/\_\_\_/\_\_\_/ (MILITARY TIME)

7. PARAMEDICS 8. AMBULANCE

TRANSFER: 9. TIME /\_\_\_/\_\_\_/\_\_\_/\_\_\_/

10. VEHICLE: 11. PRIVATE AUTO 12. AMBULANCE 13. OTHER: \_\_\_\_\_

11. DESTINATION: 12. PHYSICIAN'S OFFICE 13. HOSPITAL 14. OTHER: \_\_\_\_\_

12. NAME OF HOSPITAL IF APPLICABLE: \_\_\_\_\_

ARRIVAL DISPOSITION: 13. DATE /\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/ 14. /\_\_\_/\_\_\_/\_\_\_/\_\_\_/ (MILITARY TIME)

15. MOTHER: 16. EVAL/Rx AT PHYS. OFFICE 17. ADMITTED HOSPITAL 18. EVAL/Rx AS OUTPATIENT AT HOSPITAL AND RELEASED

16. NEWBORN: 19. EVAL/Rx AT PHYS. OFFICE ADMITTED TO HOSPITAL 20. EVAL/Rx AS OUTPATIENT AT HOSPITAL AND RELEASED 21. TRANSFERRED TO NICU AT \_\_\_\_\_

17. MATERNAL OUTCOME: 22. NORMAL 23. ABNORMAL 24. EXPIRED

18. NEWBORN OUTCOME: 25. NORMAL 26. ABNORMAL 27. EXPIRED

R9-19-106, R9-16-108, Responsibilities of the Licensed a Midwife; Scope of Practice

- A. A midwife shall provide care only to clients determined to be low risk.
B. A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.
C. A midwife shall both initially and periodically thereafter assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.
D. A midwife shall inform clients, both orally and in writing, of the midwife's scope of practice; the risks and benefits of home birth; the required tests and potential risks to a newborn if refused, and the need for written documentation of client's refusal; the use of a physician or medical facility for the provision of emergency consultation or services; midwife facilitation of the transfer of care to the physician or medical facility; and the midwife's termination of care should certain medical conditions arise or the client refuses intervention. A written informed consent shall be signed by the client upon acceptance for midwifery care.
E. Initial care and care during the prenatal period shall be provided as follows:
1. The following tests shall be scheduled or ordered during the first visit:
a. Blood type, including ABO and Rh, with antibody screen;
b. Urinalysis;
c. Hematocrit, hemoglobin, or complete blood count, initially and rechecked at 28 to 36 weeks of the pregnancy;
d. Syphilis, gonorrhea, and chlamydia testing, unless a written refusal for gonorrhea or chlamydia testing is obtained from the client;
e. Rubella titer; and

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- f. ~~One-hour blood glucose screening test for diabetes, between 24 to 28 weeks of the pregnancy.~~
- 2. ~~Prenatal visits shall be conducted at least every 4 weeks until 28 weeks gestation, every 2 weeks from 28 weeks until 36 weeks gestation, and weekly thereafter, and each shall include:~~
  - a. ~~The taking of weight, urinalysis for protein, nitrites, glucose and ketones, blood pressure, and assessment of the lower extremities for swelling;~~
  - b. ~~Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;~~
  - c. ~~Referral of a client as appropriate for ultrasound or other studies recommended based upon examination or history;~~
  - d. ~~Recommendation of administration of the drug RhoGam to unsensitized Rh negative mothers after 28 weeks, or any time bleeding or invasive uterine procedures are done, or midwife administration of RhoGam under physician's written orders; and~~
  - e. ~~Fetal movement counts by client beginning at 28 weeks gestation.~~
- 3. ~~Fetal heart tones with fetoscope and documentation of first quickening shall begin between 18 and 20 weeks gestation and weekly visits shall be conducted until these signs have occurred. If these signs do not occur by 22 weeks gestation, medical consultation shall be initiated.~~
- 4. ~~A visit shall be made to the client's home prior to 35 weeks gestation to ensure that the birthing environment is appropriate for birth and that a working telephone or citizen's band radio is available.~~
- F.** ~~Care during the intrapartum period shall be provided as follows:~~
  - 1. ~~The midwife shall initially determine if the client is in labor and the appropriate course of action to be taken by:~~
    - a. ~~Assessing the interval, duration, intensity, location, and pattern of the contractions;~~
    - b. ~~Determining the condition of the membranes, whether intact, ruptured, and the amount and color of fluid;~~
    - c. ~~Evaluating the presence of bloody show;~~
    - d. ~~Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and~~
    - e. ~~Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation.~~
  - 2. ~~During labor, the condition of the mother and fetus shall be assessed upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, after the bag of water has ruptured or until the newborn is delivered. Care shall include the following:~~
    - a. ~~Checking of vital signs every 2 to 4 hours and an initial physical assessment of the mother;~~
    - b. ~~Assessment of fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag or with any significant change in labor patterns;~~
    - c. ~~Periodic assessment of contractions, fetal presentation, dilation, effacement, and position by vaginal examination;~~
    - d. ~~Determination of the progress of active labor for primiparas by determining if dilation occurs at an average of 1 cm/hr until completely dilated, and a second stage not to exceed 2 hours;~~
    - e. ~~Determination of a normal progress of active labor for multigravidas by determining if dilation occurs at an average of 1.5 to 2 cm/hr until completely dilated, and a second stage not to exceed 1 hour;~~
    - f. ~~Maintenance of proper fluid balance for the mother throughout labor as determined by urinary output and monitoring urine for presence of ketones, at least every 2 hours; and~~
    - g. ~~Assisting in support and comfort measures to the mother and family.~~
  - 3. ~~After delivery of the newborn, care shall include the following:~~
    - a. ~~Assessment of the newborn at 1 minute and 5 minutes to determine the Apgar scores;~~
    - b. ~~Physical assessment of the newborn for any abnormalities;~~
    - c. ~~Inspection of the mother's perineum for lacerations; and~~
    - d. ~~Delivery of the placenta within 40 minutes during which time the midwife shall assess for signs of separation, frank or occult bleeding, examine for intactness, and determine the number of umbilical cord vessels.~~
  - 4. ~~The responsibility of the midwife shall include recognition of and response to any situation requiring immediate intervention.~~
- G.** ~~A midwife shall provide the following care during the postpartum period:~~
  - 1. ~~During the immediate postpartum period of 2 hours after delivery of the placenta, care of the mother shall include:~~
    - a. ~~Taking of vital signs of the mother with external massage of the uterus and evaluation of bleeding every 15 to 20 minutes for the first hour and every half hour for the second hour;~~
    - b. ~~Assisting the mother to urinate within 2 hours following the birth;~~
    - c. ~~Evaluating the perineum for tears, bleeding, or blood clots;~~
    - d. ~~Assisting with maternal and infant bonding;~~
    - e. ~~Assisting with initial breast feeding, instructing the mother in the care of the breast, and reviewing potential danger signs, if appropriate;~~

