Certification Page
Regular and Emergency Rules

Revised September 2016

☐ Emergency Rules *(After completing all of Sections 1 through 3, proceed to Section 5 below)* ■ Regular Rules

1. General Information

a. Agency/Board Name
Board of Midwifery

b. Agency/Board Address	c. City	d. Zip Code
2001 Capitol Ave, Rm 105	Cheyenne	82002

e. Name of Agency Liaison	f. Agency Liaison Telephone Number
Greg Searls	307-777-7788

g. Agency Liaison Email Address	h. Adoption Date
greg.searls@wyo.gov	5/18/18

i. Program
Board of Midwifery

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

☐ No. ■ Yes. Please provide the Enrolled Act Numbers and Years Enacted: WS 16-3-103 (j) (ii)

3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.
(Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)

Chapter Number:	Chapter Name:			
1	General Provisions	■ New	■ Amended	☐ Repealed
7	Professional Responsibility	☐ New	■ Amended	☐ Repealed
8	Practice and Procedures for Disciplinary, Application and Licensure Matters	■ New	■ Amended	☐ Repealed
Appendix A	Drug Formulary	☐ New	☐ Amended	■ Repealed
10	Drug Formulary	■ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed
		☐ New	☐ Amended	☐ Repealed

3. State Government Notice of Intended Rulemaking

a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: 3/5/18

- approved as to form by the **Registrar of Rules**; and
- provided to the **Legislative Service Office** and **Attorney General**:

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. ☐ **No.** ☐ **Yes.** ■ **N/A**

b. A public hearing was held on the proposed rules. ■ **No.** ☐ **Yes. Please complete the boxes below.**

Date:	Time:	City:	Location:

c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing.

5. Final Filing of Rules

a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**:

b. Date on which final rules were approved as to form by the **Secretary of State** and sent to the Legislative Service Office:

c. ■ The Statement of Reasons is attached to this certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual	
Printed Name of Signatory	Greg Searls
Signatory Title	Executive Director
Date of Signature	5/21/18

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

STATEMENT OF PRINCIPAL REASONS

FOR FORMAL ADOPTION OF REGULAR RULES

Pursuant to authority granted under the Midwives Licensing Act, W.S. 33-46-103(j), the Board of Midwifery proposes the following rules changes to its rules. These amendments are proposed to:

- Adopt by reference regulation from Office of Administrative Hearings and Department of Administration & Information
- Amend the Appendix to cover usage already specified in Rules
- Remove duplicative statutory language

Specifically, the Board adopted the following proposed amendments through the regular rulemaking process:

Chapter 1: General Provisions

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 1, spelled out "Wyoming Statute" as required by the Rules on Rules from the Secretary of State's office.
- In Section 6, adopted the updated Uniform Rules for Contested Case Practice and Procedure by incorporation for contested case procedures.
- In Section 6, adopted A&I's Uniform Procedures, Fees, Costs, and Charges for Inspection by incorporation to clarify procedure for public records requests.
- In Section 6, adopted the National Association of Certified Professional Midwives' Philosophy and Principles of Practice and Scope of Practice by incorporation. This was previously in referenced in Chapter 7 but moved to Chapter 1 for clarity.
- In Section 7, removed prior public records language to refer to the newly adopted A&I Rules instead.

Chapter 7: Professional Responsibility

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 1(a), removed the incorporation by reference and moved it to chapter 1 with the other documents incorporated by reference.
- In Section 1(b), removed duplicative language from the practice act.
- In Section 1(c), removed duplicative language from the practice act and added the reference to the appropriate statute.
- In Section 1(d), removed duplicative language from the practice act and added the reference to the appropriate statute.
- In Section 1(e), removed duplicative language from the practice act and added the reference to the appropriate statute.
- In Section 4, removed duplicative language from the practice act.
- In Section 5, added Terbutaline as a drug a midwife may administer according to the protocol outlined in Appendix A.

Chapter 8: Practice and Procedures for Disciplinary, Application, and Licensure Matters

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 1, removed Board authorization paragraph and replaced with a statement of purpose for the chapter.
- In Section 2, spelled out "Wyoming Statute" as required by the Rules on Rules from the Secretary of State's office.
- In Section 3, removed requirements for complaints from rule.
- In Section 3(b), added that the application review committee may recommend a license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action.
- In Section 5, added a section to clarify the process for the Board to consider a summary suspension of a license.
- In Section 6(a), changed the timeline for a licensee to receive a petition and complaint to at least thirty days before a hearing, rather than twenty days to ensure the licensee has more notice.
- In Section 9, removed the requirement for the licensee to file an answer to the petition and complaint from the rules.
- In Section 11, moved the incorporation by reference to the Office of Administrative Hearings from Chapter 8 to Chapter 1 for consistency with the other documents incorporated by reference.

Appendix A: Drug Formulary

- Repealed and moved to Chapter 10 to conform to new Rules system

Chapter 10: Drug Formulary

- Moved from Appendix A to conform to new Rules system.
- For Ampicillin Sodium, added the use for ruptured membranes greater than 24 hours.
- For Cefazolin Sodium, added the use for ruptured membranes greater than 24 hours.
- Penicillin G, added the use for ruptured membranes greater than 24 hours.
- Clindamycin Phosphate, added the use for ruptured membranes greater than 24 hours
- Added Terbutaline as an acceptable drug licensed midwife may use following the protocol described in the drug formulary.

WYOMING

BOARD OF MIDWIFERY

2001 Capitol Ave, Room 104 ◆ Cheyenne WY 82002 ◆ (307) 777-3628 ◆ Fax: (307) 777-3508

Public Comment Summary

There were no public comments received by the Board Office during the comment period.

Greg Searls
Executive Director

Appendix A - Repealed

See Chapter 10

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. The Board is authorized under the Act, specifically Wyoming Statute 33-46-103, the WAPA, W.S. 16-3-103(j), and W.S. 33-1-302(a) to promulgate rules.

Section 2. Definitions.

(a) "Act" means the Midwifery Practice Act.

(b) "Antepartum" means occurring or existing during pregnancy.

