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Document No. 4974

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

CHAPTER 61

Statutory Authority: 1976 Code Sections 44‑1‑140 et seq.

61‑24. Licensed Midwives.

**Synopsis**:

The Department of Health and Environmental Control (“Department”) amends R.61‑24 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions relating to statutory mandates, update definitions to conform to the terminology widely used and understood within the provider community, and revise requirements for scope of practice, incident reporting, continuing education training requirements, prescription medication administration, client and neonate care and services, infection control, monetary penalties, and other requirements for licensure. The amendments also update the structure of the regulation throughout for consistency with other DHEC Healthcare Quality regulations. The Department further revises R.61‑24 for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61‑24 was last amended in 2013.

The Department had a Notice of Drafting published in the February 28, 2020, *South Carolina State Register*.

**Instructions:**

Replace R.61‑24, *Licensed Midwives,* in its entirety with this amendment.

~~Indicates Matter Stricken~~

Indicates New Matter

**Text:**

61‑24. Licensed Midwives.

(Statutory Authority: S.C. Code Sections 44‑1‑140~~, 40‑33‑30, 44‑37‑40, 44‑37‑50, and 44‑89‑10~~ et seq.~~, S.C. Code of Laws, 1976, as amended.~~)

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**SECTION 2800 – GENERAL**

~~A. Purpose and Scope; Definitions.~~

 ~~1. Purpose and Scope. The purpose of this regulation is to provide requirements for licensure, education, minimum standards of care and practice to individuals who desire to practice midwifery in the State of South Carolina.~~

**SECTION 100 – DEFINITIONS AND LICENSURE**

~~2.~~**101**. ~~Definitions~~**Definitions**. ~~For the purposes of these regulations the following definitions apply:~~

 A. Administering Medication. The acts of preparing and giving of a single dose of a medication to the body of a Client or Neonate by injection, ingestion, or any other means in accordance with the orders of a Physician or other Authorized Healthcare Provider.

 ~~a~~B. Apprentice Midwife. A person authorized by the Department to engage in a course of study to include clinical experience under the ~~s~~Supervision of a Midwife licensed in South Carolina, ~~p~~Physician, ~~c~~Certified ~~n~~Nurse‑~~m~~Midwife, or ~~c~~Certified ~~p~~Professional ~~m~~Midwife~~, or midwife licensed in the State of South Carolina~~ who will prepare that person to become a licensed ~~m~~Midwife.

 ~~b~~C. Apprentice Midwife ~~License~~Permit. ~~A license issued by the Department to authorize a person desiring to become a midwife to obtain clinical experience under supervision of a physician, certified nurse‑midwife, certified professional midwife, or midwife licensed in the State of South Carolina. This license is not transferable.~~A permit issued by the Department to authorize an Apprentice Midwife to provide Midwifery Services while he or she obtains the required clinical experience under Supervision of a Midwifery Preceptor.

 D. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina as a Physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, and services to Clients.

 E. Birthing Center. A facility or other place where human births are planned to occur. This does not include the usual residence of the mother or any facility which is licensed as a hospital or the private practice of a Physician who attends the birth.

 F. Blood Assay for Mycobacterium Tuberculosis. A general term to refer to in vitro diagnostic tests that assess for the presence of tuberculosis infection with Mycobacterium tuberculosis. This term includes, but is not limited to, interferon gamma release assays.

 ~~c~~G. Certified Nurse‑Midwife. A registered nurse licensed to practice in this state that has been certified by the American College of Nurse‑Midwives and officially recognized by the ~~State~~South Carolina Board of Nursing ~~for South Carolina~~.

 H. Certified Professional Midwife. A professional midwifery practitioner who has met the accreditation standards for certification set by the North American Registry of Midwives.

 I. Client. An individual who is receiving services from a Midwife or an Apprentice Midwife.

 ~~d. Community Health Center. A not‑for‑profit organization which receives federal funding to operate a local health center.~~

 J. Compliance Meeting. A meeting with a Licensee and individuals authorized by the Department to provide information in order to enable the Licensee to better comply with this regulation.

 ~~e~~K. Contact Hour. A unit of measurement to describe fifty to sixty (50‑60) minutes of an approved, organized learning experience or two (2) hours of planned and supervised clinical practice ~~which~~that is designed to meet professional educational objectives.

 ~~f~~L. Continuing Education. Participation in an accredited organized learning experience ~~under responsible sponsorship or supervised clinical practice, capable direction and qualified instruction and~~ approved by the Department ~~for the purpose of meeting requirements for renewal of licensure under these regulations~~.

 ~~g. Certified Professional Midwife (CPM). A professional midwifery practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM).~~

 ~~h~~M. Department. The ~~S.C.~~South Carolina Department of Health and Environmental Control.

 N. Discharge. The point at which care and services by a Midwife are terminated and the Midwife no longer maintains active responsibility for the care and services of the Client.

 ~~i. Health Care Provider. A physician or nurse practitioner.~~

 O. Fetal Presentation. The part of the fetus’s body that leads the way out through the birth canal called the presenting part.

 P. Home Birth. A birth planned to occur or occurring at the usual residence of the Client.

 Q. Incident. An unusual, unexpected adverse event, including any accidents, that could potentially cause harm, injury, or death to Clients or Neonates.

 R. Inspection. An in‑person meeting or a request for and review of materials by Department representatives for the purpose of determining compliance with this regulation.

 S. Investigation. An in‑person meeting or review of materials by Department representatives for the purpose of determining the validity of allegations received by the Department relating to regulatory compliance.

 ~~j~~T. License. ~~A document issued by the Department which authorizes an individual to practice midwifery within the scope of these regulations. The license is not transferable.~~The authorization to practice as a Midwife as defined in this regulation and as evidenced by a certificate issued by the Department to a Midwife.

 ~~k~~U. Licensee. ~~A licensed midwife or a licensed apprentice midwife.~~The individual licensed pursuant to this regulation to provide midwifery care and services.

 V. Low Risk Pregnancy. A normal, uncomplicated prenatal course as determined by adequate prenatal care and prospects for a normal, uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health.

 W. Medical Consultation. A procedure whereby a Midwife makes contact with a Physician or other Authorized Healthcare Provider for recommendations as to care and treatment of the Client based on the Midwife’s observations and assessment.

 X. Medication. A substance that has therapeutic effects, including, but not limited to, Prescription Medications, over‑the counter, and nonprescription Medications, herbal products, vitamins, and nutritional supplements.

 ~~l~~Y. Midwife. A person licensed by the ~~State of South Carolina~~Department who provides ~~midwifery services~~Midwifery Services as defined ~~below~~in this regulation.

 ~~m~~Z. Midwifery ~~Instructor~~Preceptor. A ~~physician, certified nurse‑midwife or licensed midwife~~ Physician, Certified Nurse‑Midwife, or Midwife, licensed in ~~the State of~~ South Carolina, who has a supervisory relationship with an ~~a~~Apprentice ~~m~~Midwife.

