**Meeting Minutes**
**SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES**
**Teleconference**
**July 17, 2018 2:00 p.m. Central**

President Debbie Pease called the meeting to order at 2:10 p.m. The roll was called. A quorum was present.

**Members of the board in attendance:** Debbie Pease, Susan Rooks (via phone), Pat Schwaiger (via phone), and Autumn Cavender-Wilson.

**Others in attendance:** Tammy Weis**,** SD Board of CPM Exec. Secretary; Justin Williams, DOH; Susan Sporrer, DOH; Tim Engle, SDSMA; Bob Mercer, Reporter; and via phone Evie DeWitt, SD Birth Matters President; Abbie Paulson, Birth Doula; Alaina Kerkhoff, Student CPM; Judy Jones, CPM ND; and Mark East, SDSMA Exec Vice President.

Rooks moved approval of the agenda; seconded by Schwaiger. The board voted by roll call. Pease, Rooks, and Schwaiger voted aye; Cavender-Wilson and McKay absent. **MOTION PASSED**

Pease announced the public hearing on the proposed administrative rules §§20:85:01:01 through 20:85:05:19 was held. Justin Williams served as the hearing officer. Williams called the public hearing to order at 2:15 p.m. See attached for the minutes of the public hearing. The public hearing was adjourned at 2:35 p.m.

Schwaiger moved to approve the March 24, 2018 minutes; seconded by Rooks. The board votedby roll call.Pease, Rooks, and Schwaiger voted aye;Cavender-Wilson and McKay absent. **MOTIONPASSED**

Pease explained that the Financial Report included expenditures through June30th. Approximately $500 spent since last meeting. There were no questions, the report was filed.

Pease reminded the board that the Complaint Form was to be discussed at this meeting. Schwaiger moved to take that issue up at our next meeting, seconded by Rooks. The boardvoted by roll call. Pease, Rooks, and Schwaiger voted aye; Cavender-Wilson and McKay absent. **MOTION PASSED**

The board considered the comments received on the proposed rules. Dr. McKay provided written comments on comments received for consideration by the board (see attached).

- South Dakota Birth Matters
  - 20:85:03:01(3) – requested change to required lab work to allow the client to refuse HIV and Hepatitis B testing. In written comments provided to the board, McKay agreed that informed refusal could be an option as long as the board developed a standard form for the refusal. Motion by Rooks, seconded by Schwaiger to amend 20:85:03:01 (3) with the following language:

    "(3) Failure to obtain minimum lab work of: Blood group, RH antibody screening, hemoglobin, and syphilis by 28 weeks gestation.
    (4) Failure to document:
    (a) lab work for HIV and Hepatitis B around 28 weeks gestation or

(b) a signed HIV and Hepatitis B Informed Refusal Form provided by the board."

The board voted by roll call. Pease, Rooks, and Schwaiger voted aye; Cavender-Wilson and McKay absent. **MOTION PASSED.**

- 20:85:03:02(1) – requested "previous cesarean section" be moved from required physician consultation to recommended physician consultation. In written comments provided to the board, McKay reiterated her preference for rules that excludes any prior uterine incision from CPM practice. Motion by Rooks, second by Schwaiger to move previous cesarean section fromrequired physician consult to recommended physician consult in 20:85:03:03. The board voted by roll call. Pease, Rooks, and Schwaiger voted aye; Cavender-Wilson and McKay absent. **MOTION PASSED.**

- Requested change in 20:85:03:06 to clarify a midwife's responsibilities during a transport to a hospital and transfer of care. The board agreed the language pertaining to language permitting transport in a private vehicle if it was the most expedient method for transport but believe the language allowing the CPM to continue to provide care if the client refused transport would create a loophole that would prevent enforcement of the rules. Motion made by Schwaiger, seconded by Rooks to amend 20:85:03:06 to add language to read: "Provide necessary emergency stabilization until emergency medical services arrive or transfer is completed with the understanding that transport via private vehicle is an acceptable method of transport if it is the most expedient method for accessing medical services;" and add "pertinent" to the medical records accompanying the mother and/or baby during transport. The board voted by roll call. Pease, Rooks, Schwaiger, Cavender-Wilson voted aye; McKay absent. **MOTION PASSED**

- Abbie Paulson
  - Requested the same changes to required lab testing and previous C-section as SD Birth Matters. No further board action taken.
  - Requested 20:85:03:04 (4) (breech birth) be removed. No changes made.

- Alaina Kerkhoff
  - Requested the same change for previous C-section as SD Birth Matters. No changes made.