(c) "ARC" means Application Review Committee.

(d) "CPM" means Certified Professional Midwife.

(e) "IBM" means Investigative Board Member.

(f) "Intrapartum" means occurring during labor and delivery.

(g) "MEAC" means the Midwifery Education Accreditation Council.

(h) "NACPM" means the National Association of Certified Professional Midwives.

(i) "NARM" means the North American Registry of Midwives.

(j) "Postpartum" means occurring in approximately the six (6) week period after childbirth.

(k) "WAPA" means Wyoming Administrative Procedure Act, W.S. 16-3-101 through -115.

Section 3. Board Office. The Board Office is located at 2001 Capitol Ave., Room 104, Cheyenne, Wyoming.

Section 4. Annual Regular Board Meeting. The Board shall have a regular meeting annually on the second Thursday of June at the Board Office beginning at 10:00 a.m.

(a) The Board shall meet as necessary at the time and place designated by the Board president.

Section 5. Change of Name, Address, or Telephone Number. Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

Section 6. Requests for Roster of Licensees. The roster of current licensees shall be updated at least annually and made available electronically at no charge.

Section 7. Reference by Incorporation.

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on August 20, 2017, found at: http://midwifery.wyo.gov/.

(ii) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at http://midwifery.wyo.gov/.

(iii) Chapter 7 - Philosophy and Principles of Practice and Scope of Practice, adopted by the NACPM revised 2004, found at: http://midwifery.wyo.gov/.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

Chapter 7

Professional Responsibility

Section 1. Scope and Practice Standards. A licensed midwife shall adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.

(a) All licensees must comply with the Philosophy and Principles of Practice and Scope of Practice adopted by NACPM, as referenced in Chapter 1.

(b) **Conditions for Which a Licensed Midwife May Not Provide Care Without Physician Involvement.** Before providing care to such a client, the licensed midwife shall notify the client in writing that the client shall obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife shall, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are referenced in Wyoming Statute 33-46-103(j)(i)(B) or any the following:

(i) HIV positive; or

(ii) Anemic with documented hemoglobin at less than ten (10) at thirty-seven (37) weeks.

(c) **Follow the Conditions for Which a Licensed Midwife Shall Recommend Physician Involvement as referenced in the Act.** Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed, a licensed midwife must provide written notice to the client that the client is advised to see a licensed physician during the client's pregnancy. Additionally, the licensed midwife shall obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are listed in W.S. 33-48-103(j)(i)(C).

(d) **Conditions for Which a Licensed Midwife Shall Facilitate Hospital Transfer as referenced in the Act.** A licensed midwife shall facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms listed in W.S. 33-48-103(j)(i)(D) or any of the following:

(i) Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;

(ii) 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;

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

(iv) Rupture of membranes greater than twenty-four (24) hours without intravenous (IV) antibiotic treatment or greater than seventy-two (72) hours with IV antibiotic treatment.

(e) **Plan for Emergency Transfer and Transport.** When facilitating a transfer, the licensee shall notify the hospital when the transfer is initiated, accompany the client to the hospital if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present. The licensed midwife shall also ensure that the transfer of care is accompanied by the client's medical record, which include:

(i) The client's name, address, and next of kin contact information;

(ii) A list of diagnosed medical conditions;

(iii) A list of prescription or over the counter medications regularly taken;

(iv) A history of previous allergic reactions to medications; and

(v) If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.

Section 3. Record Keeping. Each client record shall be retained for a minimum of ten (10) years after the birth during which time reasonable efforts are to be made to advise clients of closure of practice or change in record location.

Section 4. Written Informed Consent. The licensee shall provide to the client written informed consent documents in accordance with W.S. 33-46-103(j)(ii).

Section 5. Medication Formulary. During the practice of midwifery a licensed midwife may obtain and administer the following drugs described in the midwifery formula, according to the protocol outlined in Chapter 10, describing the indication for use, dosage, route of administration and duration of treatment:

(a) Oxygen;

(b) Oxytocin as a postpartum antihemorrhagic agent;

(c) Misoprostol as a postpartum antihemorrhagic agent;

(d) Methylergonovine (Methergine) as a postpartum antihemorrhagic agent;

(e) Injectable local anesthetic for the repair of lacerations which are no more extensive than second degree;

(f) Antibiotics for group B streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention and for prolonged rupture of membranes;

(g) Epinephrine administered via a metered dose auto-injector;

(h) Intravenous fluids for stabilization of the woman;

(i) Rho(D) immune globulin;

(j) Phylloquinone (Vitamin K1);

(k) Eye prophylactics for the baby;

(l) Sterile H2O Papules; and

(m) Terbutaline.

Section 6. Obtaining, Storing, and Disposing of Formulary Drugs. A licensee shall adhere to the following protocol for obtaining, storing, and disposing of formulary drugs during the practice of midwifery.

(a) **Obtaining Formulary Drugs.** A licensee shall obtain formulary drugs as allowed by law, including, without limitation, from:

(i) A person or entity that is licensed as a Wholesale Distributor by the Wyoming State Board of Pharmacy; or

(ii) A retail pharmacy, in minimal quantities for office use.

(b) **Storing Formulary Drugs.** A licensed midwife shall store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. The licensed midwife shall promptly return the formulary drugs to the secure area when the licensed midwife has finished using them for patient care.

(c) **Disposing of Formulary Drugs.** A licensed midwife shall dispose of formulary drugs using means that are reasonably calculated to guard against unauthorized access and harmful excretion of the drugs into the environment. The means that may be used include, without limitation:

(i) Transferring the drugs to a reverse distributor who is registered to destroy drugs with the U.S. Drug Enforcement Agency;

(ii) Removing the drugs from their original containers, mixing them with an undesirable substance such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or sealable bags, and throwing the containers in the trash; or

(iii) Flushing the drugs down the toilet if the accompanying patient information instructs that it is safe to do so.

Section 7. Newborn Care.

(a) The licensee shall carry the equipment necessary for resuscitation of the newborn.