 ~~n~~AA. Midwifery Services. Those services provided by a person who is not a medical or nursing professional licensed by an agency of the State of South Carolina, for the purpose of giving primary assistance in the birth process either free, for trade, or for money, provided, however, that this shall not preclude any medical or nursing professional from being licensed in accordance with this regulation. This definition shall not be interpreted to include emergency services provided by lay persons or emergency care providers under emergency conditions.

 BB. Neonate. An infant younger than four (4) weeks old.

 ~~o~~CC. North American Registry of Midwives ~~(NARM)~~. National organization ~~which~~that provides and maintains an evaluative process for multiple routes of midwifery education and training, and develops and administers a standardized examination system for ~~CPM~~Certified Professional Midwife credentialing.

 ~~p~~DD. Nurse Practitioner. A registered nurse licensed to practice in this state and registered with the ~~S.C.~~South Carolina ~~State~~ Board of Nursing. A ~~c~~Certified ~~n~~Nurse‑midwife is accepted by the Board of Nursing as meeting these requirements.

 ~~q~~EE. Physician. A ~~person~~doctor of medicine or doctor of osteopathic medicine ~~who is~~ licensed ~~to practice medicine in~~ by the ~~State of~~ South Carolina Board of Medical Examiners.

 FF. Prenatal Examination. An examination of a Client by a Physician or other Authorized Healthcare Provider that addresses those issues identified in Section 1100 of this regulation.

 GG. Prescription Medication. A drug that is required by any applicable federal or state law to be dispensed pursuant only to a Prescription Medication order or is restricted to use by Physicians or other Authorized Healthcare Providers only.

 HH. Quarterly. A time period that requires an activity to be performed every three (3) months.

 II. Referral. The Midwife’s directing or sending a Client to obtain additional care provided by a Physician or other Authorized Healthcare Provider.

 JJ. Revocation of License. An action by the Department to cancel or annul a License by recalling, withdrawing, or rescinding the authority to operate or provide care.

 ~~r~~KK. Supervision. ~~Coordination of learning experiences, direction, and continued evaluation of the practice of an apprentice midwife.~~Being physically present within immediate distance and available to respond to the needs of the Apprentice Midwife and/or Clients, and ensuring that the Apprentice Midwife is providing appropriate care to the Client.

 LL. Suspension of License. An action by the Department requiring a Licensee or Permit holder to cease operations for a period of time or to require a Licensee or Permit holder to cease admitting Clients, until such time as the Department rescinds that restriction.

 MM. Transfer of Care. The point at which the Midwife discontinues care and relinquishes further care to an Authorized Healthcare Provider or emergency medical services personnel.

 NN. Tuberculin Skin Test. A small dose (one‑tenth (0.1) milliliter) of purified protein derivative tuberculin is injected just beneath the surface of the skin by the intradermal Mantoux method, and the area is examined for induration of hard, dense, raised area at the site of the Tuberculin Skin Test administration forty‑eight to seventy‑two (48 to 72) hours after the injection though positive reactions can still be measurable up to a week after administering the Tuberculin Skin Test. The size of the indurated area is measured with a millimeter ruler and the reading is recorded in millimeters, including zero (0) millimeters to represent no induration. Redness and/or erythema is insignificant and is not measured or recorded.

 OO. Variance. An alternative method that ensures the equivalent level of compliance with the standards in this regulation.

 ~~B. Interpretations.~~

 ~~1. License. It shall be unlawful to conduct midwifery services within South Carolina without possessing a valid license issued by the Department.~~

 ~~2. Issuance of License.~~

 ~~a. A license is issued pursuant to the provisions of Section 44‑7‑260(A) of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, or the well‑being of any patient.~~

 ~~b. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations of the State of South Carolina.~~

 ~~c. The license must be posted in a conspicuous place visible to patients.~~

 ~~3. Effective Date and Term of License. A license for a midwife shall be effective for a 24‑month period following the date of issue. An apprentice midwife license shall be effective for a one year period following the date of issue.~~

 ~~4. Fees. The license fee for each midwife license is one hundred fifty dollars ($150) per 24‑month licensing period. The annual license fee for an apprentice midwife shall be fifty dollars ($50). The license fees shall be payable to the Department and shall be used exclusively in support of activities pursuant to this regulation. Fees are not refundable.~~

 ~~5. Initial License. A person who has not been continuously licensed under these or prior standards shall not provide care to patients until issued an initial license~~.

 ~~6. Inspections. The Department is authorized to inspect records of mothers and newborns delivered by midwives at any time.~~

 ~~7. Noncompliance. When noncompliance with the licensing standards exists, the licensee shall be notified by the Department of the violations and required to provide information as to how and when such an item will be corrected.~~

 ~~8. Exceptions to Licensing Standards. The Department may make exceptions to these standards where it is determined that the health and welfare of the community require the services of the licensee and that the exception, as granted, will have no significant impact on the safety, security or welfare of the licensee’s patients.~~

 ~~9. Change of License. A licensee shall request to the Department by letter issuance of an amended license prior to a change in the licensee’s name or address.~~

 ~~10. Revocation of License. The Department may refuse to issue, suspend for a definite period, or revoke a license for any of the following causes:~~

 ~~a. Dereliction of any duty imposed by law;~~

 ~~b. Incompetence as determined by the Department;~~

 ~~c. Conviction of a felony;~~

 ~~d. Practicing under a false name or alias;~~

 ~~e. Violation of any of the provisions of this regulation;~~

 ~~f. Obtaining any fee by fraud or misrepresentation;~~

 ~~g. Knowingly employing, supervising, or permitting (directly or indirectly) any person or persons not licensed as apprentice or midwife to perform any work covered by these regulations;~~

 ~~h. Using, causing, or promoting the use of any advertising matter, promotional literature, testimonial, or any other representation however disseminated or published, which is misleading or untruthful;~~

 ~~i. Representing that the service or advice of a person licensed to practice medicine or nursing will be used or made available when that is not true, or using the words, “doctor” or “nurse,” or similar words, abbreviations or symbols implying involvement by the medical or nursing professions when such is not the case;~~

 ~~j. Permitting another to use the license; and~~

 ~~k. Revocation of certification by NARM or other Department approved organization(s).~~

 ~~11. Hearings and Appeals.~~

 ~~a. A Department decision involving the issuance, denial, or revocation of a license may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.~~

 ~~b. Any person to whom an order is issued may appeal it pursuant to applicable law, including S.C. Code Title 44, Chapter 1; and Title 1, Chapter 23.~~

~~C. Requirements for Licensure. No person may provide midwifery services or represent that s/he is a midwife without first possessing a license issued by the Department in accordance with the provisions of these regulations. Licensure as a midwife shall be by certification by NARM or other Department approved organization(s). Midwives requesting initial licensure will receive a license, provided they have evidence of certification by NARM or other Department approved organization(s) and have also met other requirements as established by the Department.~~