- Judy Jones
  - Requested removal of 20:85:05:06 (8)(b). Board agreed this language is covered under SDCL 36-9C-22 (2). Motion by Rooks, seconded by Schwaiger to removed 20:85:05:06 (8)(b). The board voted by roll call. Pease, Rooks, Schwaiger, and Cavender-Wilson voted aye; McKay absent. **MOTION PASSED**

- South Dakota State Medical Association
  - Rules allow CPM to care for mother-baby unit with a history of problems relating to pregnancy which is prohibited by statute. Board reaffirmed position that statute permits CPMs to provide care for low risk pregnancy as determined by ongoing assessment throughout pregnancy. No changes made.
  - 20:85:03:01(1)(a) Placental abnormality – requested that section be amended to prohibit care for patient with placental abnormality. The Board reaffirmed their

position that women with placental abnormalities should not be cared for by CPMs and that this is already covered in the rules in these places: 20:85:03:01(1)(a) (1) (2) (3), 20:85:03:02 (16) (28), 20:85:03:04 (2)(11)(17). No changes made.

- 20:85:03:01(1)(u) – questioned how a CPM will detect suspected or diagnosed congenital fetal anomaly. The board reaffirmed their position from the May 24th meeting. No changes made.
- 20:85:03:01(1)(x) – asked that this read "any infection at time of delivery". The board noted the changes made to this rule at the request of SDSMA at the May 24th meeting and reaffirmed the position that "any infection" is too broad. No changes made.
- 20:85:03:01(1)(y) – requested "diagnosed" intrauterine growth restriction be changed to "suspected". Motion by Cavender-Wilson, seconded by Rooks to change "Diagnosed" to "Suspected" in 20:85:03:01 (l) (y). The board voted by roll call, Pease, Rooks, Schwaiger, and Cavender-Wilson voted aye, McKay absent. **MOTION PASSED**
- 20:85:03:02(1) – A woman with a previous cesarean section should deliver in a facility with capability to perform C-section within 10 minutes. Proposed rule does not adequately protect mother and baby. No change made.
- 20:85:03:06 – required transport information should include reason for transport. The board agrees and the "reason for transport" is included on the transport forms required under 20:85:03:06. No changes made.
- 20:85:03:07 – recordkeeping requirement should be 20 years. Motion by Schwaiger, seconded by Rooks to change recordkeeping requirement from 10 to 20 years. The board voted by roll call, Pease, Rooks, Schwaiger, and Cavender-Wilson voted aye, McKay absent. **MOTION PASSED**
- 20:85:03:08 – requirement for CPM to be certified in neonatal resuscitation. The board reaffirmed position that neonatal resuscitation is required as part of NARM certification and recertification which is required for licensure in South Dakota. No changes made.
- 20:85:03:10(6) – requirement to report services and outcomes should be extended to the standard postpartum period which is defined as 42 days after birth. The rules define the postpartum period as 6 weeks which is the equivalent to 42 days. No changes made.

Motion made by Schwaiger, seconded by Rooks to adopt the Proposed Rules §§ 20:85:01:01 through 20:85:05:19 as amended.The board voted by roll call, Pease, Rooks, and Schwaiger, Cavender-Wilson voted aye; McKay absent. **MOTION PASSED**

The floor was opened for the public to address the Board. There were no comments

There were no announcements.

The next meeting will be September 27th from 1-5 (central) via teleconference. Future meeting will be held the third Thursday in March and September with time and location to be determined.

Schwaiger moved to adjourn, seconded by Rooks.The board voted by roll call. Pease, Rooks, Schwaiger, and Cavender-Wilson voted aye; McKay absent. **MOTION PASSED.** The meeting was adjourned at 4:12 p.m.