(b) Midwives shall transfer (immediately if indicated) any newborn showing the following signs to the nearest hospital or pediatric care provider:

(i) Ten (10) minute Apgar score of less than seven (7);

(ii) Signs of a medically significant anomaly;

(iii) Signs of respiratory distress including respiratory rate over eighty (80) per minute, poor color, grunting, nasal flaring and/or retractions that are not showing consistent improvement;

(iv) Need for oxygen for more than twenty (20) minutes, or after one (1) hour following the birth;

(v) Seizures;

(vi) Fontanel full and bulging;

(vii) Significant or suspected birth injury;

(viii) Cardiac irregularities including a heart rate that is consistently below eighty (80) beats per minute or greater than one hundred sixty (160) beats per minute; poor capillary refilling (greater than three (3) seconds);

(ix) Pale, cyanotic, gray color;

(x) Lethargy or poor muscle tone;

(xi) Temperature instability;

(xii) Jaundice at less than twenty-four (24) hours; or

(xiii) Loss of greater than ten (10) percent birth weight.

(c) All licensees shall comply with the Wyoming Department of Health's Newborn Screening requirements stated in W.S. 35-4-801. Informed consent of parents shall be obtained and if any parent or guardian of a child objects to a mandatory examination, the child is exempt from subsection (c).

(d) All licensees shall register births, stillbirths and deaths with the local registrar of the district in which the occurrence took place within ten (10) days after the birth pursuant to W.S. 35-1-401 through 431.

Section 8. Medical Waste. Medical waste (items removed from a private residence) shall be disposed of according to the following protocol:

(a) **Containers for Non-Sharp, Medical Waste.** Medical waste, except for sharps, shall be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have a tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.

(b) **Containers for Sharps.** Sharps shall be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. Rigid containers of discarded sharps shall either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags.

(c) **Storage Duration.** Medical waste may not be stored for more than seven (7) days, unless the storage temperature is below thirty-two (32) degrees Fahrenheit. Medical waste shall never be stored for more than ninety (90) days.

Section 9. Professional Standards.

(a) Persons licensed by the Board shall:

(i) Use the term “Licensed Midwife” and/or the initials LM only after the applicant is granted licensure by the Board;

(ii) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare;

(iii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

(iv) Practice only within the competency areas for which they are trained and experienced. The licensee shall be able to demonstrate to the Board competency, training, and/or expertise;

(v) Report to the board outcomes of all clients for which they have provided services at any point during labor or delivery within thirty (30) days after each birth;

(vi) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed professionals;

(vii) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition. The licensee shall make provisions for the retention and/or release of client records if the licensee is unable to do so. Such provision shall include the naming of a qualified person who will retain the client records and properly release the client records upon request;

(viii) Clearly state the person's licensure status by the use of a title or initials such as "licensed midwife" (LM) or a statement such as "licensed by the Wyoming Board of Midwifery" in any advertising, public directory or solicitation, including telephone directory listings;

(ix) Respond to all requests for information and all other correspondence from the Board;

(x) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations;

(xi) Not use vacuum extraction or forceps as an aid in the delivery of a newborn; and

(xii) Not perform abortions.

CHAPTER 8

PRACTICE AND PROCEDURES

FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

Section 1. Statement of Purpose. These rules are adopted to implement the Board's authority to:

(a) Conduct investigations, hearings, and proceedings concerning:

(i) Alleged violations of the Act or the Board Rules; or

(ii) Actions relating to an application for a licensure including granting or denying.

(b) Determine and administer appropriate disciplinary action against licensee.

Section 2. Grounds. In addition to the grounds outlined in Wyoming Statute 33-46-103, the Board may take action for unprofessional or unethical conduct.

(a) Unprofessional conduct shall include, but is not limited to:

(i) Suspension, revocation, denial, or other disciplinary action imposed upon a license held in another jurisdiction. A certified copy of the disciplinary order shall be conclusive evidence.;

(ii) Engaging in the practice of midwifery without a license issued by this Board;

(iii) Conviction of a felony. A certified copy of the conviction shall be conclusive evidence;

(iv) Conviction of a misdemeanor involving moral turpitude. A certified copy of the conviction shall be conclusive evidence;

(v) Renting or lending the license issued pursuant to this act to any person;

(vi) Gross incompetence or malpractice;

(vii) Mental incompetency;

(viii) Knowingly submitting false information to the Board;

(ix) Addiction or habitual intemperate use of alcohol, drugs and/or a controlled substance;

(x) Violation and conviction of a charge under W.S. 35-7-1001 *et seq.*, the Wyoming Controlled Substance Act;

(xi) Sexual exploitation of a client, defined as; and

(A) Offering professional services for some form of sexual gratification; or

(B) Sexual contact with a client.

(xii) Willful violation of any provisions of the Act.

(b) Unethical conduct shall be a violation of any provision of the adopted Standards of Practice as set forth in these Rules.

Section 3. Application Review and Investigation Process.

(a) Application Review.

(i) Every application for a license issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Act and Board Rules are satisfied.

(ii) If any application, including renewals, reveals any information which merits further investigation, the matter shall be assigned to the ARC.

(b) ARC Action. The ARC may:

(i) Recommend a license be issued or renewed;

(ii) Recommend a license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii) Recommend a settlement agreement which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand or a combination thereof; or

(iv) Recommend denial of the application.

(c) Notice of Intent. The ARC shall notify the applicant of its intent to recommend denial. Such notification shall contain:

(i) A brief description of the facts or conduct that warrant the denial of licensure;

(ii) A statement of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

(d) Applicant's Request for Hearing. If the ARC recommends denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

Section 4. Complaint Review and Disciplinary Investigation Process.

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a IBM.

(b) IBM Action. The IBM may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the IBM believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

Section 5. Summary Suspension.

(a) Recommendation. If the IBM recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The IBM shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint; and

(B) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled;

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, the IBM shall notify the licensee in writing of the date and time of the proceeding.

Section 6. Petition and Complaint and Notice of Hearing.

(a) Petition and Complaint. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a petition and complaint and notice of hearing by certified or regular mail at least thirty (30) days prior to the date set for hearing.