 ~~EXCEPTION: Individuals licensed by the Department prior to the publication date of this regulation will not be required to obtain certification by NARM or other Department approved organization(s). However, if a midwife is delinquent in submitting her/his license renewal application and the delinquency period exceeds 30 days the midwife must obtain certification by NARM or other similar Department approved organization(s) and also meet the requirements outlined in this section.~~

 ~~1. Midwife Apprentice License. Upon application, an apprentice license may be issued. An apprentice license authorizes the person to obtain the required clinical experience under supervision of a physician, certified nurse‑midwife, certified professional midwife, or licensed midwife. Applications for renewal of apprentice licenses must be submitted at least 90 days prior to the expiration of the initial license. A licensed apprentice midwife may apply for renewal of an apprentice license three times before obtaining certification by NARM or other Department approved organization(s). Under extenuating circumstances, one additional renewal may be granted at the discretion of the Department on a case‑by‑case basis. The applicant for an apprentice midwife license must:~~

 ~~a. Provide written verification of apprentice/supervisor relationship from the person(s) supervising the applicant and their verified relationship(s) when the apprentice license is renewed;~~

 ~~b. Be enrolled in an approved course of education, or have submitted evidence of a planned course of education, subject to the approval of the Department;~~

 ~~c. Show evidence that s/he has had negative testing for tuberculosis or is noninfectious for the same;~~

 ~~d. Be able to read and write English.~~

 ~~2. Initial Midwife License. A licensed midwife may provide care only as allowed by these regulations. In order to apply to become a licensed midwife, a person must submit:~~

 ~~a. Application for a midwife license;~~

 ~~b. Evidence of completion of certification by NARM or other Department approved organization(s);~~

 ~~c. Evidence of completion of an educational program to be evaluated by NARM or other Department approved organization;~~

 ~~d. Evidence of completed apprenticeship and a recommendation by the supervising person (clinical experience shall be supervised by a licensed midwife, a certified nurse‑midwife, a certified professional midwife, or a physician active in perinatal care) to be submitted to the certifying agency;~~

 ~~e. Evidence of valid Healthcare Provider cardiopulmonary resuscitation (CPR) certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program (NRP) certificate in accordance with current NARM or other Department approved organization standards;~~

 ~~f. Evidence that the person has had negative testing for tuberculosis or is noninfectious for the same.~~

 ~~3. Examination.~~

 ~~a. Upon approval of the above documentation by the Department the applicant may sit for the examination, and upon successfully passing the examination, may be licensed as a midwife.~~

 ~~b. Applicants for licensure as a midwife who lack apprenticeship in South Carolina but who have equivalent experience from another jurisdiction may apply for a midwife license and sit for the qualifying examination after submitting evidence of experience and of all other requirements to the Department. Action will be taken on each request on an individual basis.~~

 ~~4. Limitations. A licensed midwife may sponsor a maximum of three apprentice midwives simultaneously.~~

 ~~5. Renewal of Midwife License. Licenses must be renewed every 24 months. An applicant for renewal of a midwife license must submit at least 60 days prior to the expiration of his/her license:~~

 ~~a. A midwife license renewal application;~~

 ~~b. Evidence of completion of certification by NARM or other Department approved organization(s);~~

 ~~c. Evidence of completion of 30 contact hours of continuing education during the licensing period;~~

 ~~d. Evidence of certification from the American Red Cross or American Heart Association in cardiopulmonary resuscitation of adult and newborn within the previous year;~~

 ~~e. Evidence of participation in an annual peer review;~~

 ~~f. Evidence of an annual negative skin test for tuberculosis or is noninfectious for the same.~~

 ~~g. EXCEPTION: Individuals licensed by the Department prior to the publication date of this regulation and not certified by NARM or other Department approved organization(s) must submit the following to the Department:~~

 ~~(1) Evidence of completion of 30 contact hours of continuing education during the licensing period;~~

 ~~(2) Evidence of valid Healthcare Provider cardiopulmonary resuscitation (CPR) certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program (NRP) certificate in accordance with current NARM or other Department approved organization standards;~~

 ~~(3) Evidence of participation in an annual peer review.~~

 ~~6. Tuberculin Skin Test Requirements. Within three months prior to initial application and annually thereafter, midwives and apprentices shall have a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. Persons with tuberculin test reactions of 10mm or more of induration should be referred to a physician for appropriate evaluation. The two‑step procedure (one Mantoux test followed one week later by another) is required for initial testing in order to establish a reliable baseline.~~

 ~~a. Persons with reactions of 10mm and over to the initial application tuberculin test, those who have previously‑documented positive reactions, those with new positive reactions to the skin tests, and those with symptoms suggestive of TB (e.g., cough, weight loss, night sweats, fever, etc.), shall be given a chest X‑ray to determine whether TB is present. If TB is diagnosed, the person shall be referred to a physician for appropriate treatment and contacts examined.~~

 ~~b. There is no need to conduct an initial or routine chest X‑ray on persons with negative tuberculin tests who are asymptomatic.~~

 ~~c. Persons with negative tuberculin skin tests shall have an annual tuberculin skin test.~~

 ~~d. No person who has a positive reaction to the skin test shall have patient contact until certified non‑contagious by a physician.~~

 ~~e. New applicants who have a history of TB shall be required to have certification by a physician that they are non‑contagious prior to patient contact.~~

 ~~f. Applicants who are known or suspected to have TB shall be required to be evaluated by a physician and will not be allowed to have patient contact until they have been certified non‑contagious by the physician.~~

 ~~g. Preventive treatment of personnel with new positive reactions is essential, and shall be considered for all infected applicants who have patient contact, unless specifically contraindicated. Persons who complete treatment may be exempt from further routine chest X‑rays unless they have symptoms of TB. Routine annual chest X‑rays of persons with positive reactions do little to prevent TB and therefore are not a substitute for preventive treatment.~~

 ~~h. Post exposure skin tests should be provided for tuberculin negative persons within 12 weeks after termination of contact for any suspected exposure to a documented case of TB.~~

 ~~7. Delinquency Period. Delinquency in renewal of licensure of 30 days after the license expiration date shall result in a delinquency fee of $25 in addition to the licensure fees noted in Section B.4. If after that period of time application has not been received, the applicant will be required to retake the midwife examination, to include payment of the examination fee.~~

~~D. Scope of Practice. The licensed midwife may provide care to low‑risk women and neonates determined by medical evaluation to be prospectively normal for pregnancy and childbirth (see Sections J., K. and L.), and may deliver only women who have completed between 37 to 42 weeks of gestation, except under emergency circumstances. Care includes:~~