# Remaining Authority by Object/Subobject

Expenditures current through 09/01/2018 12:20:52 PM

HEALTH -- Summary

FY 2019 Version -- AS -- Budgeted and Informational

FY Remaining: 83.0%

**09213 Board of Certified Prof Midwives - Info**

| Subobject | | Operating | Expenditures | Encumbrances | Commitments | Remaining | PCT AVL |
|---|---|---|---|---|---|---|---|
| **EMPLOYEE SALARIES** | | | | | | | |
| 5101030 | Board & Comm Mbrs Fees | 0 | 300 | 0 | 0 | -300 | 0.0 |
| **Subtotal** | | **0** | **300** | **0** | **0** | **-300** | 0.0 |
| **EMPLOYEE BENEFITS** | | | | | | | |
| 5102010 | Oasi-employer's Share | 0 | 23 | 0 | 0 | -23 | 0.0 |
| **Subtotal** | | **0** | **23** | **0** | **0** | **-23** | 0.0 |
| **51 Personal Services** | | | | | | | |
| **Subtotal** | | **0** | **323** | **0** | **0** | **-323** | 0.0 |
| **TRAVEL** | | | | | | | |
| 5203030 | Auto-priv (in-st.) H/rte | 650 | 0 | 0 | 0 | 650 | 100.0 |
| 5203100 | Lodging/in-state | 200 | 696 | 0 | 0 | -496 | 0.0 |
| 5203140 | Meals/taxable/in-state | 100 | 0 | 0 | 0 | 100 | 100.0 |
| **Subtotal** | | **950** | **696** | **0** | **0** | **254** | 26.7 |
| **CONTRACTUAL SERVICES** | | | | | | | |
| 5204020 | Dues & Membership Fees | 600 | 0 | 0 | 0 | 600 | 100.0 |
| 5204080 | Legal Consultant | 3,000 | 0 | 0 | 0 | 3,000 | 100.0 |
| 5204090 | Management Consultant | 10,500 | 575 | 11,500 | 0 | -1,575 | 0.0 |
| 5204180 | Computer Services-state | 29 | 0 | 0 | 0 | 29 | 100.0 |
| 5204190 | Computer Services-private | 500 | 0 | 0 | 0 | 500 | 100.0 |
| 5204200 | Central Services | 818 | 51 | 0 | 0 | 767 | 93.8 |
| 5204204 | Central Services | 151 | 0 | 0 | 0 | 151 | 100.0 |
| 5204207 | Central Services | 130 | 91 | 0 | 0 | 39 | 30.0 |
| 5204360 | Advertising-newspaper | 1,690 | 0 | 0 | 0 | 1,690 | 100.0 |
| 5204590 | Ins Premiums & Surety Bds | 700 | 0 | 0 | 0 | 700 | 100.0 |
| 5204960 | Other Contractual Service | 260 | 0 | 0 | 0 | 260 | 100.0 |
| **Subtotal** | | **18,378** | **717** | **11,500** | **0** | **6,161** | 33.5 |
| **SUPPLIES & MATERIALS** | | | | | | | |
| 5205020 | Office Supplies | 50 | 0 | 0 | 0 | 50 | 100.0 |
| 5205320 | Printing-commercial | 50 | 0 | 0 | 0 | 50 | 100.0 |
| 5205350 | Postage | 100 | 0 | 0 | 0 | 100 | 100.0 |
| **Subtotal** | | **200** | **0** | **0** | **0** | **200** | 100.0 |
| **CAPITAL OUTLAY** | | | | | | | |
| 5207900 | Computer Hardware | 480 | 0 | 0 | 0 | 480 | 100.0 |

# Remaining Authority by Object/Subobject

Expenditures current through 09/01/2018 12:20:52 PM

HEALTH -- Summary

FY 2019 Version -- AS -- Budgeted and Informational

FY Remaining: 83.0%

| | | | | | | |
|---|---|---|---|---|---|---|
| **Subtotal** | **480** | **0** | **0** | **0** | **480** | 100.0 |
| **52 Operating** | | | | | | |
| **Subtotal** | **20,008** | **1,413** | **11,500** | **0** | **7,095** | 35.5 |
| **Total** | **20,008** | **1,736** | **11,500** | **0** | **6,772** | 33.8 |

## The Legislative Rules Committee Meeting Report

The Legislative Rules Committee meeting was held Aug 20, 2018. Debbie Pease, President, spoke for the board and did a stellar job. Both Justin and Susan were out of the office today so Tom Martinec, Deputy Secretary of Health attended with us.

The final vote was 5-1 in favor of our board having completed the rules process. Our Sept 27 meeting will finish a few forms and get the process started to take applications!

The legislators asked some difficult questions about how CPMs will obtain medications to administer to clients, whether there are Schedule II medications on our list, how low risk (problem free) is defined, who will police whether CPMs are maintaining records for 20 years, on how complete the Transfer Forms are and when a hospital will receive that information, on whether we feel that our rules could stand up to a court challenge by the SDSMA, on where our funds come from and if we have enough to be sustainable, on how much training CPMs must have concerning the conditions listed as needing a mandatory or suggested consult with a physician. We were admonished for not having a practicing CPM present for questions.

As expected the South Dakota State Medical Association sent an attorney to testify against the rules. His remarks, in summary, were that the SDSMA does not believe that rules do not reflect the intent of the statute because they include provision for mandatory and suggested consultation with a physician about conditions that would render a pregnancy "not problem free". He stated that CPMs should not care for anyone with a condition (or previous condition) on either of the 2 lists.