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- ~~f. Providing instruction and support to the family to ensure adequate fluid and nutritional intake, rest, and type of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, and any danger signals with appropriate emergency phone numbers;~~
- ~~g. Recommending the drug RhoGam or administering it, under written physician's orders, to an unsensitized Rh-negative mother who delivers an Rh-positive newborn. Administration shall occur not later than 72 hours after birth.~~
- ~~2. During the immediate postpartum period of 2 hours after delivery of the placenta, care of the newborn shall include:
  - ~~a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;~~
  - ~~b. Apply erythromycin optic ointment or other preparation specifically approved by the Director to each of the newborn's eyes in accordance with A.A.C. R9-6-718; and~~
  - ~~c. Recommend or administer Vitamin K under physician's written orders to the newborn. Administration shall occur not later than 72 hours after birth.~~~~
- ~~3. Any abnormal or emergency situation shall be evaluated and consultation or intervention sought in accordance with these rules.~~
- ~~4. The condition of the mother and newborn shall be re-evaluated between 24 and 72 hours of delivery to determine whether the recovery is following a normal course and shall include:
  - ~~a. Assessment of baseline indicators such as the mother's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;~~
  - ~~b. Assessment of baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, bowel and bladder function with documentation of meconium, and any recommendations for changes made to the family;~~
  - ~~c. Submission of blood obtained from a heel stick to the newborn to the Regional Genetic Screening Laboratory, P.O. Box 17123, Denver, Colorado 80217, for metabolic screening for common genetic disorders, within 72 hours of the birth, unless a written refusal is obtained from the client and documented in the newborn's record.~~
  - ~~d. Recommendation to the mother to secure medical follow-up for her newborn; and~~
  - ~~e. Advice on the necessity of family planning interventions for the couple.~~~~
- H.** The midwife shall file a birth certificate with the local registrar within seven days after the birth of the newborn.
- A.** A midwife shall provide midwifery services only to a healthy woman, determined through a physical assessment and review of the woman's obstetrical history, whose expected outcome of pregnancy is most likely to be the delivery of a healthy newborn and an intact placenta.
- B.** Except as provided in R9-16-111(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may accept a client for a vaginal delivery:
  - 1. After prior Cesarean section, or
  - 2. Of a fetus in a complete breech or frank breech presentation.
- C.** Before providing services to a client, a midwife shall:
  - 1. Inform a client, both orally and in writing, of:
    - a. The midwife's scope of practice, educational background, and credentials;
    - b. If applicable to the client's condition, the midwife's experience with:
      - i. Vaginal birth after prior Cesarean section delivery, or
      - ii. Delivery of a fetus in a complete breech or frank breech presentation;
    - c. The potential risks; adverse outcomes; neonatal or maternal complications, including death; and alternatives associated with an at-home delivery specific to the client's condition, including the conditions described in subsection (C)(1)(b);
    - d. The requirement for tests specified in subsections (I) and (K)(4)(c), and the potential risks for declining a test, and, if a test is declined, the need for a written assertion of a client's decision to decline testing;
    - e. The requirement for consultation for a condition specified in R9-16-112; and
    - f. The requirement for the transfer of care for a condition specified in R9-16-111; and
  - 2. Obtain a written informed consent for midwifery services according to R9-16-109.
- D.** A midwife shall establish an emergency care plan for the client that includes:
  - 1. The name, address, and phone number of:
    - a. The hospital closest to the birthing location that provides obstetrical services, and
    - b. An emergency medical services provider that provides service between the birthing location and the hospital identified in subsection (D)(1)(a);
  - 2. The hospital identified in subsection (D)(1)(a) is within 25 miles of the birthing location for a delivery identified in subsection (B);
  - 3. The signature of the client and the date signed; and
  - 4. The signature of the midwife and the date signed.
- E.** A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (D).
- F.** A midwife shall implement the emergency care plan by immediately calling the emergency medical services provider

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identified in subsection (D)(1)(b) for any condition that threatens the life of the client or the client's child.