(b) Notice of Hearing. The notice of hearing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the Petition within thirty (30) days shall result in a default judgment.

Section 7. Lawful Service. There shall be a presumption of lawful service of a petition and complaint, notice of hearing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified, regular mail, or electronic mail to the e-mail address indicated to be the preferred method of communication..

Section 8. Default. The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not answered the petition and complaint or appeared at a scheduled noticed hearing.

Section 9. Board Decision and Order.

(a) Board Action. The Board may resolve a complaint by:

(i) Approving the recommendations of the IBM or ARC; or

(ii) Conduct a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue an advisory letter; or

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for a violation of any provision of the Act or the Board Rules.

(b) Board Order. The Board shall issue a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

Section 10. Appeals to District Court.

(a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

Chapter 10

Drug Formulary

A licensed midwife may use the drugs described in the midwifery formula according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:

Drug	Indication	Dose	Route of Administration	\Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min 10 L/min	Mask or Bag and mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete.
	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.
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses. Transport to hospital required if more than two (2) doses are administered
Misoprostol	Postpartum hemorrhage only	200 microgram tabs, as 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.
(Note that this is off label use of this drug, but an appropriate use.)				
Methyl-ergonovine (Methergine)	Postpartum hemorrhage only	0.2 mg	Intramuscularly 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%)	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in ≥ 100 ml LR, NS or D_5LR	Birth of baby
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥ 100 ml NS	Birth of baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Cefazolin Sodium	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D_5LR	Birth of baby
(Drug of choice for penicillin allergy with low risk for anaphylaxis)				
Clindamycin Phosphate	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	900 mg every 8 hours	IV in ≥100 ml NS or LR	Birth of baby
(Drug of choice for penicillin allergy with high risk for anaphylaxis)				
Epinephrine HCl 1:1000 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml pre-metered dose	As directed	Every 20 minutes or until emergency medical services arrive. Administer first dose then immediately request emergency services
Lactated Ringer's (LR)	To achieve maternal stabilization	1 - 2 liter bags - First liter run in at a wide-open rate, the second liter titrated to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
5% Dextrose in Lactated Ringer's solution (D_5LR)	To achieve maternal stabilization	500 ml may run in wide open then hydrate to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
0.9% Sodium Chloride (NS)	Reconstitution of antibiotic powder	As directed	As directed	Birth of Baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Sterile H_2O Papules	Relief of back labor	0.1-0.5 cc at the 4 corners of the sacrum, Should be administered rapidly, one after another, over a 30 to 90 second total period	Subdermally, using TB syringe and needle.	1 to 2 times during labor. Duration of pain relief is 2 to 4 hours.
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 spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rh(D) negative, antibody negative women. 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.
Phylloquinone (Vitamin K_1)	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose
Terbutaline	Severe bradycardia of fetus and during transport. Not to be used prior to 37 weeks	0.25 mg, single dose	Subcutaneous	May repeat one time no earlier than sixty (60) minutes after administration of the first dose.

Appendix A - Repealed

See Chapter 10

~~Drug Formulary~~

~~A licensed midwife may use the drugs described in the midwifery formula according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:~~

~~Drug~~	~~Indication~~	~~Dose~~	~~Route of Administration~~	~~Duration of Treatment~~
~~Oxygen~~	~~Maternal/Fetal Distress~~	~~10-12 L/min~~ ~~10 L/min~~	~~Mask or Bag and mask~~	~~Until maternal/fetal stabilization is achieved or transfer to hospital is complete.~~
	~~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.~~
~~Oxytocin (Pitocin)~~	~~Postpartum hemorrhage only~~	~~10 Units/ml~~	~~Intramuscularly only~~	~~1-2 doses. Transport to hospital required if more than two (2) doses are administered~~
~~Misoprostol~~	~~Postpartum hemorrhage only~~	~~200 microgram tabs, as 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.~~
~~(Note that this is off label use of this drug, but an appropriate use.)~~				
~~Methyl ergonovine (Methergine)~~	~~Postpartum hemorrhage only~~	~~0.2 mg~~	~~Intramuscularly 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%)~~	~~Percutaneous infiltration only~~	~~Completion of repair~~
~~Penicillin G (Recommended)~~	~~Group B Strep Prophylaxis. Ruptured membranes greater than 24 hours~~	~~5 million units initial dose, then 2.5 million units every 4 hours until birth~~	~~IV in ≥ 100 ml LR, NS or D_5LR~~	~~Birth of baby~~
~~Ampicillin Sodium (Alternative)~~	~~Group B Strep Prophylaxis. Ruptured membranes greater than 24 hours~~	~~2 grams initial dose, then 1 gram every 4 hours until birth~~	~~IV in ≥ 100 ml NS~~	~~Birth of baby~~

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Cefazolin Sodium	Group B Strep Prophylaxis. Ruptured membranes greater than 24 hours	2 grams initial dose, then 1 gram every 8 hours	IV in ≥ 100 ml LR, NS or D_5LR	Birth of baby
(Drug of choice for penicillin allergy with low risk for anaphylaxis)				
Clindamycin Phosphate	Group B Strep Prophylaxis. Ruptured membranes greater than 24 hours	900 mg every 8 hours	IV in ≥ 100 ml NS or LR	Birth of baby
(Drug of choice for penicillin allergy with high risk for anaphylaxis)				
Epinephrine HCl 1:1000 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml pre-metered dose	As directed	Every 20 minutes or until emergency medical services arrive. Administer first dose then immediately request emergency services
Lactated Ringer's (LR)	To achieve maternal stabilization	1 – 2 liter bags – First liter run in at a wide-open rate, the second liter titrated to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
5% Dextrose in Lactated Ringer's solution (D_5LR)	To achieve maternal stabilization	500 ml may run in wide open then hydrate to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
0.9% Sodium Chloride (NS)	Reconstitution of antibiotic powder	As directed	As directed	Birth of Baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Sterile H_2O Papules	Relief of back labor	0.1-0.5 cc at the 4 corners of the sacrum, Should be administered rapidly, one after another, over a 30 to 90 second total period	Subdermally, using TB syringe and needle.	1 to 2 times during labor. Duration of pain relief is 2 to 4 hours.
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 spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rh(D) negative, antibody negative women. 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.
Phylloquinone (Vitamin K_1)	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose
Terbutaline	Severe bradycardia of fetus and during transport. Not to be used prior to 37 weeks	0.25 mg, single dose	Subcutaneous	May repeat one time no earlier than sixty (60) minutes after administration of the first dose.