The board will need to address and solve some of the questions that were presented. I am not certain that every legislator had all of their questions answered to their complete satisfaction. Several suggested that in the future we might find places to improve the rules and we should not hesitate to look that direction.

One legislator suggested that we might look to changing the statue to do a better job defining "low risk" or "problem free"

The paperwork has been delivered to the appropriate officials, there is a 20 day waiting period before the rules are effective.

So today is a day to rejoice, tomorrow we go back to work-- gathering information and preparing to license our first CPMs!

SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
27705 460th Avenue, Chancellor, SD 57015
Phone: 605-743-4451 Email: cpmsdlicense@gmail.com
Home Page: doh.sd.gov/boards/midwives/

# Informed Consent Form

*Licensed Certified Professional Midwives (CPM) in the State of South Dakota shall follow South Dakota regulations in Title 36, Chapter 9C of the South Dakota Code. Prior to accepting a woman into care, a Licensed Certified Professional Midwife shall first obtain written informed consent per SDCL 36-9C-33.*

*Certified Professional Midwives (CPMs) are required to file birth reports and to follow all newborn screenings required by South Dakota law and administrative rule.*

**CPM Name** _____ **License Number** _____

**Address** _____ **City** _____ **State** _____ **Zip** _____

**Telephone Number** (_____)_____

**Education and Training** _____

**Experience as a Midwife** _____

**Other relevant Experience**_____

Please initial that you understand each of the following disclosures:

_____ I understand that the Certified Professional Midwife is not licensed to practice medicine or advanced practice nursing, and that I am not seeking a licensed practitioner of medicine or advanced practice nursing, such as a physician or certified nurse midwife, as the primary caregiver for my pregnancy.

_____ I understand that the Certified Professional Midwife [*does / does not*] have malpractice liability insurance.

_____ I have read and reviewed the attached list (*Appendix A*) of antepartum, intrapartum, and postpartum conditions that would require consultation, transfer of care, or transport to a hospital.

_____ I have read and reviewed the attached list (Appendix B) that details the scope of care and services that the Certified Professional Midwife can provide to me.

_____ I understand that I have the right to refuse services even if declining those services would require the Certified Professional Midwife to recuse herself/himself from providing out-of-hospital midwifery care.

_____ I understand that I will be billed for services at the following rates: [*insert billing methods*]

_____ I understand that in the event of a medical emergency, the Certified Professional Midwife will contact the appropriate hospital and facilitate transfer, and will travel with me via ambulance or private vehicle, whichever is most appropriate for the situation.

*Closest hospital with obstetric department:* Name: _____

Address: _____

Phone: _____

*Closest hospital with an emergency department:* Name: _____

Address: _____

Phone: _____

_____ I understand that in the event of a transport, the Certified Professional Midwife will continue to care for me and my baby until transfer of care has been completed, including the transfer of all pertinent records including allergies, medications, and obstetric risk factors.

_____ I understand that any records and/or transactions with the Certified Professional Midwife are confidential, unless required by law or subpoena.

_____ I understand that no other licensed health care provider, hospital or agent thereof is liable for an injury resulting from an act or omission by the Certified Professional Midwife, even if the health care provider has consulted or accepted a referral.

_____ I understand that there are risks associated with birth, including the risk of death or disability of either mother or child, regardless of place of birth. I understand that a situation may arise which requires emergency medical care and that it may not be possible to transport me and/or my baby to the hospital in time to benefit from such care.

_____ I understand that if I am dissatisfied with services provided by the Certified Professional Midwife, I have the right to file a complaint with the South Dakota Board of Certified Professional Midwives. The complaint form can be found at **doh.sd.gov/boards/midwives** along with an explanation of the complaint process.

Patient/Client Signature: _____ Date: _____

CPM's Signature: _____ Date: _____

# Appendix A

## Conditions Which Require Consultation, Transfer of Care or Transport to a Hospital

## Care prohibited

In accord with rule 20:86:03:01, the following are conditions for which a licensed CPM **may not provide care**:

(1) A current or unresolved previous history of any of the following disorders, diagnoses, conditions, or symptoms:

(a) Placental abnormality:

(i) Confirmed central placenta previa at term;

(ii) Signs indicative of placental abruption; or

(iii) Placenta located over previous uterine scar;

(b) Regular alcohol use or drug use, abuse, or dependency;

(c) Cardiac disease;

(d) Diabetes requiring medication, including gestational diabetes and Type II diabetes;

(e) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;

(f) Birth under 37 weeks or after 42 weeks gestational age;

(g) Current renal disease;

(h) Current liver disease;

(i) Pulmonary disease;

(j) Active tuberculosis;

(k) Severe uncontrolled asthma;