 ~~1. Prenatal supervision and counseling;~~

 ~~2. Preparation for childbirth;~~

 ~~3. Supervision and care during labor and delivery and care of the mother and newborn in the immediate postpartum, so long as progress meets criteria generally accepted as normal.~~

~~E. Educational Requirements. The Department shall set minimum educational standards and requirements. The Department may suggest or require specific topics for continuing education based on any problem areas indicated by midwives’ quarterly reports, consumer feedback, or on advances in available knowledge. The Department shall keep all applicants for licensure or renewal fully informed of requirements for attaining, demonstrating and upgrading knowledge and skills.~~

~~F. Prenatal Care.~~

 ~~1. Required Visits. The midwife shall, upon acceptance of a woman for care, require her to have two visits with a physician, community health center or health department. One of these visits must be in the final six weeks of pregnancy. The midwife shall make entries in the patient’s record of the physician, health center, or health department visits.~~

 ~~2. Scheduled Visits. During pregnancy, the patient shall be seen by the midwife or other appropriate health care provider according to the following schedule: at least once every four weeks until 32 weeks gestation, once every two weeks from 32 until 36 weeks, and weekly after 36 weeks.~~

 ~~3. Home Visit. At least one prenatal visit shall be made to each woman’s home during the last six weeks of pregnancy.~~

 ~~4. Nature of Care. Each prenatal visit shall include the following care:~~

 ~~a. Assessment of general health and obstetric status;~~

 ~~b. Nutritional counseling;~~

 ~~c. Blood pressure;~~

 ~~d. Gross urinalysis: dip stick for sugar and protein;~~

 ~~e. Weight;~~

 ~~f. Gestational age assessment;~~

 ~~g. Fundal height;~~

 ~~h. Palpation of abdomen, Leopold’s maneuvers;~~

 ~~i. Auscultation of FHT after 20 weeks;~~

 ~~j. Assessment of psychological status;~~

 ~~k. Education as to cause, treatment, and prognosis of any symptoms, problems, or concerns;~~

 ~~l. Information regarding childbirth classes and other community resources; and~~

 ~~m. Hematocrit and/or hemoglobin shall be assessed at approximately three and eight months gestation.~~

 ~~5. Informed Consent. The midwife shall assure that all women under his/her care understand that s/he is a midwife licensed by this Department to perform midwifery services by virtue of approved education, clinical experience, and examination, but is not a nurse or physician, and are advised of the risks, responsibilities and alternatives for care. In consultation with the expectant parents, s/he shall, prior to the expected date of confinement, plan a strategy for backup medical care for mother and infant, and for transportation to medical facilities in case of emergency, and shall coordinate such arrangements with the backup health care providers. The midwife shall obtain a signed informed consent form to keep in his/her permanent records.~~

 ~~6. Parent Education. The midwife shall assure that natural childbirth and breastfeeding education in some form is available to all of his/her patients, and that they are aware of their rights and responsibilities as consumers of maternity care.~~

~~G. Intrapartum Care.~~

 ~~1. Intrapartum Midwife Duties. During labor, the midwife’s duties are to support the natural process and the mother’s own efforts, in an attitude of appropriate observation and patience, as well as alertness to the parameters of normality. These duties include, but are not limited to:~~

 ~~a. Ascertaining that labor is in progress;~~

 ~~b. Assessing and monitoring maternal and fetal well‑being;~~

 ~~c. Monitoring the progress of labor;~~

 ~~d. Assisting with labor coaching;~~

 ~~e. Monitoring the emotional atmosphere;~~

 ~~f. Delivering the baby and placenta; and~~

 ~~g. Managing any problems in accordance with the guidelines cited elsewhere in these regulations and in accord with sound obstetric and neonatal practice.~~

 ~~2. Examination in Labor. The midwife will not perform any vaginal examinations on a woman with ruptured membranes and no labor, other than an initial sterile examination to be certain there is no prolapsed cord. Once active labor is assuredly in progress, exams may be made as necessary.~~

 ~~3. Sanitation. The midwife will conduct all applicable clinical procedures and maintain all equipment used in practice in an aseptic manner.~~

 ~~4. Operative Procedures. The midwife will not perform routinely any operative procedure other than artificial rupture of membranes at the introitus and/or clamping and cutting the umbilical cord.~~

 ~~5. Medications. Drugs or medications shall be administered only after consultation with and prescription by, a physician. The midwife shall not administer any drugs or medications except:~~

 ~~a. For control of postpartum hemorrhage;~~

 ~~b. When administering medication in accordance with regulations governing the prevention of infant blindness;~~

 ~~c. When administering RhoGam in accordance with accepted standards of professional practice.~~

~~H. Postpartum Care.~~

 ~~1. Immediate Care. The midwife must remain with the mother and infant for a minimum of two hours after the birth or until s/he is certain that both are in stabilized condition, whichever is longer. S/he shall leave clear instructions for self‑care until his/her next visit. Immediate postpartum duties include:~~

 ~~a. Monitoring the physical status of mother and infant, and offering any necessary routine comfort measures;~~

 ~~b. Facilitation of maternal‑infant bonding and family adjustment; and~~

 ~~c. Inspection of the placenta and membranes.~~

 ~~2. Subsequent Checkups. Within 24 to 36 hours after delivery, the midwife shall visit the mother and neonate; however, if the midwife is present for the first 20 to 24 hours after delivery, the visit at 24 to 36 hours is not considered mandatory.~~

 ~~3. RhoGam Requirements. Women needing RhoGam should be evaluated and treated by the midwife or a health care provider within 72 hours of delivery.~~

~~I. Care of the Newborn.~~

 ~~1. Immediate Care. Immediate care includes assuring that the airways are clear, Apgar scoring, maintenance of warmth, clamping and cutting of umbilical cord, eye care, establishment of feeding and physical assessment.~~

 ~~2. Eye Care. The midwife shall instill into each of the eyes of the newborn, within one hour of birth, a prophylactic agent such as silver nitrate or a suitable substitute.~~

 ~~3. Metabolic Screening. All requirements for metabolic screening shall be made clear to parents. The midwife shall notify the county health department in the county where the infant resides within three days of delivery in order for a specimen to be obtained.~~

 ~~4. Subsequent Care. In the days and weeks following birth, care includes monitoring jaundice, counseling for feeding, continued facilitation of the attachment and parenting process, cord care, etc.~~

 ~~5. Infant Care. In consultation with parents, the midwife shall encourage that the infant be seen by a health care provider within two weeks of birth.~~

 ~~6. Provision of Information. The midwife shall assure that the parents are fully informed as to available community resources for emergency medical care for infants, well‑baby care, or other needed services.~~

~~J. Referral to Physician.~~

 ~~1. Recognition of Problems. The midwife must be able at all times to recognize the warning signs of abnormal or potentially abnormal conditions necessitating referral to a physician. It shall be the midwife’s duty to consult with a physician whenever there are significant deviations from the normal. The midwife’s training and practice must reflect a particular emphasis on thorough risk assessment.~~