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. ~~The Board of Midwifery is created by the Act.~~ The Board is authorized under the Act, specifically Wyoming~~.~~ Statute~~.~~ 33-46-103, the WAPA ~~(W.S. 16-3-101, *et seq.*)~~, ~~specifically~~ W.S. 16-3-103(j), and W.S. 33-1-302(a) to promulgate rules.

Section 2. Definitions.

(a) "Act" means the Midwifery Practice Act.

(b) "Antepartum" means occurring or existing during pregnancy.

(c) "ARC" means Application Review Committee.

(d) "CPM" means Certified Professional Midwife.

(e) "IBM" means Investigative Board Member.

(f) "Intrapartum" means occurring during labor and delivery.

(g) "MEAC" means the Midwifery Education Accreditation Council.

(h) "NACPM" means the National Association of Certified Professional Midwives.

(i) "NARM" means the North American Registry of Midwives.

(j) "Postpartum" means occurring in approximately the six (6) week period after childbirth.

(k) "WAPA" means Wyoming Administrative Procedure Act, W.S. 16-3-101 through -115.

Section 3. Board Office. The Board Office is located at 2001 Capitol Ave., Room 104, Cheyenne, Wyoming.

Section 4. Annual Regular Board Meeting. The Board shall have a regular meeting annually on the second Thursday of June at the Board Office beginning at 10:00 a.m.

(a) The Board shall meet as necessary at the time and place designated by the Board president.

Section 5. Change of Name, Address, or Telephone Number. Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

Section 6. Requests for Roster of Licensees. The roster of current licensees shall be updated at least annually and made available electronically at no charge.

Section 7. Reference by Incorporation.

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: http://midwifery.wyo.gov/.

(ii) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at http://midwifery.wyo.gov/.

(iii) Chapter 7 - Philosophy and Principles of Practice and Scope of Practice, adopted by the NACPM revised 2004, found at: http://midwifery.wyo.gov/.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

Chapter 7

Professional Responsibility

Section 1. Scope and Practice Standards. A licensed midwife shall adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.

~~(a) The Board hereby incorporates by reference the following uniform rules outlining the scope and practice standards:~~ All licensees must comply with the Philosophy and Principles of Practice and Scope of Practice adopted by NACPM, as referenced in Chapter 1.

~~(i) Philosophy and Principles of Practice and Scope of Practice, adopted by the NACPM revised 2004, found at: http://nacpm.org/about- cpms/professional-standards/~~

~~(ii) For these rules incorporated by reference:~~

~~(A) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;~~

~~(B) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and~~

~~(C) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.~~

~~(b) **Follow the Conditions for Which a Licensed Midwife May Not Provide Care as referenced in the Act.** A licensed midwife may not provide care for a client with:~~

~~(i) A current history of any of the following disorders, diagnoses, conditions, or symptoms:~~

~~(A) Placental abnormality~~

~~(B) Multiple gestations;~~

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

~~(D) Birth under thirty-seven (37) weeks or after forty-two (42) weeks gestational age;~~

~~(E) Pre-eclampsia;~~

~~(F) Cervical insufficiency; or~~

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

~~(A) More than one (1) prior cesarean section with no history of a vaginal birth, a cesarean section within eighteen (18) months of the current delivery, or any cesarean section that was surgically closed with a classical or vertical uterine incision;~~

~~(B) Rh or other blood group or platelet sensitization, hematological or coagulation disorders;~~

~~(C) Cervical insufficiency.~~

~~(c)~~(b) **Conditions for Which a Licensed Midwife May Not Provide Care Without Physician Involvement.** ~~A licensed midwife may not provide care for a client with a current history of the disorders, diagnoses, conditions, or symptoms listed herein unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed physician.~~ Before providing care to such a client, the licensed midwife shall notify the client in writing that the client shall obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife shall, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are referenced in Wyoming Statute 33-46-103(j)(i)(B) or any the following:

~~(i) Diabetes;~~

~~(ii) Thyroid disease;~~

~~(iii) Epilepsy;~~

~~(iv) Hypertension;~~

~~(v) Cardiac disease;~~

~~(vi) Pulmonary disease;~~

~~(vii) Renal disease;~~

~~(viii) Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract;~~

~~(ix) Hepatitis;~~

~~(x)~~(i) HIV positive; or

~~(xi)~~(ii) Anemic with documented hemoglobin at less than ten (10) at thirty-seven (37) weeks.

~~(d)~~(c) **Follow the Conditions for Which a Licensed Midwife Shall Recommend Physician Involvement as referenced in the Act.** Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed, a licensed midwife must provide written notice to the client that the client is advised to see a licensed physician during the client's pregnancy. Additionally, the licensed midwife shall obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, conditions, and symptoms are listed in W.S. 33-48-103(j)(i)(C).