(l) Seizure disorder requiring medication;

(m) Systemic lupus or scleroderma;

(n) Acute or chronic hepatitis;

(o) Congenital defects of the reproductive organs that would interfere with the birthing process;

(p) Chronic/essential hypertension;

(q) Gestational hypertension or pre-eclampsia;

(r) Rh negative disease as indicated by positive titers;

(s) TORCH infection including toxoplasmosis, rubella, cytomegalovirus, parvovirus, and varicella and other infections including syphilis, active genital herpes, listeria, and zika during the first trimester;

(t) HIV positive;

(u) Suspected or diagnosed congenital fetal anomaly that may require immediate medical care after birth;

(v) Hemoglobin less than 10 at 36 weeks;

(w) Preterm labor: less than 37 weeks;

(x) Any acute infection at the time of delivery that would put the newborn at risk of becoming very sick; or

(y) Suspected intrauterine growth restriction;

(2) A past history of any of the following disorders, diagnoses, conditions, or symptoms:

(a) More than one prior cesarean section with no history of a vaginal birth, a cesarean section within 18 months of the current delivery, or any cesarean section that was surgically closed with a classical or vertical uterine incision; or

(b) Rh or other blood group or platelet sensitization, hematological or coagulation disorders including thrombocytopenia (platelets less than 150,000);

(3) Failure to obtain minimum prenatal lab work, including blood group type, RH antibody screening, hemoglobin, and syphilis around 28 weeks gestation;

(4) Failure to document:

(a) Lab work for HIV and hepatitis B around 28 weeks gestation; or

(b) A signed HIV and Hepatitis B Informed Refusal form provided by the board;

(5) Unwillingness to accept midwife's limitations, prohibitions, and responsibilities for safe practice;

(6) Unresolved fearfulness regarding home birth or midwife care, or otherwise desires transfer of care; or

(7) Any other condition which may preclude the possibility of a normal birth, at the midwife's discretion.

## Physician involvement required

In accord with 20:86:03:02, a licensed CPM **may not provide care** for a client with a current history of any diagnoses, conditions, or symptoms listed in this section **unless** the disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed physician.

(1) Gestational diabetes controlled by diet or exercise;
(2) Cervical insufficiency;
(3) Thyroid disease;
(4) Epilepsy;
(5) Hypertension;
(6) Cardiac disease;
(7) Pulmonary disease;
(8) Renal disease;
(9) Prior myomectomy in which the uterine wall was significantly disrupted or in which the operative report is unavailable to confirm the extent of the disruption or previous major surgery of the pulmonary system, cardiovascular system, reproductive system, urinary tract, genitourinary tract, or gastrointestinal tract;
(10) Inactive hepatitis;
(11) Unresolved vaginal or urinary tract infection;
(12) Suspected size/dates discrepancies as defined by plus or minus 2 centimeters fundal height relational to week's gestation for two consecutive prenatal visits;
(13) Observed maternal cardiac irregularities;
(14) Suspected pyelonephritis;
(15) Abnormal vaginal bleeding before onset of labor;
(16) Suspect thromboembolism or thrombophlebitis;
(17) Abnormal fetal heart tones detected prenatally;
(18) Decrease or cessation of fetal movement;
(19) Suspected or known postdates pregnancy beyond 42 weeks gestation;
(20) Non-reactive fetal stress test (NFT) after 28 weeks;
(21) Medically significant newborn anomaly;
(22) Newborn cardiac irregularity;
(23) 2 vessel cord;
(24) Jaundice within the first 24 hours;
(25) Failure to pass urine within the first 24 hours or failure to pass meconium within first 48 hours;
(26) Signs of omphalitis (induration, erythema, purulent drainage) of the umbilical cord;
(27) Unresolved bleeding in excess of normal lochia flow;
(28) Subinvolution;
(29) Failure of laceration to heal properly or signs of infection unresponsive to treatment;
(30) Signs of serious postpartum depression or psychosis;
(31) Significant hematological disorders in the mother or newborn;
(32) Significant uterine or vaginal anomalies;
(33) Isoimmunization with an antibody known to cause hemolytic disease in the mother or the newborn;
(34) Suspected decreased amniotic fluid levels or an amniotic fluid index less than 5 centimeters in four quadrants or less than 2 centimeters in largest vertical pocket on ultrasound;
(35) Maternal or fetal skeletal abnormalities that would interfere with the birth process;
(36) Loss of greater than ten percent birth weight in infant;
(37) Abnormal newborn screening; or
(38) Primary or secondary outbreak of genital herpes during prenatal care.