- G.** A midwife shall maintain all instruments used for delivery in an aseptic manner and other birthing equipment and supplies in clean and good condition.
- H.** A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.
- I.** During the prenatal period, the midwife shall:
1. Until October 1, 2013, schedule or arrange for the following tests for the client within 28 weeks gestation:
    - a. Blood type, including ABO and Rh, with antibody screen;
    - b. Urinalysis;
    - c. HIV;
    - d. Hepatitis B;
    - e. Hepatitis C;
    - f. Syphilis as required in A.R.S. § 36-693;
    - g. Rubella titer;
    - h. Chlamydia; and
    - i. Gonorrhea;
  2. Until October 1, 2013, schedule or arrange for the following tests for the client:
    - a. A blood glucose screening test for diabetes completed between 24 and 28 weeks of gestation;
    - b. A hematocrit and hemoglobin or complete blood count test completed between 28 and 36 weeks of gestation;
    - c. A vaginal-rectal swab for Group B Strep Streptococcus culture completed between 35 and 37 weeks of gestation;
    - d. At least one ultrasound and recommended follow-up testing to determine placental location and risk for placenta previa and placenta accrete; and
    - e. An ultrasound at 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;
  3. As of October 1, 2013, except as provided in R9-16-110, ensure that the tests in section (I)(1) are completed by the client within 28 weeks gestation;
  4. As of October 1, 2013, except as provided in R9-16-110, ensure that the tests in subsection (I)(2) are completed by the client;
  5. Conduct a prenatal visit at least once every 4 weeks until the beginning of 28 weeks of gestation, once every 2 weeks from the beginning of 28 weeks until the end of 36 weeks of gestation, and once a week after 36 weeks of gestation that includes:
    - a. Taking the client's weight, urinalysis for protein, nitrites, glucose and ketones; blood pressure; and assessment of the lower extremities for swelling;
    - b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;
    - c. Documentation of fetal movement beginning at 28 weeks of gestation;
    - d. Document of:
      - i. The occurrence of bleeding or invasive uterine procedures, and
      - ii. Any medications taken during the pregnancy that are specific to the needs of an Rh negative client;
    - e. Referral of a client for lab tests or other assessments, if applicable, based upon examination or history; and
    - f. Recommendation of administration of the drug RhoGam to unsensitized Rh negative mothers after 28 weeks, or any time bleeding or invasive uterine procedures are done, or midwife administration of RhoGam under a physician's written orders;
  6. Monitor fetal heart tones with fetoscope and document the client's report of first quickening, between 18 and 20 weeks of gestation;
  7. Conduct weekly visits until signs of first quickening have occurred if first quickening has not been reported by 20 weeks of gestation;
  8. Initiate a consultation if first quickening has not occurred by the end of 22 weeks of gestation; and
  9. Conduct a prenatal visit of the birthing location before the end of 35 weeks of gestation to ensure that the birthing environment is appropriate for birth and that communication is available to the hospital and emergency medical services provider identified in subsection(D)(1).
- J.** During the intrapartum period, a midwife shall:
1. Determine if the client is in labor and the appropriate course of action to be taken by:
    - a. Assessing the interval, duration, intensity, location, and pattern of the contractions;
    - b. Determining the condition of the membranes, whether intact or ruptured, and the amount and color of fluid;
    - c. Reviewing with the client the need for an adequate fluid intake, relaxation, activity, and emergency management; and
    - d. Deciding whether to go to client's home, remain in telephone contact, or arrange for transfer of care or consultation;

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2. Contact the hospital identified in subsection (D)(1)(a) according to the policies and procedures established by the hospital regarding communication with midwives when the client begins labor and ends labor;
  3. During labor, assess the condition of the client and fetus upon initial contact, every half hour in active labor until completely dilated, and every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered, including:
    - a. Initial physical assessment and checking of vital signs every 2 to 4 hours of the client;
    - b. Assessing fetal heart tones every 30 minutes in active first stage labor, and every 15 minutes during second stage, following rupture of the amniotic bag, or with any significant change in labor patterns;
    - c. Periodically assessing contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;
    - d. Maintaining proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones; and
    - e. Assisting in support and comfort measures to the client and family;
  4. For deliveries described in subsection (B), during labor determine:
    - a. For primiparas, the progress of active labor by monitoring whether dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage does not exceed 2 hours, if applicable;
    - b. Normal progress of active labor for multigravidas by monitoring whether dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage does not exceed 1 hour, if applicable; or
    - c. The progress of active labor according to the Management Guidelines recommended by the American Congress of Obstetricians and Gynecologists;
  5. After delivery of the newborn:
    - a. Assess the newborn at 1 minute and 5 minutes to determine the Apgar scores;
    - b. Physically assess the newborn for any abnormalities;
    - c. Inspect the client's perineum, vagina, and cervix for lacerations;
    - d. Deliver the placenta within 1 hour and assess the client for signs of separation, frank or occult bleeding; and
    - e. Examine the placenta for intactness and to determine the number of umbilical cord vessels; and
  6. Recognize and respond to any situation requiring immediate intervention.
- K.** During the postpartum period, the midwife shall:
1. During the 2 hours after delivery of the placenta, provide the following care to the client:
    - a. Every 15 to 20 minutes for the first hour and every 30 minutes for the second hour:
      - i. Take vital signs of the client.
      - ii. Perform external massage of the uterus, and
      - iii. Evaluate bleeding;
    - b. Assist the client to urinate within 2 hours following the birth, if applicable;
    - c. Evaluate the perineum, vagina, and cervix for tears, bleeding, or blood clots;
    - d. Assist with maternal newborn and infant bonding;
    - e. Assist with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;
    - f. Provide instruction to the family about adequate fluid and nutritional intake, rest, and the types of exercise allowed, normal and abnormal bleeding, bladder and bowel function, appropriate baby care, signs and symptoms of postpartum depression, and any symptoms that may pose a threat to the health or life of the client or the client's newborn and appropriate emergency phone numbers;
    - g. Recommend or administer under physician's written orders, the drug RhoGam to an unsensitized Rh-negative mother who delivers an Rh-positive newborn. Administration shall occur not later than 72 hours after birth; and
    - h. Document any medications taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;
  2. During the 2 hours after delivery of the placenta, provide the following care to the newborn:
    - a. Perform a newborn physical exam to determine the newborn's gestational age and any abnormalities;
    - b. Comply with the requirements in A.A.C. R9-6-332;
    - c. Recommend or administer Vitamin K under physician's written orders to the newborn. Administration shall occur not later than 72 hours after birth; and
    - d. Document the administration of any medications or vitamins to the newborn in the newborn's record according to the physician's written orders;
  3. Evaluate the client or newborn for any abnormal or emergency situation and seek consultation or intervention, if applicable, according to these rules; and
  4. Re-evaluate the condition of the client and newborn between 24 and 72 hours after delivery to determine whether the recovery is following a normal course, including:
    - a. Assessing baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, activity with any recommendations for change;