~~(i) Previous complicated pregnancy;~~

~~(ii) Previous cesarean section;~~

~~(iii) Previous pregnancy loss in second or third trimester;~~

~~(iv) Previous spontaneous premature labor;~~

~~(v) Previous preterm rupture of membranes;~~

~~(vi) Previous preeclampsia;~~

~~(vii) Previous hypertensive disease of pregnancy;~~

~~(viii) Prior infection with parvo virus, toxoplasmosis, cytomegalovirus or herpes simplex virus;~~

~~(ix) Previous newborn group B streptococcus infection;~~

~~(x) A body mass index of thirty-five (35.0) or greater at the time of conception;~~

~~(xi) Underlying family genetic disorders with potential for transmission; or~~

~~(xii) Psychiatric illness.~~

~~(e)~~(d) **Conditions for Which a Licensed Midwife Shall Facilitate Hospital Transfer as referenced in the Act.** A licensed midwife shall facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnoses, conditions or symptoms listed in W.S. 33-48-103(j)(i)(D) or any of the following:

(i) Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;

(ii) 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;

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

~~(iv) Second stage labor after two (2) hours of initiation of pushing without adequate progress;~~

~~(v) Current spontaneous premature labor;~~

~~(vi) Current preterm premature rupture of membranes;~~

~~(vii) Current preeclampsia;~~

~~(viii) Current hypertensive disease of pregnancy;~~

~~(ix) Continuous uncontrolled bleeding;~~

~~(x) Bleeding that necessitates the administration of more than two (2) doses of oxytocin or other antihemorrhagic agent;~~

~~(xi) Delivery injuries to the bladder or bowel;~~

~~(xii) Seizures;~~

~~(xiii) Uncontrolled vomiting;~~

~~(xiv) Coughing or vomiting of blood;~~

~~(xv) Severe chest pain;~~

~~(xvi) Sudden onset of shortness of breath and associated labored breathing; or~~

(iv)~~(xvii)~~ Rupture of membranes greater than twenty-four (24) hours without intravenous (IV) antibiotic treatment or greater than seventy-two (72) hours with IV antibiotic treatment.

(~~f~~e) **Plan for Emergency Transfer and Transport.** When facilitating a transfer, the licensee shall notify the hospital when the transfer is initiated, accompany the client to the hospital if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present. The licensed midwife shall also ensure that the transfer of care is accompanied by the client's medical record, which include:

(i) The client's name, address, and next of kin contact information;

(ii) A list of diagnosed medical conditions;

(iii) A list of prescription or over the counter medications regularly taken;

(iv) A history of previous allergic reactions to medications; and

(v) If feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer.

Section 3. Record Keeping. Each client record shall be retained for a minimum of ten (10) years after the birth during which time reasonable efforts are to be made to advise clients of closure of practice or change in record location.

Section 4. Written Informed Consent. The licensee shall provide to the client written informed consent documents in accordance with W.S. 33-46-103(j)(ii).

~~(a) The written informed consent to treatment shall include all of the following:~~

~~(i) The licensed midwife's experience and training;~~

~~(ii) Instructions for obtaining a copy of rules adopted by the board pursuant to this act;~~

~~(iii) Instructions for obtaining a copy of documents adopted by the National Association of Certified Professional Midwives that identify the nature of and standards of practice for responsible midwifery practice;~~

~~(iv) Instructions for filing complaints with the board;~~

~~(v) Notice of the type and liability limits of professional or personal liability insurance maintained by the midwife or notice that the midwife does not carry liability insurance;~~

~~(vi) A written protocol for emergencies that is specific for each individual client, including the following provisions:~~

~~(A) Transport to a hospital in an emergency;~~

~~(B) Notification of the hospital to which a client will be transferred upon initiation of the transfer;~~

~~(C) Accompaniment of the client to the hospital by the midwife, if feasible, or telephone notice to the hospital if the midwife is unable to be present personally;~~

~~(D) Transmission of the client's record to the hospital, including the client's name, address, list of known medical conditions, list of prescription or over the counter medications regularly taken, history of previous allergic reactions to medications, the client's current medical condition and description of the care provided by the midwife;~~

~~(E) Next of kin contact information.~~

~~(vii) A description of the procedures, benefits and risks of home birth, primarily those conditions that may arise during delivery;~~

~~(viii) A recommendation to the client that two (2) providers trained in neonatal resuscitation program be present at delivery.~~

Section 5. Medication Formulary. During the practice of midwifery a licensed midwife may obtain and administer the following drugs described in the midwifery formula, according to the protocol outlined in ~~Appendix A~~Chapter 10, describing the indication for use, dosage, route of administration and duration of treatment:

(a) Oxygen;

(b) Oxytocin as a postpartum antihemorrhagic agent;

(c) Misoprostol as a postpartum antihemorrhagic agent;

(d) Methylergonovine (Methergine) as a postpartum antihemorrhagic agent;

(e) Injectable local anesthetic for the repair of lacerations which are no more extensive than second degree;

(f) Antibiotics for group B streptococcus prophylaxis consistent with the guidelines set forth in Prevention of Perinatal Group B Streptococcal Disease, published by the Centers for Disease Control and Prevention and for prolonged rupture of membranes;

(g) Epinephrine administered via a metered dose auto-injector;

(h) Intravenous fluids for stabilization of the woman;

(i) Rho(D) immune globulin;

(j) Phylloquinone (Vitamin K1);

(k) Eye prophylactics for the baby; ~~and~~

(l) Sterile H2O Papules~~.~~; and

(m) Terbutaline.

Section 6. Obtaining, Storing, and Disposing of Formulary Drugs. A licensee shall adhere to the following protocol for obtaining, storing, and disposing of formulary drugs during the practice of midwifery.

(a) **Obtaining Formulary Drugs.** A licensee shall obtain formulary drugs as allowed by law, including, without limitation, from:

(i) A person or entity that is licensed as a Wholesale Distributor by the Wyoming State Board of Pharmacy; or

(ii) A retail pharmacy, in minimal quantities for office use.

(b) **Storing Formulary Drugs.** A licensed midwife shall store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. The licensed midwife shall promptly return the formulary drugs to the secure area when the licensed midwife has finished using them for patient care.

(c) **Disposing of Formulary Drugs.** A licensed midwife shall dispose of formulary drugs using means that are reasonably calculated to guard against unauthorized access and harmful excretion of the drugs into the environment. The means that may be used include, without limitation:

(i) Transferring the drugs to a reverse distributor who is registered to destroy drugs with the U.S. Drug Enforcement Agency;

(ii) Removing the drugs from their original containers, mixing them with an undesirable substance such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or sealable bags, and throwing the containers in the trash; or

(iii) Flushing the drugs down the toilet if the accompanying patient information instructs that it is safe to do so.