## Physician Consultation Recommended

In accord with 20:86:03:03, a licensed CPM must recommend a consultation with a physician for a client with a history of any of the following disorders, diagnoses, conditions or symptoms:

(1) Previous cesarean section;
(2) Previous complicated pregnancy;
(3) Previous pregnancy loss in second or third trimester;
(4) Previous spontaneous premature labor;
(5) Previous preterm rupture of membranes;
(6) Previous preeclampsia;
(7) Previous hypertensive disease of pregnancy;
(8) Prior infection with parvo virus, toxoplasmosis, cytomegalovirus or herpes simplex virus;
(9) Previous newborn group B streptococcus infection;
(10) A body mass index at the time of conception of 40 or greater with comorbidity or 45 or greater with no comorbidity;
(11) Underlying family genetic disorders with potential for transmission;
(12) Psychiatric illness; or
(13) Maternal age under 16 years or over 42 years.

## Maternal transport required

In accord with 20:86:03:04, a licensed CPM shall facilitate the immediate transport of a client to a hospital for emergency care if the client has any of the following disorders, diagnosis, conditions or symptoms:

(1) Infection during labor or immediately postpartum where maternal temperature is above 100.8 degrees Fahrenheit for two consecutive readings in one hour and one or more of the following are present:
    (a) foul smelling amniotic fluid;
    (b) shaking;
    (c) chills; or
    (d) elevated pulse;
(2) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;
(3) Inability to obtain fetal heart tones after 20 weeks gestation or anytime later in pregnancy;
(4) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;
(5) Second stage labor after three hours without adequate progress, and third stage labor after one hour without adequate progress;
(6) Current spontaneous preterm labor;
(7) Current preterm premature rupture of membranes;
(8) Signs of pre-eclampsia or eclampsia;
(9) Current hypertensive disease of pregnancy;
(10) Continuous uncontrolled bleeding;
(11) Suspected placenta accreta;
(12) Hemorrhage not responsive to treatment;
(13) Unresolved maternal shock;
(14) Cord prolapse;
(15) Active herpes during labor;
(16) Transverse in labor;
(17) Excessive antepartum and intrapartum painless vaginal bleeding;

## Maternal transport required, cont.

(18) Cardiac arrest;
(19) Delivery injuries to the bladder or bowel including third and fourth degree lacerations;
(20) Seizures;
(21) Uncontrolled vomiting;
(22) Coughing or vomiting of blood;
(23) Severe chest pain or cardiac irregularities;
(24) Apnea;
(25) Persistent uterine atony;
(26) Uterine inversion;
(27) Indications of infection in the immediate postpartum;
(28) Tremors, hyperactivity, or seizures;
(29) Declining oxygen stats or tachypnea unable to be resolved; or
(30) Client desires transport for herself or her newborn.

## Newborn transport required

In accord with 20:86:03:05, a licensed CPM shall facilitate immediate transport of a newborn to the nearest hospital or pediatric care provider if the newborn has any of the following:

(1) Apgar score of 6 or less at 10 minutes of age and not improving;
(2) Significant medical anomaly requiring immediate medical attention;
(3) Birth weight of less than 5 pounds;
(4) Tremors, hyperactivity, or seizures;
(5) Abnormal color in newborn, persistent central cyanosis;
(6) Unresolved abnormal cry in newborn;
(7) Obvious or suspected birth injury;
(8) Newborn cannot maintain body temperature;
(9) Inability of newborn to feed well due to lethargy;
(10) Newborn temperature of 100.8 or higher in two consecutive readings ten minutes apart;
(11) Signs of respiratory distress including respiratory rate over 80 breaths per minute, poor color, grunting , nasal flaring or retractions unable to be resolved with usual interventions within one hour postpartum;
(12) Need for oxygen for more than 20 minutes, or after one hour following the birth;
(13) Fontanel full and bulging;
(14) Cardiac irregularities including heart rate that is consistently below 80 beats per minute or greater than 160 beats per minute and poor capillary refilling greater than three seconds;
(15) Jaundice at less than 24 hours; or
(16) Client desires transport for newborn.