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- b. Assessing baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, and bowel and bladder function with documentation of meconium, and providing any recommendations for changes made to the family;
  - c. Submitting blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and
  - d. Recommending to the client that the client secure medical follow-up for her newborn.
- L.** A midwife shall file a birth certificate with the local registrar within seven calendar days after the birth of the newborn.
- M.** Subsections (B), (C)(1)(b), (C)(1)(d) and (J)(2) and (4) are effective July 1, 2014.

**R9-16-109. Informed Consent for Midwifery Services**

- A.** A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that contains:
- 1. The midwife's:
    - a. Name,
    - b. Telephone number,
    - c. License number, and
    - d. E-mail address;
  - 2. The client's:
    - a. Name;
    - b. Address;
    - c. Telephone number;
    - d. Date of birth; and
    - e. E-mail address, if applicable;
  - 3. An attestation that the client was:
    - a. Provided the information required in R9-10-108(C)(1);
    - b. Informed of the emergency care plan as required in R9-10-108(D); and
    - c. Given an opportunity to have questions answered, have an understanding of the information provided, and choose to continue with midwifery services; and
  - 4. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written informed consent for midwifery services is placed in the client file.
- C.** A midwife shall ensure that a copy of the written informed consent for midwifery services is provided to the:
- 1. Client, and
  - 2. Department within five calendar days after a Department request.
- D.** This section is effective October 1, 2013.

**R9-16-110. Assertion to Decline Required Tests**

- A.** Except for R9-16-108(I)(1)(f), if the client declines a test required in R9-16-108(I)(3) and (4), a midwife shall obtain a written assertion of a client's decision to decline a required test in a format provided by the Department, that contains:
- 1. The midwife's:
    - a. Name,
    - b. Telephone number,
    - c. License number, and
    - d. E-mail address;
  - 2. The client's:
    - a. Name;
    - b. Address;
    - c. Telephone number;
    - d. Date of birth; and
    - e. E-mail address, if applicable;
  - 3. The required test being declined by the client;
  - 4. Additional information as required by the Department;
  - 5. An attestation that the client:
    - a. Was provided the information as required in R9-10-108(C)(1)(d), and
    - b. Is declining testing; and
  - 6. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written assertion of the decision to decline a test is placed in the client file.
- C.** A midwife shall ensure that a copy of the written assertion of the decision to decline a test is provided to the:
- 1. Client, and
  - 2. Department within five calendar days after a Department request.



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**D.** This section is effective October 1, 2013.

**~~R9-16-108; R9-16-111.~~ Prohibited Practice; Transfer of Care**

- A.** A licensed midwife shall not accept for care and shall not during pregnancy, labor and delivery, and postpartum knowingly continue to provide care to, and shall immediately transfer care of, any women who has or develops any of the following conditions or circumstances:
1. A previous Cesarean section or other known uterine surgery;
  2. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
  3. Deep vein thrombophlebitis or pulmonary embolism;
  4. Insulin-dependent diabetes, hypertension, heart disease, kidney disease, blood disease, Rh disease with positive titers, active tuberculosis, or active syphilis;
  5. Active hepatitis or active gonorrhea until treated and recovered, following which midwife care may resume;
  6. An unsafe location for delivery;
  7. A blood pressure of 140/90 or an increase of 30mm Hg systolic or 15mm Hg diastolic over client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
  8. A persistent hemoglobin level below 10g or a hematocrit below 30 during the third trimester;
  9. Primary genital herpes simplex infection in the first trimester or has active genital herpes at the onset of labor;
  10. A pelvis that will not safely allow a baby to pass through during labor;
  11. A severe psychiatric illness evident during assessment of client's preparation for birth, or a history of severe psychiatric illness in the six-month period prior to pregnancy;
  12. An addiction to alcohol, narcotics, or other drugs;
  13. Prematurity or labor beginning before 36 weeks gestation;
  14. Multiple gestation in the current pregnancy;
  15. Gestational age greater than 34 weeks with no prior prenatal care;
  16. A gestation beyond 42 weeks;
  17. Presence of ruptured membranes without onset of labor within 24 hours;
  18. Abnormal fetal heart rate of below 120 beats per minute or above 160 beats per minute;
  19. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
  20. A postpartum hemorrhage of greater than 500cc in the current pregnancy;
  21. A nonbleeding placenta retained more than 40 minutes; and
  22. Expressed wishes of the client or family.
- B.** A midwife shall not perform any operative procedures except as provided in R9-16-110.
- C.** A midwife shall not use any artificial, forcible, or mechanical means to assist birth, nor shall the midwife attempt to correct fetal presentations by external or internal movement of the fetus.
- D.** A midwife shall not administer drugs or medications except as provided in R9-16-110 and R9-16-106(E)(2)(d), (G)(1)(g), and (G)(2)(e).
- E.** A midwife shall not knowingly continue and shall transfer care of any newborn in whom any of the following conditions are present:
1. Birth weight less than 2000 grams;
  2. Pale, blue, or gray color after 10 minutes;
  3. Excessive edema;
  4. Major congenital anomalies; or
  5. Respiratory distress.
- A.** A midwife shall not provide midwifery services in a location that has the potential to cause harm to the client or the client's child.
- B.** A midwife shall not accept for midwifery services or continue midwifery services for a client who has or develops any of the following:
1. A previous surgery that involved:
    - a. An incision in the uterus, except as provided in R9-16-108(B)(1); or
    - b. A previous uterine surgery that enters the myometrium;
  2. Multiple fetuses;
  3. Placenta previa or placenta accreta;
  4. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
  5. Deep vein thrombosis or pulmonary embolism;
  6. Uncontrolled gestational diabetes;
  7. Insulin-dependent diabetes;
  8. Hypertension;
  9. Rh disease with positive titers;
  10. Active:
    - a. Tuberculosis;