Section 7. Newborn Care.

(a) The licensee shall carry the equipment necessary for resuscitation of the newborn.

(b) Midwives shall transfer (immediately if indicated) any newborn showing the following signs to the nearest hospital or pediatric care provider:

(i) Ten (10) minute Apgar score of less than seven (7);

(ii) Signs of a medically significant anomaly;

(iii) Signs of respiratory distress including respiratory rate over eighty (80) per minute, poor color, grunting, nasal flaring and/or retractions that are not showing consistent improvement;

(iv) Need for oxygen for more than twenty (20) minutes, or after one (1) hour following the birth;

(v) Seizures;

(vi) Fontanel full and bulging;

(vii) Significant or suspected birth injury;

(viii) Cardiac irregularities including a heart rate that is consistently below eighty (80) beats per minute or greater than one hundred sixty (160) beats per minute; poor capillary refilling (greater than three (3) seconds);

(ix) Pale, cyanotic, gray color;

(x) Lethargy or poor muscle tone;

(xi) Temperature instability;

(xii) Jaundice at less than twenty-four (24) hours; or

(xiii) Loss of greater than ten (10) percent birth weight.

(c) All licensees shall comply with the Wyoming Department of Health's Newborn Screening requirements stated in W.S. 35-4-801.

~~(i)~~ Informed consent of parents shall be obtained and if any parent or guardian of a child objects to a mandatory examination, the child is exempt from subsection (c).

(d) All licensees shall register births, still births and deaths with the local registrar of the district in which the occurrence took place within ten (10) days after the birth pursuant to W.S. 35-1-401 through 431~~;~~.

Section 8. Medical Waste. Medical waste (items removed from a private residence) shall be disposed of according to the following protocol:

(a) **Containers for Non-Sharp, Medical Waste.** Medical waste, except for sharps, shall be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags shall be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have a tight-fitting cover and be kept clean

and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.

(b) **Containers for Sharps.** Sharps shall be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. Rigid containers of discarded sharps shall either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags.

(c) **Storage Duration.** Medical waste may not be stored for more than seven (7) days, unless the storage temperature is below thirty-two (32) degrees Fahrenheit. Medical waste shall never be stored for more than ninety (90) days.

Section 9. Professional Standards.

(a) Persons licensed by the Board shall:

(i) Use the term “Licensed Midwife” and/or the initials LM only after the applicant is granted licensure by the Board;

(ii) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare;

(iii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

(iv) Practice only within the competency areas for which they are trained and experienced. The licensee shall be able to demonstrate to the Board competency, training, and/or expertise;

(v) Report to the board outcomes of all clients for which they have provided services at any point during labor or delivery within thirty (30) days after each birth;

(vi) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed professionals;

(vii) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition~~;~~

~~(A) The licensee shall make provisions for the retention and/or release of client records if the licensee is unable to do so. Such provision shall include the naming of a qualified person who will retain the client records and properly release the client records upon request.;~~

(viii) Clearly state the person's licensure status by the use of a title or initials such as "licensed midwife" (LM) or a statement such as "licensed by the Wyoming Board of

Midwifery" in any advertising, public directory or solicitation, including telephone directory listings;

(ix) Respond to all requests for information and all other correspondence from the Board;

(x) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations;

(xi) Not use vacuum extraction or forceps as an aid in the delivery of a newborn; and

(xii) Not perform abortions.

CHAPTER 8

PRACTICE AND PROCEDURES

FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

~~**Section 1. Board Authorization.** The Board is authorized to reprimand, suspend, revoke, refuse to renew, impose probationary conditions, or otherwise restrict the license of any person violating provisions of the Act.~~

Section 1. Statement of Purpose. These rules are adopted to implement the Board's authority to:

(a) Conduct investigations, hearings, and proceedings concerning:

(i) Alleged violations of the Act or the Board Rules; or

(ii) Actions relating to an application for a licensure including granting or denying.

(b) Determine and administer appropriate disciplinary action against licensee.

Section 2. Grounds. In addition to the grounds outlined in Wyoming~~.~~ Statute~~.~~ 33-46-103, the Board may take action for unprofessional or unethical conduct.

(a) Unprofessional conduct shall include, but is not limited to:

(i) Suspension, revocation, denial, or other disciplinary action imposed upon a license held in another jurisdiction. A certified copy of the disciplinary order shall be conclusive evidence~~.~~;

(ii) Engaging in the practice of midwifery without a license issued by this Board;

(iii) Conviction of a felony. A certified copy of the conviction shall be conclusive evidence;

(iv) Conviction of a misdemeanor involving moral turpitude. A certified copy of the conviction shall be conclusive evidence;

(v) Renting or lending the license issued pursuant to this act to any person;

(vi) Gross incompetence or malpractice;

(vii) Mental incompetency;

(viii) Knowingly submitting false information to the Board;

(ix) Addiction or habitual intemperate use of alcohol, drugs and/or a controlled substance;

(x) Violation and conviction of a charge under W.S. 35-7-1001 *et seq.*, the Wyoming Controlled Substance Act;

(xi) Sexual exploitation of a client, defined as; and

(A) Offering professional services for some form of sexual gratification; or

(B) Sexual contact with a client.

(xii) Willful violation of any provisions of the Act.

(b) Unethical conduct shall be a violation of any provision of the adopted Standards of Practice as set forth in these Rules.

~~**Section 3. Complaints.** All complaints shall be filed with the Board in writing and shall contain:~~

~~(a) Name and address of licensee;~~

~~(b) Name, address and telephone number of complainant;~~

~~(c) Nature of alleged violations;~~

~~(d) A short and concise statement of facts relating to the alleged violations; and~~

~~(e) Signature of complainant.~~

Section 4<u>3</u>. Application Review and Investigation Process.

(a) Application Review.

(i) Every application for a license issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Act and Board Rules are satisfied.

(ii) If any application, including renewals, reveals any information which merits further investigation, the matter shall be assigned to the ARC.