# Appendix B

# Scope of Care and Services Provided by Licensed CPMs

Based on the *Core Competencies for Basic Midwifery Practice* Adopted by the Midwives Alliance of North America

**Care During Pregnancy**

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

A. identification, evaluation and support of mother and baby well-being throughout the process of pregnancy;

B. education and counseling during the childbearing cycle;

C. identification of pre-existing conditions and preventive or supportive measures to enhance client well-being during pregnancy;

D. nutritional requirements of pregnant women and methods of nutritional assessment and counseling;

E. emotional, psychosocial and sexual variations that may occur during pregnancy;

F. environmental and occupational hazards for pregnant women;

G. methods of diagnosing pregnancy;

H. the growth and development of the unborn baby;

I. genetic factors that may indicate the need for counseling, testing or referral;

J. indications for and risks and benefits of biotechnical screening methods and diagnostic tests used during pregnancy;

K. anatomy, physiology and evaluation of the soft and bony structures of the pelvis;

L. palpation skills for evaluation of the baby and the uterus;

M. the causes, assessment and treatment of the common discomforts of pregnancy;

N. identification, implications and appropriate treatment of various infections, disease conditions and other problems that may affect pregnancy;

O. management and care of the Rh-negative woman;

P. counseling to the woman and her family to plan for a safe, appropriate place for birth.

**Care During Labor, Birth and Immediately Thereafter**

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

A. the processes of labor and birth;

B. parameters and methods, including relevant health history, for evaluating the well-being of mother and baby during labor, birth and immediately thereafter;

C. assessment of the birthing environment to assure that it is clean, safe and supportive and that appropriate equipment and supplies are on hand;

D. maternal emotional responses and their impact during labor, birth and immediately thereafter;

E. comfort and support measures during labor, birth and immediately thereafter;

F. fetal and maternal anatomy and their interrelationship as relevant to assessing the baby's position and the progress of labor;

G. techniques to assist and support the spontaneous vaginal birth of the baby and placenta;

H. fluid and nutritional requirements during labor, birth and immediately thereafter;

**Care During Labor and Immediately Thereafter, cont.**

I. maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter;

J. treatment for variations that can occur during the course of labor, birth and immediately thereafter, including prevention and treatment of maternal hemorrhage;

K. emergency measures and transport for critical problems arising during labor, birth or immediately thereafter;

L. appropriate support for the newborn's natural physiologic transition during the first minutes and hours following birth, including practices to enhance mother–baby attachment and family bonding;

M. current biotechnical interventions and technologies that may be commonly used in a medical setting;

N. care and repair of the perineum and surrounding tissues;

O. third-stage management, including assessment of the placenta, membranes and umbilical cord;

P. breastfeeding and lactation;

Q. identification of pre-existing conditions and implementation of preventive or supportive measures to enhance client well-being during labor, birth, the immediate postpartum and breastfeeding.

**Postpartum Care**

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

A. anatomy and physiology of the mother;

B. lactation support and appropriate breast care including treatments for problems with nursing

C. support of maternal well-being and mother–baby attachment;

D. treatment for maternal discomforts;

E. emotional, psychosocial, mental and sexual variations;

F. maternal nutritional needs during the postpartum period and lactation;

G. current treatments for problems such as postpartum depression and mental illness;

H. grief counseling and support when necessary;

I. family-planning methods, as the individual woman desires.

**Newborn Care**

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

A. anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life;

B. newborn wellness, including relevant historical data and gestational age;

C. nutritional needs of the newborn;

D. benefits of breastfeeding and lactation support;

E. laws and regulations regarding prophylactic biotechnical treatments and screening tests commonly used during the neonatal period;

F. neonatal problems and abnormalities, including referral as appropriate;

G. newborn growth, development, behavior, nutrition, feeding and care;

H. immunizations, circumcision and safety needs of the newborn.

SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
27705 460th Avenue, Chancellor, SD 57015
Phone: 605-743-4451 Email: cpmsdlicense@gmail.com
Home Page: doh.sd.gov/boards/midwives/

# APPLICATION FOR SOUTH DAKOTA CERTIFIED PROFESSIONAL MIDWIFE LICENSE

Please follow instructions carefully to avoid delays in processing your application. If any information is incorrect, incomplete or illegible, processing may be delayed. Upon receipt of all forms and fees at the South Dakota Board of Certified Professional Midwives office your application will be considered. You will be notified if additional information is required.

**Submit the following to the South Dakota Board of Certified Professional Midwives:**

- Completed **Application for CPM License Form**
- **Official transcript** Transcripts must be sent by the institution that conferred the document.
- **Official copy of your diploma or certificate** Diplomas must bear the school seal and Registrar's signature.
- **Bridge Certificate from NARM and description of your educational experiences**
  If non-MEAC school graduate
- **Criminal Background Check** Pursuant to SDCL 36-9C-12 each applicant for initial licensure is required to submit a full set of fingerprints to obtain a state and federal criminal background check. Upon request or receipt of your completed application, the South Dakota Board of Certified Professional Midwives will provide you a background check packet which will include SDBCPM specific fingerprint cards. You **must** use the agency specific cards.
- **Fee: $1000**
  Payment should be in the form of a money order or personal check payable to South Dakota Board of Certified Professional Midwives. Fees are non-refundable and must accompany form. A $40 fee will be charged for any insufficient check written.

