Part 6
Standards of Practice

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) This chapter does not mandate health insurance coverage for midwifery services.

Amended by Chapter 238, 2016 General Session

58-77-602 Immunity and liability.
(1) If a direct-entry midwife seeks to consult with, refer, or transfer a client to a licensed health care provider or facility, the responsibility of the provider or facility for the client does not begin until the client is physically within the care of the provider or facility.
(2) A licensed health care provider who examines a direct-entry midwife's client is only liable for the actual examination and cannot be held accountable for the client's decision to pursue an out-of-hospital birth or the services of a direct-entry midwife.
(3)
  (a) A licensed health care provider may, upon receiving a briefing data from a direct-entry midwife, issue a medical order for the direct-entry midwife's client, without that client being an explicit patient of the provider.
  (b) Regardless of the advice given or order issued, the responsibility and liability for caring for the client is that of the direct-entry midwife.
  (c) The provider giving the order is responsible and liable only for the appropriateness of the order given the data received.
  (d) The issuing of an order for a direct-entry midwife's client does not constitute a delegation of duties from the other provider to the direct-entry midwife.
(4) A licensed health care provider may not be held civilly liable for rendering emergency medical services that arise from prohibited conduct in Section 58-77-603, or from care rendered under a waiver as specified in Subsection 58-77-601(3)(b), unless the emergency medical services constitute gross negligence or reckless disregard for the client.
(5) A licensed direct-entry midwife shall be solely responsible for the use of medications under this chapter.

Enacted by Chapter 299, 2005 General Session

58-77-603 Prohibited practices.

A direct-entry midwife may not:

(1) administer a prescription drug to a client in a manner that violates this chapter;
(2) effect any type of surgical delivery except for the cutting of an emergency episiotomy;
(3) administer any type of epidural, spinal, or caudal anesthetic, or any type of narcotic analgesia;
(4) use forceps or a vacuum extractor;
(5) manually remove the placenta, except in an emergency that presents an immediate threat to the life of the client; or
(6) perform or induce an abortion in violation of the requirements of Section 76-7-302 or Section 76-7a-201, regardless of whether the direct-entry midwife is found guilty of a crime in connection with the violation.

Amended by Chapter 301, 2023 General Session