

**Effective 5/13/2014**

**Superseded 5/10/2016**

**58-77-601 Standards of practice.**

- (1)
  - (a) Prior to providing any services, a licensed direct-entry midwife must obtain an informed consent from a client.
  - (b) The consent must include:
    - (i) the name and license number of the direct-entry midwife;
    - (ii) the client's name, address, telephone number, and primary care provider, if the client has one;
    - (iii) the fact, if true, that the licensed direct-entry midwife is not a certified nurse midwife or a physician;
    - (iv) a description of the licensed direct-entry midwife's education, training, continuing education, and experience in midwifery;
    - (v) a description of the licensed direct-entry midwife's peer review process;
    - (vi) the licensed direct-entry midwife's philosophy of practice;
    - (vii) a promise to provide the client, upon request, separate documents describing the rules governing licensed direct-entry midwifery practice, including a list of conditions indicating the need for consultation, collaboration, referral, transfer or mandatory transfer, and the licensed direct-entry midwife's personal written practice guidelines;
    - (viii) a medical back-up or transfer plan;
    - (ix) a description of the services provided to the client by the licensed direct-entry midwife;
    - (x) the licensed direct-entry midwife's current legal status;
    - (xi) the availability of a grievance process;
    - (xii) client and licensed direct-entry midwife signatures and the date of signing; and
    - (xiii) whether the licensed direct-entry midwife is covered by a professional liability insurance policy.
- (2) A licensed direct-entry midwife shall:
  - (a)
    - (i) limit the licensed direct-entry midwife's practice to a normal pregnancy, labor, postpartum, newborn and interconceptual care, which for purposes of this section means a normal labor:
      - (A) that is not pharmacologically induced;
      - (B) that is low risk at the start of labor;
      - (C) that remains low risk through out the course of labor and delivery;
      - (D) in which the infant is born spontaneously in the vertex position between 37 and 43 completed weeks of pregnancy; and
      - (E) except as provided in Subsection (2)(a)(ii), in which after delivery, the mother and infant remain low risk; and
    - (ii) the limitation of Subsection (2)(a)(i) does not prohibit a licensed direct-entry midwife from delivering an infant when there is:
      - (A) intrauterine fetal demise; or
      - (B) a fetal anomaly incompatible with life; and
  - (b) appropriately recommend and facilitate consultation with, collaboration with, referral to, or transfer or mandatory transfer of care to a licensed health care professional when the circumstances require that action in accordance with this section and standards established by division rule.

- (3) If after a client has been informed that she has or may have a condition indicating the need for medical consultation, collaboration, referral, or transfer and the client chooses to decline, then the licensed direct-entry midwife shall:
  - (a) terminate care in accordance with procedures established by division rule; or
  - (b) continue to provide care for the client if the client signs a waiver of medical consultation, collaboration, referral, or transfer.
- (4) If after a client has been informed that she has or may have a condition indicating the need for mandatory transfer, the licensed direct-entry midwife shall, in accordance with procedures established by division rule, terminate the care or initiate transfer by:
  - (a) calling 911 and reporting the need for immediate transfer;
  - (b) immediately transporting the client by private vehicle to the receiving provider; or
  - (c) contacting the physician to whom the client will be transferred and following that physician's orders.
- (5) The standards for consultation and transfer are the minimum standards that a licensed direct-entry midwife must follow. A licensed direct-entry midwife shall initiate consultation, collaboration, referral, or transfer of a patient sooner than required by administrative rule if in the opinion and experience of the licensed direct-entry midwife, the condition of the client or infant warrant a consultation, collaboration, referral, or transfer.
- (6) For the period from 2006 through 2011, a licensed direct-entry midwife must submit outcome data to the Midwives' Alliance of North America's Division of Research on the form and in the manner prescribed by rule.
- (7) This chapter does not mandate health insurance coverage for midwifery services.