 ~~2. Continuity of Care. When referring a patient to a physician, the midwife shall remain in consultation with the physician until the resolution of the situation. It is appropriate for the midwife to maintain care of her patient to the greatest degree possible, in accordance with the patient’s wishes, remaining present through delivery if possible.~~

~~K. Maternal Conditions Requiring Physician Referral or Consultation. At any time in the maternity cycle, the midwife shall obtain medical consultation, or refer for medical care, any woman who:~~

 ~~1. Has a history of serious problems not discovered at the initial visit with a health care provider;~~

 ~~2. Develops a blood pressure of 141/89 or more, or a persistent increase of 30 systolic or 15 diastolic over her usual blood pressure;~~

 ~~3. Develops marked edema of face and hands;~~

 ~~4. Develops severe persistent headaches, epigastric pain, or visual disturbances;~~

 ~~5. Develops proteinuria or glycosuria;~~

 ~~6. Has convulsions of any kind;~~

 ~~7. Does not gain at least 14 pounds by 30 weeks gestation or at least four pounds per month in the last trimester, or gains more than six pounds in any two‑week period;~~

 ~~8. Has vaginal bleeding before the onset of labor;~~

 ~~9. Has symptoms of kidney or urinary tract infection;~~

 ~~10. Has symptoms of vaginitis;~~

 ~~11. Has symptoms of gonorrhea, syphilis or genital herpes;~~

 ~~12. Smokes more than 10 cigarettes per day and does not decrease usage;~~

 ~~13. Appears to abuse alcohol or drugs;~~

 ~~14. Does not improve nutrition within satisfactory limits;~~

 ~~15. Is anemic (Hematocrit under 32; Hemoglobin under 11.5);~~

 ~~16. Develops symptoms of diabetes;~~

 ~~17. Has excessive vomiting;~~

 ~~18. Has “morning sickness” (nausea) continuing past 24 weeks gestation;~~

 ~~19. Develops symptoms of pulmonary disease;~~

 ~~20. Has polyhydramnios or oligohydramnios;~~

 ~~21. Is Rh negative for periodic blood testing;~~

 ~~22. Has severe varicosities of the vulva or extremities;~~

 ~~23. Has inappropriate gestational size;~~

 ~~24. Has suspected multiple gestation;~~

 ~~25. Has suspected malpresentation;~~

 ~~26. Has marked decrease in or cessation of fetal movements;~~

 ~~27. Has rupture of membranes or other signs of labor before completion of 37 weeks gestation;~~

 ~~28. Is past 42 weeks gestation by estimated date of confinement and/or examination;~~

 ~~29. Has a fever of 100.4 for 24 hours;~~

 ~~30. Demonstrates serious psychiatric illness or severe psychological problems;~~

 ~~31. Demonstrates unresolved fearfulness regarding home birth or midwife care, or otherwise desires consultation or transfer;~~

 ~~32. Develops respiratory distress in labor;~~

 ~~33. Has ruptured membranes without onset of labor within 12 hours;~~

 ~~34. Has meconium‑stained amniotic fluid;~~

 ~~35. Has more than capillary bleeding in labor prior to delivery;~~

 ~~36. Has persistent or recurrent fetal heart tones significantly above or below the baseline, or late or irregular decelerations which do not disappear permanently with change in maternal position, or abnormally slow return to baseline after contractions;~~

 ~~37. Has excessive fetal movements during labor;~~

 ~~38. Develops ketonuria or other signs of exhaustion;~~

 ~~39. Develops pathological retraction ring;~~

 ~~40. Does not progress in dilation, effacement or station in any two‑hour period in active labor;~~

 ~~41. Does not show continued progress to delivery after two hours in second stage (primigravida); one hour for multigravida;~~

 ~~42. Has a partially separated placenta or atonic uterus;~~

 ~~43. Has bleeding of over three cups before or after delivery of placenta;~~

 ~~44. Has firm uterus with no bleeding but retained placenta more than one hour;~~

 ~~45. Has significant change in blood pressure, pulse over 100, or is pale, cyanotic, weak or dizzy;~~

 ~~46. Retains placental or membrane fragments;~~

 ~~47. Has laceration requiring repair;~~

 ~~48. Has a greater than normal lochial flow;~~

 ~~49. Does not void urine within six hours of birth;~~

 ~~50. Develops a fever greater than 100.4 on any two of the first ten days postpartum excluding the first day;~~

 ~~51. Develops a foul‑smelling or otherwise abnormal lochial flow;~~

 ~~52. Develops a breast infection;~~

 ~~53. Has signs of serious postpartum depression; and~~

 ~~54. Develops any other condition about which the midwife feels concern, at the midwife’s discretion.~~

~~L. Neonatal Conditions Requiring Physician Referral. The midwife shall obtain medical consultation from a physician for, or shall refer for medical care, any infant who:~~

 ~~1. Has an Apgar score of less than seven at five minutes;~~

 ~~2. Has any obvious anomaly or suspected disorder, abnormal facies, etc.;~~

 ~~3. Develops grunting respirations, chest retractions, or cyanosis;~~

 ~~4. Has cardiac irregularities;~~

 ~~5. Has a pale, cyanotic or gray color;~~

 ~~6. Develops jaundice in the first 36 hours;~~

 ~~7. Develops an unusual degree of jaundice at any time;~~

 ~~8. Has an abnormal cry;~~

 ~~9. Has skin lesions suggesting pathology;~~

 ~~10. Has eye discharge suggesting pathology;~~

 ~~11. Has excessive moulding of head, large cephalhematoma, excessive bruising, apparent fractures, dislocations, or other injuries;~~

 ~~12. Weighs less than five and one‑half pounds;~~

 ~~13. Weighs more than nine pounds, if maternal diabetes or infant birth trauma is suspected;~~

 ~~14. Shows signs of hypoglycemia, hypocalcemia, or other metabolic disorders;~~

 ~~15. Shows signs of postmaturity;~~

 ~~16. Has meconium staining;~~

 ~~17. Has edema;~~

 ~~18. Does not urinate or pass meconium in first 12 hours after birth;~~

 ~~19. Is lethargic, weak or flaccid or does not feed well;~~

 ~~20. Has rectal temperature below 97 degrees F. or above 100.6 degrees F.;~~

 ~~21. Has full, bulging or abnormally sunken fontanel; and~~

 ~~22. Appears abnormal in any other respect.~~

~~M. Emergency Measures. The midwife must be able to carry out emergency measures in the absence of medical help. S/he must be trained to deal effectively with those life‑threatening complications most likely to arise in the course of childbirth.~~