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- b. Syphilis;
- c. Genital herpes at the onset of labor;
- d. Hepatitis until treated and recovered, following which midwifery services may resume; or
- e. Gonorrhea until treated and recovered, following which midwifery services may resume;
- 11. Preeclampsia or eclampsia persisting after the second trimester;
- 12. A blood pressure of 140/90 or an increase of 30 millimeters of Mercury systolic or 15 millimeters of Mercury diastolic over the client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
- 13. A persistent hemoglobin level below 10 grams or a hematocrit below 30 during the third trimester;
- 14. A pelvis that will not safely allow a baby to pass through during labor;
- 15. A serious mental illness;
- 16. Evidence of substance abuse, including six months prior to pregnancy, to one of the following, evident during an assessment of a client:
  - a. Alcohol;
  - b. Narcotics, or
  - c. Other drugs;
- 17. Except as provided in R9-16-108(B)(2), a fetus with an abnormal presentation;
- 18. Labor beginning before the beginning of 36 weeks gestation;
- 19. A progression of labor that does not meet the requirements of R9-16-108(J)(4), if applicable;
- 20. Gestational age greater than 34 weeks with no prior prenatal care;
- 21. A gestation beyond 42 weeks;
- 22. Presence of ruptured membranes without onset of labor within 24 hours;
- 23. Abnormal fetal heart rate consistently less than 120 beats per minute or more than 160 beats per minute;
- 24. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
- 25. A postpartum hemorrhage of greater than 500 milliliters in the current pregnancy; or
- 26. A non-bleeding placenta retained for more than 60 minutes.
- C.** A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:
  - 1. Had:
    - a. More than one previous Cesarean section;
    - b. A previous Cesarean section:
      - i. With a classical, vertical, or unknown uterine incision;
      - ii. Within 18 months before the expected delivery;
      - iii. With complications, including uterine infection; or
      - iv. Due to failure to progress as a result of cephalopelvic insufficiency; or
    - c. Complications during a previous vaginal delivery after a Cesarean section; or
  - 2. Has a fetus:
    - a. With fetal anomalies, confirmed by an ultrasound; or
    - b. In a breech presentation.
- D.** A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:
  - 1. Had a previous:
    - a. Unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis, or
    - b. Cesarean section; or
  - 2. Has a fetus:
    - a. With fetal anomalies, confirmed by an ultrasound;
    - b. With an estimated fetal weight less than 2500 grams or more than 3800 grams; or
    - c. In an incomplete breech presentation.
- E.** If the client has any of the conditions in subsections (B) through (D), a midwife shall:
  - 1. Document the condition in the client record, and
  - 2. Initiate transfer of care.
- F.** A midwife shall not perform any operative procedures except as provided in R9-16-113.
- G.** A midwife shall not:
  - 1. Use any artificial, forcible, or mechanical means to assist birth; or
  - 2. Attempt to correct fetal presentations by external or internal movement of the fetus.
- H.** A midwife shall not administer drugs or medications except as provided in R9-16-108(I)(5)(f), (K)(1)(g), (K)(2)(c), or R9-16-113.
- I.** Except as provided in R9-16-113, a midwife shall:
  - 1. Discontinue midwifery services and transfer care of a newborn in which any of the following conditions are present:
    - a. Birth weight less than 2000 grams;
    - b. Pale, blue, or gray color after 10 minutes;
    - c. Excessive edema;

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- d. Major congenital anomalies; or
  - e. Respiratory distress; and
2. Document the condition in subsection (I)(1) in the newborn record.

