

20:86:02:03. Issuance of license. Licenses will be renewed biennially on October 30th.
Duration of license. A license is valid two years from the date that it was issued by the board.

Source: 45 SDR 31, effective September 10, 2018.

General Authority: SDCL 36-9C-32(1).

Law Implemented: SDCL ~~36-9C-11~~. 36-9C-15

20:86:04:02. Biennial renewal. ~~Each person licensed to practice within this state shall renew the license biennially on October 31st.~~ The renewal fee is \$1,500. Failure to secure a renewal certificate shall result in a lapsed license. A lapsed license may be reinstated as provided in § 20:86:02:06.

Source: 45 SDR 31, effective September 10, 2018.

General Authority: SDCL 36-9C-32(4).

Law Implemented: SDCL 36-9C-19(2).

DRAFT

DEPARTMENT OF HEALTH
CERTIFIED PROFESSIONAL MIDWIVES

DRUG FORMULARY

Chapter 20:86:03

APPENDIX A

SEE: §20:86:03:11

Source: 45 SDR 31, effective September 10, 2018.

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Phylloquinone (Vitamin K ₁)	Prophylaxis for Vitamin K deficiency bleeding	1 mg	Intramuscularly	1 dose
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units <u>units</u> /ml	Intramuscularly only	1-2 doses. Transport to hospital required if more than two (2) doses are administered.
Misoprostol Note: This is an appropriate off label use of this drug.	Postpartum hemorrhage only	200 microgram tabs, at 800 micrograms per dose (4 tabs)	Rectal or sublingual, or may be used as ½ rectally and ½ sublingually	1-2 doses. Transport to hospital required if more than 2 doses are administered. Not to exceed 800 micrograms.
Methylergonovine (Methergine)	Postpartum hemorrhage only	0.2 mg	Intramuscular or orally	Single dose. Every six hours, may repeat

				3 times. Contraindicated in hypertension and Raynaud's Disease.
Lidocaine HCL 1% or 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml (1%) Maximum 15 ml (2%)	Precutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in ≥ 100 ml LR, NS or D ₅ LR	Until birth of baby
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥ 100 ml NS	Until birth of baby
Cefazolin Sodium	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D ₅ LR	Until birth of baby
Clindamycin Phosphate	Group B Strep Prophylaxis	900 mg every 8 hours	IV in ≥ 100 ml NS or LR	Until birth of baby

Lactated Ringers (LR)	To administer group B Strep Prophylaxis		Intravenous catheter	
5% Dextrose in Lactated Ringer's solution (D ₅ LR)	To administer group B Strep Prophylaxis		Intravenous catheter	
0.9% Sodium Chloride (NS)	To administer group B Strep Prophylaxis		Intravenous catheter	
Oxygen	Maternal/fetal distress, or neonatal resuscitation	10-12 L/min 10 L/min	Mask or bag and mask	Until stabilization is achieved or transfer to a hospital is complete
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose
Rh(D) Immune Globulin	Prevention of Rh(D) sensitization in Rh(D) negative women	300 mcg	Intramuscularly	Single dose at any gestation for Rh(D) negative, antibody negative women within 72 hours of

				<p>spontaneous bleeding or abdominal trauma.</p> <p>Single dose at 26-28 weeks gestation for Rh(D) negative, antibody negative women.</p> <p>Single dose for Rh(D) negative, antibody negative women within 72 hours of delivery of Rh(D) positive infant, or infant with unknown blood type.</p>
<u>Epinephrine HCL</u>	<u>Post-exposure treatment of severe allergic reaction as follow</u>	<u>0.3 to 0.5 ml in a concentration of 1:1000</u>	<u>Intramuscular injection into anterolateral aspect of the</u>	<u>Seek medical attention immediately after administration of</u>

	<u>up to any approved medication</u>		<u>thigh or via metered dose auto-injector</u>	<u>first injection. Can be given every 5-15 minutes as needed for 3 to 4 doses.</u>
<u>Tranexamic Acid (TXA)</u>	<u>Postpartum hemorrhage</u> <u>To be used when initial anti-hemorrhagic therapies fail and with notification of local medical support</u>	<u>100mg/ml (1 g)</u>	<u>IV at 1 ml per minute</u>	<u>2nd dose if bleeding continues past 30 minutes or restarts with 24 hours.</u>
<u>IV Fluids</u> <ul style="list-style-type: none"> • <u>Lactate Ringers (LR)</u> • <u>.45% Saline</u> • <u>.9% Normal Saline</u> 	<u>Postpartum hemorrhage</u>	<u>Infuse 1 liter in wide-open rate</u>	<u>IV line with 16-18 gauge needle</u>	<u>After first liter, a second liter may be titrated to client's condition.</u>