 ~~1. Examples of Emergency Situations. These are:~~

 ~~a. Respiratory or circulatory failure in mother or infant;~~

 ~~b. Postpartum hemorrhage;~~

 ~~c. Cord prolapse;~~

 ~~d. Tight nuchal cord;~~

 ~~e. Multiple births and malpresentations;~~

 ~~f. Shoulder dystocia;~~

 ~~g. Gross prematurity or intra‑uterine growth retardation; and~~

 ~~h. Serious congenital anomalies.~~

 ~~2. Examples of Emergency Measures. These are:~~

 ~~a. Episiotomy; and~~

 ~~b. Intramuscular administration of Pitocin for the control of postpartum hemorrhage.~~

~~N. Prohibitions in the Practice of Midwifery.~~

 ~~1. Medications. The midwife shall not administer any drugs or injections of any kind, except as indicated in Sections G.5 and M.2.b.~~

 ~~2. Surgical Procedures. The midwife shall not perform any operative procedures or surgical repairs other than artificial rupture of membranes at the introitus, and clamping and cutting of the umbilical cord or as noted above in an emergency.~~

 ~~3. Artificial Means. The midwife shall not use any artificial, forcible or mechanical means to assist the delivery.~~

 ~~4. Induced Abortion. The midwife shall not perform nor participate in induced abortions.~~

~~O. Record Keeping and Report Requirements.~~

 ~~1. Record Keeping. The midwife shall maintain records of each mother and neonate which shall contain information as described below. All notes shall be legibly written or typed, dated and signed.~~

 ~~a. The mother’s record shall include as a minimum:~~

 ~~(1) Face Sheet: Name, address (including county), telephone number, age, race, date of birth, occupation, marital status, religion, social security number, name of baby’s father, midwife in attendance, apprentice midwife (if present), address and telephone number of person(s) to be contacted in the event of emergency, and name and address of physician to be contacted in the event of emergency;~~

 ~~(2) History of hereditary conditions in mother’s and/or father’s family;~~

 ~~(3) First day of the last menstrual period and estimated day of confinement;~~

 ~~(4) Blood group and Rh type;~~

 ~~(5) Serological test for syphilis (including dates performed);~~

 ~~(6) Number, duration and outcome of previous pregnancies, with dates;~~

 ~~(7) Drugs taken during pregnancy, labor and delivery;~~

 ~~(8) Duration of ruptured membranes and labor, including length of second stage;~~

 ~~(9) Complications of labor, e.g., hemorrhage or evidence of fetal distress;~~

 ~~(10) Description of placenta at delivery, including number of umbilical vessels; and~~

 ~~(11) Estimated amount and description of amniotic fluid.~~

 ~~b. The neonate’s record shall include at a minimum:~~

 ~~(1) Name, sex, race, date of birth, place of birth, parents’ names, address and telephone number, midwife in attendance, and apprentice midwife (if present).~~

 ~~(2) Results of measurements of fetal maturity and well‑being;~~

 ~~(3) Apgar scores at one and five minutes of age;~~

 ~~(4) Description of resuscitations, if required;~~

 ~~(5) Detailed description of abnormalities and problems occurring from birth until transfer to a referral facility;~~

 ~~(6) Care of the umbilical cord;~~

 ~~(7) Eye care; and~~

 ~~(8) Counseling to the mother regarding feeding, community resources for emergency medical care, well‑baby care, or other needed services, and metabolic screening.~~

 ~~c. Records shall be maintained for no less than 25 years. All records are subject to review by the Department.~~

 ~~2. Registration of Birth. The midwife shall assure that the registration of the baby’s birth with the County Health Department is made within five days of birth.~~

 ~~3. Reporting Requirements.~~

 ~~a. Quarterly Reports. Each midwife shall file quarterly reports with the Department on forms provided by the Department. This report includes an Individual Data Sheet which shall be completed for each mother delivered by the midwife. This form includes such information as delivery date, parity, antepartum, labor, newborn, and postpartum statistics, as well as conditions which required consultation by a health care provider. A Summary Sheet is also submitted as a part of the quarterly report. This sheet contains a summary of the mothers cared for during the quarter, e.g., number of undelivered women registered for care with the midwife at the beginning and end of the quarter, women transferred out during antepartum, and women delivered during the quarter.~~

 ~~b. Special Reports. When any of the emergency measures listed in Section M. are utilized, a special report must be filed with the quarterly report to the Department, describing in detail the emergency situation, the measure(s) taken, and the outcome.~~

 ~~c. Consumer Reports. The midwife shall ask all mothers to complete a Consumer Feedback Form after the delivery experience and mail to the Department. These forms, which are provided to the midwives by the Department, request the mother to furnish information regarding certain statistics about the baby, e.g., name, sex, weight, date and place of delivery, and other information such as types of care the midwife provided and whether or not the mother was satisfied with that care.~~

 ~~d. Reporting Mortalities. The midwife shall report any maternal or infant death on a Report of Fetal Death Form (DHEC 665) to the Department, Attn: Vital Records and Public Health Statistics, within 48 hours. This report requires information concerning the death, to include sex, weight, date and place of delivery, pregnancy history, obstetric procedures, complications of labor and/or delivery, method of delivery, congenital anomalies of the fetus, and cause of death.~~

~~P. Department Responsibilities.~~

 ~~1. Midwifery Advisory Council.~~

 ~~a. The Commissioner of DHEC shall appoint a Midwifery Advisory Council which shall meet at least annually for the purpose of reviewing and advising the Department regarding matters pertaining to the training, practices, and regulation of midwives in South Carolina. The Council shall consist of three licensed midwives, one consumer of midwife care, two certified nurse‑midwives, one physician active in perinatal care, and one member‑at‑large. Each member shall be appointed for a three‑year term of office.~~

 ~~b. The Council shall establish a committee for peer review to consult with midwives in questions of ethics, competency and performance, and to serve as an appeal committee when disciplinary action has been taken. The committee may recommend denying, suspending, or revoking a license, or may recommend specific educational objectives, apprenticeship or other improvement measures as necessary.~~

 ~~2. Monitoring Outcomes.~~

 ~~a. As part of the monitoring process, the Department shall evaluate consumer feedback forms issued through midwives to all consumers of midwifery care. The Department shall also issue to, collect, and evaluate quarterly forms from midwives regarding their practices.~~

 ~~b. The Department shall ensure that high quality services are provided by midwives and apprentice midwives in this State through compliance with the standards in these regulations.~~

~~Q. General. Conditions arising which have not been addressed in these regulations shall be managed in accordance with the best practices as determined by the Department.~~

**102. Licensure. (II)**

 A. License. No person shall provide Midwifery Services or represent, advertise, or market that he or she is a Midwife without first obtaining and possessing a License from the Department. When it has been determined by the Department that Midwifery Services are being provided and the individual has not been issued a License from the Department, the individual shall cease provision of services immediately and ensure the health, safety, and well‑being of the Clients. Current and/or previous violation of the South Carolina Code or Department regulations may jeopardize the issuance of a License as a Midwife. (I)

 B. Compliance. An initial License shall not be issued to a Midwife until the Licensee has demonstrated to the Department that he or she is in substantial compliance with the licensing standards.