**R9-16-112: Expired**

**~~R9-16-109, R9-16-112, Required Consultation~~**

- ~~A.~~** ~~The midwife shall obtain medical consultation to obtain a recommendation for treatment, referral, or transfer of care at the time any client is determined to have any of the following circumstances or conditions during the current pregnancy:~~
- ~~1. Testing positive for HIV;~~
  - ~~2. History of seizure disorder;~~
  - ~~3. History of stillbirth, premature labor, or parity greater than 5;~~
  - ~~4. Is younger than 16 years of age or a primigravida older than 40 years of age;~~
  - ~~5. Failure to auscultate fetal heart tones by 22 weeks gestational age;~~
  - ~~6. Refusal of Rh blood work or treatment;~~
  - ~~7. Failure to gain 12 pounds by 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;~~
  - ~~8. Severe, persistent headaches, with visual disturbances, stomach pains, or swelling of the face and hands;~~
  - ~~9. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;~~
  - ~~10. Excessive vomiting or continued vomiting after 20 weeks gestation;~~
  - ~~11. Symptoms of decreased fetal movement;~~
  - ~~12. A fever of 100.4° F or 38° C twice at 24 hours apart;~~
  - ~~13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to 36 weeks gestation;~~
  - ~~14. Measurements for fetal growth are not within 2cm of the gestational age;~~
  - ~~15. Second degree or greater lacerations of the birth canal;~~
  - ~~16. An abnormal progression of labor;~~
  - ~~17. An unengaged head at 7 centimeters dilation in active labor;~~
  - ~~18. An abnormal presentation after 36 weeks;~~
  - ~~19. Failure of the uterus to return to normal size in the current postpartum period; or~~
  - ~~20. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful.~~
- ~~B.~~** ~~A midwife shall obtain medical consultation to obtain a recommendation for treatment, referral, or transfer of care at the time any newborn demonstrates any of the following conditions:~~
- ~~1. Weight less than 2500 grams or 5 lbs., 8 oz.;~~
  - ~~2. Congenital anomalies;~~
  - ~~3. An Apgar score less than 7 at 5 minutes;~~
  - ~~4. Persistent breathing at a rate of more than 60 breaths per minute;~~
  - ~~5. An irregular heartbeat;~~
  - ~~6. Persistent poor muscle tone;~~
  - ~~7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;~~
  - ~~8. Yellowish-colored skin within 48 hours;~~
  - ~~9. Abnormal crying;~~
  - ~~10. Meconium staining of the skin;~~
  - ~~11. Lethargy, irritability, or poor feeding;~~
  - ~~12. Excessively pink coloring over entire body;~~
  - ~~13. Failure to urinate or pass meconium in the first 24 hours of life;~~
  - ~~14. A hip examination which results in a clicking or incorrect angle;~~
  - ~~15. Skin rashes not commonly seen in the newborn; or~~
  - ~~16. Temperature persistently above 99.0° or below 97.6° F.~~
- A.** A midwife shall obtain a consultation at the time a client is determined to have any of the following during the current pregnancy:
- 1. A positive culture for Group B Streptococcus;
  - 2. History of seizure disorder;
  - 3. History of stillbirth, premature labor, or parity greater than 5;
  - 4. Age younger than 16 years;
  - 5. A primigravida older than 40 years of age;
  - 6. Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;
  - 7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than 8 pounds in any two-week period during pregnancy;
  - 8. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;

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9. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
  10. Symptoms of decreased fetal movement;
  11. A fever of 100.4° F or 38° C or greater measured twice at 24 hours apart;
  12. Tender uterine fundus;
  13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
  14. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
  15. Second degree or greater lacerations of the birth canal;
  16. Except as provided in R9-16-111(A)(20), an abnormal progression of labor;
  17. An unengaged head at 7 centimeters dilation in active labor;
  18. Failure of the uterus to return to normal size in the current postpartum period;
  19. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful;
  20. Gonorrhea;
  21. Chlamydia;
  22. Syphilis;
  23. Heart disease;
  24. Kidney disease;
  25. Blood disease; or
  26. A positive test result for:
    - a. HIV;
    - b. Hepatitis B, or
    - c. Hepatitis C.
- B.** A midwife shall obtain a consultation at the time a newborn demonstrates any of the following conditions:
1. Weight less than 2500 grams or 5 pounds, 8 ounces;
  2. Congenital anomalies;
  3. An Apgar score less than 7 at 5 minutes;
  4. Persistent breathing at a rate of more than 60 breaths per minute;
  5. An irregular heartbeat;
  6. Persistent poor muscle tone;
  7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
  8. Yellowish-colored skin within 48 hours;
  9. Abnormal crying;
  10. Meconium staining of the skin;
  11. Lethargy;
  12. Irritability;
  13. Poor feeding;
  14. Excessively pink coloring over the entire body;
  15. Failure to urinate or pass meconium in the first 24 hours of life;
  16. A hip examination which results in a clicking or incorrect angle;
  17. Skin rashes not commonly seen in the newborn; or
  18. Temperature persistently above 99.0° or below 97.6° F.
- C.** The midwife shall inform the client of the consultation required in subsections (A) or (B) and recommendations of the physician or certified nurse midwife.
- D.** The midwife shall document the consultation required in subsections (A) or (B) and recommendations received in the client record or newborn record.

**R9-16-110, R9-16-113, Emergency Services Measures**

- A.** A licensed midwife shall, before the arrival of emergency medical personnel, perform the following procedures only in an emergency situation in which the health and safety of the mother or newborn are determined to be at sufficient risk:
1. Cardiopulmonary resuscitation of the mother or newborn with a bag and mask;
  2. Administration of oxygen at no more than 8 liters per minute via mask for the mother and 5 liters per minute for the newborn via neonatal mask;
  3. Midline episiotomy to expedite the delivery during fetal distress;
  4. Suturing of episiotomy or tearing of the perineum, to stop active bleeding, following administration of local anesthetic, contingent upon physician consultation or standing orders of physician;
  5. Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis; and
  6. Manual exploration of the uterus for control of severe bleeding.
- B.** A licensed midwife may administer a maximum dose of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician consultation or standing orders by a physician, and arrangements for immediate transport of the client to a hospital.