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# Complaint Form

*Please complete the following information and submit copies of pertinent documents, including medical records if available; do not submit your original documents. State in detail all facts you believe justify your complaint. If possible, state whether information is within your personal knowledge, and if not, provide the source(s).*

*Please send this completed, signed form to the South Dakota Board of Certified Professional Midwives, attention: Complaints. If necessary, we may contact you for additional information, and you will be notified of the final decision. Please be aware that evaluation and investigation of a complaint is a time consuming process.*

**Name of Complainant:** _____

Address: _____

Phone: _____ Email: _____

**Individual(s) against whom this complaint is issued:** _____

CPM License # if known: _____

**Complaint and Additional Information**

Were you the individual for whom care was provided? ☐ Yes ☐ No

If not, for whom was care provided (name and relationship to you)?

_____

Have you contacted the CPM about your complaint? ☐ Yes ☐ No

If so, what action, if any, was taken or is being taken?

_____

Please describe in detail event(s) that caused you to file this complaint; include names, dates, locations, and any other information that you believe support the complaint. Attach extra pages if necessary.

_____

_____

_____

***I certify that the above information is true and correct to the best of my knowledge.***

Signature of Complainant: _____Date: _____

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# Student Midwife Provisional License Instructions

Please follow instructions carefully to avoid delays in processing your application. If any information is incorrect, incomplete or illegible, processing may be delayed. Upon receipt of all forms and fees at the South Dakota Board of Certified Professional Midwives office your application will be considered. You will be notified if additional information is required.

**Submit the following to the South Dakota Board of Certified Professional Midwives:**

- Completed **Student Midwife Provisional License and Preceptor Agreement**
- **Criminal Background Check** Pursuant to SDCL 36-9C-12 each applicant for initial licensure is required to submit a full set of fingerprints to obtain a state and federal criminal background check. Upon request or receipt of your completed application, the South Dakota Board of Certified Professional Midwives will provide you a background check packet which will include SDBCPM specific fingerprint cards. You **must** use the agency specific cards.
- **Fee: $500** Payment should be in the form of a money order or personal check payable to South Dakota Board of Certified Professional Midwives. Fees are non-refundable and must accompany form. A $40 fee will be charged for any insufficient check written.

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# Informed Refusal for STD Testing

It is routine procedure to test every woman during every pregnancy for sexually transmitted disease. This is because STDs can have no symptoms and women may not know that they have been exposed. Exposure to sexually transmitted disease of HIV or Hepatitis B may have a negative impact on the newborn during pregnancy and at birth.

**HIV/AIDS HIV infection can be treated, but not cured**. Taking anti-HIV drugs can help people with HIV infection stay healthy for a long time and can decrease the chance of passing the virus to others. **There is no vaccine to prevent HIV infection.** During pregnancy, HIV can pass through the placenta and infect the baby. During labor and delivery, the baby may be exposed to the virus in the mother's blood and other fluids. When a woman goes into labor and her water breaks the risk of transmitting HIV to the baby increases. Most babies who get HIV from their mothers become infected around the time of delivery. Breastfeeding also can transmit the virus to the baby.

**Hepatitis B** Babies born to a mother with hepatitis B have a greater than 90% chance of developing chronic hepatitis B if they are not properly treated at birth. It is imperative for pregnant women to know their hepatitis B status in order to prevent passing the virus on to their newborn baby during delivery. If your midwife is aware that you have hepatitis B, he or she can make arrangements to have the proper medications to prevent your baby from being infected. **ALL pregnant women should be tested for hepatitis B**. Testing is especially important for women who fall into high-risk groups such as health care workers, women from ethnic communities where hepatitis B is common, spouses or partners living with an infected person. If you are pregnant, be sure you are tested for hepatitis B before your baby is born, ideally as early as possible during the first trimester.

I have read and understand the information presented above. I understand that a HIV or Hepatitis B infection is potentially disabling and/or fatal for my baby. I realize that professional organizations including the American College of Obstetrics and Gynecology, the Hepatitis B Foundation, and the American Academy of Pediatrics all recommend HIV and Hepatitis B testing for every pregnancy.

After careful consideration of the potential benefits and risks concerning HIV and Hepatitis B testing I am refusing to have blood testing done for HIV and/or Hepatitis B (please indicate if you are refusing only one test by circling the one you are refusing and crossing off the other.)

My reason(s) for refusing is (are):

_____
_____
_____ _____

Client signature | Witness signature

_____ _____

_____ _____

Date | Date