 C. Issuance and Terms of License.

 1. A License is issued pursuant to the provisions of South Carolina Code Section 44‑1‑140 and this regulation. The issuance of a License does not guarantee adequacy of individual care, treatment, personal safety, or the well‑being of any Client.

 2. A License is not assignable or transferable and is subject to Revocation by the Department for failure to comply with applicable state laws and regulations.

 3. A License for a Midwife shall be effective for a thirty‑six (36) month period following the date of issue.

 D. Application. Applicants for a License shall submit to the Department a completed application on a form prescribed, prepared, and furnished by the Department prior to initial licensing. Applicants for a License shall file an application with the Department that includes an oath assuring that the contents of the application are accurate and true and in compliance with this regulation.

 E. Required Documentation. The applicant shall include:

 1. Evidence of current Certified Professional Midwife certification by the North American Registry of Midwives or other Department‑approved organization(s);

 2. Evidence of completion of an educational program evaluated by the North American Registry of Midwives or other Department‑approved organization(s);

 3. Evidence of completed apprenticeship in accordance with Section 103 and a written recommendation by the supervising Preceptor;

 4. Evidence of a valid cardiopulmonary resuscitation certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program certificate, or other American Academy of Pediatric neonatal resuscitation certification; and

 5. Evidence of tuberculosis testing pursuant to Section 1702.

 F. Licensing Fees. Each applicant shall pay a License fee prior to the issuance of a License. All fees are non‑refundable, shall be made payable by check or money order to the Department or by credit card on a secured portal or website as determined by the Department, and shall be submitted with the application. The initial and renewal License fee for Midwife Licenses shall be two hundred twenty‑five dollars ($225.00) every thirty‑six (36) months.

 G. Licensing Late Fee. Failure to submit a renewal application and fee to the Department by the License expiration date shall result in a late fee of twenty‑five dollars ($25.00) in addition to the licensing fee. Failure to submit the licensing fee and licensing late fee to the Department within thirty (30) calendar days of the License expiration date shall render the Midwife unlicensed.

 H. License Renewal. The Midwife shall renew his or her License every thirty‑six (36) months prior to the expiration of the license by submitting a complete and accurate application on a form prescribed and furnished by the Department, shall pay the License fee, and shall not have pending enforcement actions by the Department. If the License renewal is delayed due to enforcement actions, the renewal License shall be issued only when the matter has been resolved by the Department or when the adjudicatory process is completed, whichever is applicable. The Midwife shall submit the following along with the renewal application:

 1. Evidence of current Certified Professional Midwife certification by the North American Registry of Midwives or other Department‑approved organization(s);

 2. Evidence of completion of forty‑five (45) Contact Hours of Continuing Education during the licensing period; and

 3. Evidence of a valid cardiopulmonary resuscitation certificate by the American Red Cross or American Heart Association and Neonatal Resuscitation Program certificate or other American Academy of Pediatric neonatal resuscitation certification.

 I. Amended License. The Midwife shall request issuance of an amended License by application to the Department upon a change in the Midwife’s name and/or address.

**103. Apprentice Midwife** **Permit. (II)**

 A. Permit Application. Applicants for an Apprentice Midwife Permit shall submit to the Department a completed application on a form prescribed, prepared, and furnished by the Department prior to issuance of a Permit. Applicants for an Apprentice Midwife Permit shall file an application with the Department that includes an oath assuring that the contents of the application are accurate and true and in compliance with this regulation. An initial Apprentice Midwife Permit shall not be issued until the Apprentice Midwife has demonstrated to the Department that he or she is in substantial compliance with the licensing standards.

 B. Required Documentation. The application for an initial or a renewal of an Apprentice Midwife Permit shall include:

 1. Written verification of Apprentice and Preceptor relationship from the person(s) supervising the applicant and their verified relationship(s) when the Permit is renewed;

 2. Documentation of enrollment in an approved course of education or evidence of a planned course of education, subject to the approval of the Department;

 3. Documentation of tuberculosis screening pursuant to Section 1702;

 4. Documentation to verify applicant is twenty‑one (21) years of age or older; and

 5. Verification of the applicant’s ability to read and write in English.

 C. Issuance and Terms of Permit.

 1. An Apprentice Midwife Permit shall be effective for twelve (12) months following the date of issuance.

 2. The Apprentice Midwife Permit is not assignable or transferable and is subject to Revocation by the Department for failure to comply with applicable state laws and regulations.

 D. Permit Renewal. Applications for renewal of the Apprentice Midwife Permit must be submitted at least ninety (90) calendar days prior to the expiration of the prior Permit. An Apprentice Midwife Permit holder may apply for renewal of their Apprentice Midwife Permit a maximum of three (3) times before obtaining certification by the North American Registry of Midwives or other Department‑approved organization(s). Under extenuating circumstances, one (1) additional renewal may be granted at the discretion of the Department on a case‑by‑case basis. (II)

 E. Permit Fees. The initial and renewal Apprentice Midwife Permit fee shall be fifty ($50.00) dollars. Permit fees shall be made payable by check or money order to the Department or by credit card on a secured portal or website as determined by the Department and are not refundable. (II)

**104. Variance.**

 The Midwife and Apprentice Midwife may request a variance to this regulation in a format as determined by the Department. Variances shall be considered on a case‑by‑case basis by the Department. The Department may revoke issued variances as determined to be appropriate by the Department.

**SECTION 200 – ENFORCEMENT OF REGULATIONS**

**201. General.**

The Department shall utilize Inspections, Investigations, Compliance Meetings, and other pertinent documentation regarding an Apprentice Midwife Permit holder applicant, Licensed Midwife applicant, Apprentice Midwife Permit holder, and Licensed Midwife in order to enforce this regulation.

**202. Inspections and Investigations.**

A.Records of Clients and Neonates delivered by Midwives are subject to Inspections and Investigations as deemed appropriate by the Department. (I)

 B. The Midwife shall provide the Department all requested records and documentation in the manner and within the timeframe specified by the Department. (I)

 C. When there is noncompliance with the licensing standards, the Midwife shall submit an acceptable plan of correction in a format determined by the Department. The plan of correction shall be signed by the Midwife and returned by the date specified by the Department. The plan of correction shall describe: (II)

 1. The actions taken to correct each cited deficiency;

 2. The actions taken to prevent recurrences (actual and similar); and

 3. The actual or expected completion dates of those actions.

**203. Compliance Meetings.**

 Compliance Meetings may be provided by the Department as requested by the Licensee or as deemed appropriate by the Department.

**SECTION 300 – ENFORCEMENT ACTIONS**

**301. General.**

 When the Department determines that a Midwife is in violation of any statutory provision or regulation, the Department, upon proper notice to the Midwife, may deny, suspend, or revoke a License and/or assess a monetary penalty.