(b) ARC Action. The ARC may:

(i) Recommend a license be issued or renewed;

(ii) Recommend a license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii) Recommend a settlement agreement which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand or a combination thereof; or

(iv) Recommend denial of the application.

(c) Notice of Intent ~~to Recommend Denial~~. The ARC shall notify the applicant of its intent to recommend denial. Such notification shall contain:

(i) A brief description of the facts or conduct ~~which~~that warrant the denial of licensure;

(ii) A statement of the nature of the actions which warrant the denial or other authorized action, the facts upon which the denial or other action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the letter of the denial.

(d) Applicant's Request for Hearing. If the ARC recommends denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

Section 4. Complaint Review and Disciplinary Investigation Process.

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a IBM.

(b) IBM Action. The IBM may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the IBM believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

Section 5. Summary Suspension.

(a) Recommendation. If the IBM recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The IBM shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint; and

(B) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled;

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, the IBM shall notify the licensee in writing of the date and time of the proceeding.

~~**Section 6. Notice of Complaint.** Notice of Complaint shall be sent by certified or registered mail with return receipt thereof to the licensee's last known address on file with the Board. It is the licensee's responsibility to update their address with the Board.~~

Section 6~~7~~. Petition and Complaint and Notice of Hearing.

(a) Petition and Complaint. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a petition and complaint and notice of hearing ~~Notice of Hearing and Petition~~ by certified or regular mail at least thirty~~twenty~~ (3~~2~~0) days prior to the date set for hearing.

(b) Notice of Hearing. The n~~N~~otice of h~~H~~earing shall contain:

(i) The name and last address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the Petition within thirty~~twenty~~ (3~~2~~0) days shall result in a default judgment.

Section 7~~8~~. Lawful Service. There shall be a presumption of lawful service of a p~~P~~etition and complaint, n~~N~~otice of h~~H~~earing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified, ~~or~~ regular mail, or electronic mail to the e-mail address indicated to be the preferred method of communication.

~~**Section 9. Answer or Appearance.** The licensee shall file an Answer to the Petition within twenty (20) calendar days of receipt of the Petition or within twenty five (25) days from the date that the Petition was mailed to the licensee, whichever is longer. The Answer shall contain specific responses and defenses to the allegations in the Petition.~~

Section 8~~10~~. Default. The Board may enter an order of default judgment based on the allegations contained in the p~~P~~etition and complaint in any case where the licensee or the licensee's representative has not answered the p~~P~~etition and complaint or appeared at a scheduled noticed hearing.

~~**Section 11. Contested Case Process.** The Board hereby incorporates by reference the following uniform rules outlining the entire contested case process and practice that will be followed:~~

~~(a) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: http://soswy.state.wy.us/Rules/RULES/9644.pdf.~~

~~(b) For these rules incorporated by reference::~~

~~(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;~~

~~(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and~~

~~(iii) The incorporated rules are maintained at the Board's office and is available for public inspection and copying at cost at the same location.~~

Section 9~~13~~. Board Decision and Order.

(a) Board Action. The Board may resolve a complaint by:

(i) Approving the recommendations of the IBM or ARC; or

(ii) Conduct a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue an advisory letter; or

(C) Impose discipline by revocation, suspension, reprimand, restriction, condition, non-renewal, or a combination thereof, for a violation of any provision of the Act or the Board Rules.

(b) Board Order. The Board shall issue~~make and enter~~ a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

Section 10~~14~~. Appeals to District Court. ~~Appeals from Board decisions shall be taken to the district court having jurisdiction and proper venue in accordance with applicable statutes and the Wyoming Rules of Appellate Procedure.~~

(a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

Chapter 10

Drug Formulary

A licensed midwife may use the drugs described in the midwifery formula according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:

Drug	Indication	Dose	Route of Administration	\Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min 10 L/min	Mask or Bag and mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete.
	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.
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses. Transport to hospital required if more than two (2) doses are administered
Misoprostol	Postpartum hemorrhage only	200 microgram tabs, as 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.
(Note that this is off label use of this drug, but an appropriate use.)				
Methyl-ergonovine (Methergine)	Postpartum hemorrhage only	0.2 mg	Intramuscularly 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%)	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in > 100 ml LR, NS or D_5LR	Birth of baby
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	2 grams initial dose, then 1 gram every 4 hours until birth	IV in > 100 ml NS	Birth of baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Cefazolin Sodium	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	2 grams initial dose, then 1 gram every 8 hours	IV in > 100 ml LR, NS or D_5LR	Birth of baby
(Drug of choice for penicillin allergy with low risk for anaphylaxis)				
Clindamycin Phosphate	Group B Strep Prophylaxis Ruptured membranes greater than 24 hours	900 mg every 8 hours	IV in > 100 ml NS or LR	Birth of baby
(Drug of choice for penicillin allergy with high risk for anaphylaxis)				
Epinephrine HCl 1:1000 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml pre-metered dose	As directed	Every 20 minutes or until emergency medical services arrive. Administer first dose then immediately request emergency services
Lactated Ringer's (LR)	To achieve maternal stabilization	1 - 2 liter bags - First liter run in at a wide-open rate, the second liter titrated to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
5% Dextrose in Lactated Ringer's solution (D_5LR)	To achieve maternal stabilization	500 ml may run in wide open then hydrate to client's condition	Intravenous catheter	Until maternal stabilization is achieved or transfer to a hospital is complete.
0.9% Sodium Chloride (NS)	Reconstitution of antibiotic powder	As directed	As directed	Birth of Baby

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Sterile H_2O Papules	Relief of back labor	0.1-0.5 cc at the 4 corners of the sacrum, Should be administered rapidly, one after another, over a 30 to 90 second total period	Subdermally, using TB syringe and needle.	1 to 2 times during labor. Duration of pain relief is 2 to 4 hours.
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 spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rh(D) negative, antibody negative women. 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.
Phylloquinone (Vitamin K_1)	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose
Terbutaline	Severe bradycardia of fetus and during transport. Not to be used prior to 37 weeks	0.25 mg, single dose	Subcutaneous	May repeat one time no earlier than sixty (60) minutes after administration of the first dose.