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- A.** In an emergency situation in which the health or safety of the client or newborn are determined to be at risk, a midwife:
1. Shall ensure that an emergency medical services provider is called; and
  2. May perform the following procedures as necessary:
    - a. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;
    - b. Administration of oxygen at no more than 8 liters per minute via mask for the client and 5 liters per minute for the newborn via neonatal mask;
    - c. Episiotomy to expedite the delivery during fetal distress;
    - d. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation with a physician or certified nurse midwife, or physician's written orders;
    - e. Release of shoulder dystocia by utilizing:
      - i. Hyperflexion of the client's legs to the abdomen;
      - ii. Application of external pressure suprapubically;
      - iii. Rotation of the nonimpacted shoulder until the impacted shoulder is released;
      - iv. Delivery of the posterior shoulder;
      - v. Application of posterior pressure on the anterior shoulder, or
      - vi. Positioning of the client on all fours with the back arched;
    - f. Manual exploration of the uterus for control of severe bleeding; or
    - g. Manual removal of placenta.
- B.** A licensed midwife may administer a maximum dose of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician or certified nurse midwife consultation and written orders by a physician, and arrangements for immediate transport of the client to a hospital.
- C.** A midwife shall document in the client's record any medications taken by a client for the control of postpartum hemorrhage.

**R9-16-114. Midwife Report after Termination of Midwifery Services**

- A.** A midwife shall complete a midwife report for each client, in a format provided by the Department, that includes the following:
1. The midwife's:
    - a. First name;
    - b. Last name, and
    - c. License number;
  2. The client's:
    - a. Date of birth;
    - b. Client number;
    - c. Date of last menstrual period;
    - d. Estimated date of delivery;
    - e. Gravida (number);
    - f. Para (number); and
    - g. If applicable, whether the client had a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation;
  3. A description of the maternal outcome, including any complications;
  4. If a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation:
    - a. Rate of dilation, and
    - b. Duration of second stage labor;
  5. If applicable, the newborn's:
    - a. Date of birth;
    - b. Gender;
    - c. Weight;
    - d. Length;
    - e. Head circumference;
    - f. Designation of average, small, or large for gestational age;
    - g. Apgar score at 1 minute;
    - h. Apgar score at 5 minutes;
    - i. Existence of complications;
    - j. Description of complications, if applicable;
    - k. Birth certificate filing date; and
    - l. Birth certificate number, if available;
  6. Whether the client required transfer of care and, if applicable:
    - a. Method of transport,

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- b. Type of facility or individual to which the midwife transferred care of the client.
  - c. Name of destination.
  - d. Time arrived at destination.
  - e. Confirmation the emergency care plan was utilized, and
  - f. Medical reason for transfer of care;
  - 7. The date midwifery services were terminated;
  - 8. Reason for the termination of midwifery services;
  - 9. If termination of midwifery services was due to a medical condition, the specific medical condition;
  - 10. Whether information was provided on newborn screening; and
  - 11. Whether newborn screening tests were ordered as required in A.R.S. § 36-694.
- B.** The midwife shall submit a midwife report for a client to the Department within 30 calendar days after the termination of midwifery services to the client.

~~R9-16-107.~~ **R9-16-115. Recordkeeping and Report Requirements Client and Newborn Records**

- ~~A.~~ Each midwife shall establish and maintain a record of the care provided and data gathered for each client.
- ~~B.~~ Information in the client's record shall be released by the midwife only with the written consent of the client, legal guardian, or as otherwise provided by law.
- ~~C.~~ If a client is a minor, informed consent shall be signed by the parent or legal guardian except as provided in A.R.S. § 44-132 and shall be filed in the client's record.
- ~~D.~~ A midwife shall make records available to other health care providers engaged in the care and treatment of the client and upon request by the Department for periodic quality review.
- ~~E.~~ A midwife shall maintain evidence of medical evaluation and physician visits in the client's record. Such evidence shall consist of either a report signed by the physician, a copy of the medical and physician notes, or other documentation received from the physician or medical provider.
- ~~F.~~ A midwife shall enter a date for each entry in the prenatal record and the postpartum record. A date and time shall be recorded for each entry in the labor record. Each entry shall be initialed or signed by the midwife. If initials are used, the midwife shall sign on the same page.
- ~~G.~~ Each licensed midwife shall submit a client summary report for each client to the Department. Such reports shall be submitted within 15 days after the close of each quarter on the form set forth as Exhibit E.
- ~~H.~~ Each client's record shall contain the following information, as applicable:
- 1. ~~Client identification sheet, including name, address, date of birth, sex, next of kin, spouse or other designated person, directions to the client's home, telephone number, and marital status;~~
  - 2. ~~Health history sheet including pre-existing conditions or surgeries, previous pregnancies, physical examination, nutritional status, and a written assessment of risk factors with an intervention plan when risk factors that require termination of the agreement are present;~~
  - 3. ~~Progress notes of all encounters with the midwife and other health care consultants, in chronological order, documenting any actions, guidance, and consultations, with copies if appropriate;~~
  - 4. ~~Laboratory and diagnostic reports;~~
  - 5. ~~Written informed consent which is signed by the client.~~
- A.** A midwife shall ensure that a record is established and maintained according to A.R.S. §§ 12-2291 and 12-2297 for each:
- 1. Client, and
  - 2. Newborn delivered by the midwife from a client.
- B.** A midwife shall ensure that a record for each client includes the following:
- 1. The client's full name, date of birth, address, and client number;
  - 2. Names, addresses, and telephone numbers of the client's spouse or other individuals designated by the client to be contacted in an emergency;
  - 3. Written informed consent for midwifery services, as required in R9-16-108(C)(2);
  - 4. Assertion to decline required tests, as required in R9-16-110(A)(3);
  - 5. A copy of the emergency care plan, as required in R9-16-108(E);
  - 6. The date the midwife began providing midwifery services to the client;
  - 7. The date the client is expected to deliver the newborn;
  - 8. The date the newborn was delivered, if applicable;
  - 9. An initial assessment of the client to:
    - a. Determine whether the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as specified in R9-16-111; and
    - b. Determine the:
      - i. Number and outcome of previous pregnancies, and
      - ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
  - 10. Progress notes documenting the midwifery services provided to the client;
  - 11. For a delivery identified in R9-16-108(B);

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- a. Rate of dilation, and
  - b. Duration of second stage labor;
  12. Laboratory and diagnostic reports, according to R9-16-108(I);
  13. Documentation of consultations as required in R9-16-112, including:
    - a. Reason for the consultation,
    - b. Name of physician or certified nurse midwife,
    - c. Date of consultation,
    - d. Time of consultation, and
    - e. Recommendation made by the physician or certified nurse midwife;
  14. Written reports received from consultations as required in R9-16-112;
  15. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;
  16. The name of the physician, certified nurse midwife, or hospital to which the care of the client was transferred, if applicable;
  17. Documentation of medications or vitamins taken by the client;
  18. Documentation of medications or vitamins administered to the client and the physician's written orders for the medications or vitamins;
  19. The outcome of the pregnancy;
  20. The date the midwife stopped providing midwifery services to the client; and
  21. Instructions provided to the client before the midwife stopped providing midwifery services to the client.
- C.** A midwife shall ensure that a record for each newborn includes the following:
1. The full name, date of birth, and address of the newborn's mother;
  2. The newborn's:
    - a. Date of birth,
    - b. Gender,
    - c. Weight at birth,
    - d. Length at birth, and
    - e. Apgar scores at 1 minute and 5 minutes after birth;
  3. The newborn's estimated gestational age at birth;
  4. Progress notes documenting the midwifery services provided to the newborn;
  5. Laboratory and diagnostic reports, as required in R9-16-108(I);
  6. Documentation of consultations as required in R9-16-112:
    - a. Reason for the consultation,
    - b. Name of physician or certified nurse midwife,
    - c. Date of consultation,
    - d. Time of consultation, and
    - e. Recommendation made by the physician or certified nurse midwife;
  7. Written reports received from consultations as required in R9-16-112;
  8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;
  9. The name of the physician, certified nurse midwife, or hospital to which the care of the newborn was transferred, if applicable;
  10. Documentation of medications or vitamins taken by the newborn;
  11. Documentation of medications or vitamins administered to the newborn and the physician's written orders for the medications or vitamins;
  12. Documentation of newborn screening, including when the specimen collection kit, as defined in A.A.C. R9-13-201, was submitted and results received, as required in R9-16-108(K)(4)(c);
  13. The date the midwife stopped providing midwifery services to the newborn; and
  14. Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

**~~R9-16-111. R9-16-116.~~ Denial, Suspension, or Revocation of License; Civil Penalties; Procedures**

- A.** In addition to those grounds set forth in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time and may assess a civil penalty of \$50 for the first offense and \$100 for each subsequent offense, for any of the following causes:
1. ~~Failure to maintain the standards of practice and clinical judgment;~~
  2. ~~Practicing under a false name or alias which will interfere with or obstruct the investigative or regulatory process;~~
  3. ~~Practicing under the influence of drugs or alcohol;~~
  4. ~~Falsification of records;~~
  5. ~~Obtaining any fee for midwifery services by fraud or misrepresentation;~~
  6. ~~Permitting another to use the midwife's license; and~~

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~~7. Failure to submit quarterly reports within 15 days after the close of the quarter.~~

~~B. All administrative proceedings shall be conducted in accordance with the Department's rules of practice and procedure, 9 A.A.C. 1, Article 1.~~

In addition to the grounds specified in A.R.S. §§ 36-756 and 13-904(E), the Department may deny, suspend, or revoke a license permanently or for a definite period of time, and may assess a civil penalty for each violation, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process.
2. Practicing under the influence of drugs or alcohol.
3. Falsification of records.
4. Obtaining any fee for midwifery services by fraud or misrepresentation.
5. Permitting another to use the midwife's license, or
6. Knowingly providing false information to the Department.

**R9-16-117. Midwifery Advisory Committee**

**A.** The director of the Department shall establish a midwifery advisory committee consisting of:

1. Four midwives who are licensed according to Title 36, Chapter 6, Article 7 of the Arizona Revised Statutes;
2. One public member who has used or who has significant experience with midwifery services;
3. One physician who is licensed according to Title 32, Chapter 13, of the Arizona Revised Statutes, or one physician who is licensed according to Title 32, Chapter 17, of the Arizona Revised Statutes, and who has experience in obstetrics;
4. One nurse midwife who is licensed and certified according to Title 32, Chapter 15 of the Arizona Revised Statutes; and
5. One ex-officio member.

**B.** Midwifery advisory committee members:

1. Serve at the discretion of the director of the Department.
2. May serve for three-year terms, and
3. Are not eligible for compensation or reimbursement of expenses.

**C.** The midwifery advisory committee shall, at a minimum, convene annually.

**D.** The midwifery advisory committee shall be chaired by the director of the Department.

**E.** The midwifery advisory committee shall:

1. Examine aggregate data from the midwife reports required in R9-16-114;
2. Examine any notifications received by the Department required in R9-16-104(B);
3. Examine evidence-based research pertaining to the practice of midwifery;
4. Develop an annual report on midwifery and home births in this state during the previous fiscal year, including:
  - a. An analysis of the information from subsections (E)(1) and (2).
  - b. A summary of the information from subsection (E)(3), and
  - c. Recommendations for changes to the rules in this Article;
5. Submit a copy of the report required in subsection (E)(4) to the Department on or before November 15 of each year, beginning in 2015;
6. Assist in the development of the informed consent for midwifery services according to R9-16-109 by October 1, 2013; and
7. Assist in the development of the assertion to decline required tests according to R9-16-110 by October 1, 2013.