**302. Violation Classifications.**

 Violation of standards in this regulation are classified as follows:

 A. Class I violations are those that present an imminent danger to the health, safety, or well‑being of the persons serviced by the Licensee or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use by the Licensee may constitute such a violation. The Midwife shall immediately abate or eliminate the condition or practice constituting a Class I violation unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

 B. Class II violations are those, other than Class I violations that have a negative impact on the health, safety, or well‑being of persons serviced by the Licensee. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

 C. Class III violations are those that are not classified as Class I or II in this regulation. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

 D. The notations “(I)” or “(II),” placed within sections of this regulation, indicate those standards are Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are Class III violations.

 E. When imposing a monetary penalty, the Department may invoke South Carolina Code Section 44‑1‑150 to determine the dollar amount or may utilize the following schedule:

| **FREQUENCY** | **CLASS I** | **CLASS II** | **CLASS III** |
| --- | --- | --- | --- |
| 1st | $200‑1,000 | $100‑500 | $0 |
| 2nd | 500‑2,000 | 200‑1,000 | 100‑500 |
| 3rd | 1,000‑5,000 | 500‑2,000 | 200‑2,000 |
| 4th | 5,000 | 1,000‑5,000 | 500‑2,000 |
| 5th | 5,000 | 5,000 | 1,000‑5,000 |
| 6th | 5,000 | 5,000 | 5,000 |

**SECTION 400 – SCOPE OF PRACTICE (I)**

 A. The Midwife shall only provide care within his or her scope of practice to Clients with Low Risk Pregnancy and Neonates as documented in the Prenatal Examination pursuant to Section 1100. Midwives to whom the South Carolina Board of Nursing has issued a license as a registered nurse or licensed practical nurse shall practice within the scope of his or her nursing license.

 B. Midwifery care and services include the following:

 1. Prenatal supervision and counseling;

 2. Preparation for childbirth; and

 3. Supervision and care during labor and delivery including care and services in the immediate postpartum, so long as progress meets criteria generally accepted as normal.

 C. The Midwife and Apprentice Midwife may perform any of the following after submitting signed and dated documentation to the Department of the Midwifery Bridge Certificate, Midwifery Education Accreditation Council, American College of Nurse‑Midwives, or other Department‑approved training course completion on the topic:

 1. Administering intravenous fluids;

 2. Suturing of first‑degree tears; and

 3. Administering intra‑muscular and subcutaneous injections.

 D. The Midwife shall not perform any of the following:

 1. Assistance in delivery using vacuum extraction, forceps, or other mechanical equipment;

 2. Provision of care for a Client with a previous cesarean section;

 3. Induction of abortions or participation in inducing abortions;

 4. Procedures other than artificial rupture of membranes at the introitus and/or clamping and cutting the umbilical cord;

 5. Episiotomy; and

 6. Circumcision.

**SECTION 500 – CONTINUING EDUCATION (II)**

 A. The Midwife shall complete forty‑five (45) Continuing Education Contact Hours per licensure period to improve the Midwife’s ability to provide services within the Midwife’s scope of practice. The Midwife shall ensure all Continuing Education training is documented with the signatures and the dates of the instructors and the Midwife. A signature for the instructor may be omitted for computer‑based training. All Continuing Education courses shall be accredited by one of the following:

 1. Any organizations approved by the South Carolina Board of Nursing for nursing professionals Continuing Education hours;

 2. American College of Obstetrics and Gynecologists;

 3. American College of Nurse Midwives;

 4. Midwifery Education Accreditation Council;

 5. North American Registry of Midwives Bridge Certification Program;

 6. International Confederation of Midwives;

 7. Accreditation Commission for Midwifery Education; or

 8. Another organization approved by the Department.

 B. The Midwife shall complete additional Continuing Education on specific topics as required by the Department.

**SECTION 600 – REPORTING**

**601. Incidents.**

 The Midwife shall report the following Incidents to the Department at the earliest practicable hour, not exceeding forty‑eight (48) hours of the Incident, via the Department’s electronic reporting system or as otherwise determined by the Department:

 A. Emergent events that require Transfer of Care during intrapartum, postpartum, and newborn periods;

 B. Death of the Neonate or Client while under the care of the Midwife; and

 C. Prescription Medication errors with adverse effects.

**602. Quarterly Report Forms.**

The Midwife shall submit complete Quarterly report forms to the Department in a manner and format as determined by the Department.

**603. Reporting Mortalities.**

 The Midwife shall report all maternal and infant deaths to the Department’s Office of Vital Statistics within forty‑eight (48) hours of the fatality.

**604. Registration of Birth.**

 The Midwife shall ensure that each birth is registered with the Department’s Regional Vital Records Office within five (5) days of the birth.

**SECTION 700 – CLIENT AND NEONATE RECORDS**

 A. The Midwife shall maintain an organized record for each Client and Neonate. The Midwife shall ensure all entries are permanently written, typed, or entered and stored in electronic media, authenticated by the author, and dated. If the Midwife permits any portion of a Client’s record to be generated by electronic or optical means, the Midwife shall maintain policies and procedures to prohibit the use or authentication by unauthorized users.

 B. The Midwife shall maintain current records: (II)

 1. Client’s records which shall include:

 a. Client’s Face Sheet: Name, address (including county), telephone number, age, date of birth, Midwife in attendance, Apprentice Midwife (if present), address and telephone number of person(s) to be contacted in the event of emergency, and name and address of the Client’s Physician;

 b. History of hereditary conditions;

 c. First day of the last menstrual period and due date;

 d. Blood group and Rhesus type;

 e. Serological test for syphilis;

 f. Gestational diabetes screening;

 g. Number, dates, duration, and outcome(s) of previous pregnancies;

 h. Medications prescribed and taken during pregnancy, labor, and delivery;

 i. Duration of ruptured membranes and labor, including length of second stage;

 j. Complications of labor, including hemorrhage or evidence of fetal distress;

 k. Description of placenta at delivery, including number of umbilical vessels;

 l. Estimated amount (small, moderate, or large) and description of amniotic fluid;

 m. Documentation of scheduled prenatal visits;

 n. Documentation of Physician or other Authorized Healthcare Provider examinations, visits, Referrals, and Medical Consultations;

 o. Documentation of Discharge or Transfer of Care to include the date, time, and reasoning for the Discharge or Transfer of Care;

 p. Client counseling regarding breastfeeding, community resources for emergency medical care, well‑baby care, or other needed services, metabolic screening, newborn hearing screening, congenital heart disease; and

 q. Any other documentation required to be in the Client’s record by this regulation.

 2. Neonate’s records which shall include:

 a. Name, gender, date of birth, place of birth, Client’s name, address, and telephone number, Midwife in attendance, and Apprentice Midwife (if present);

 b. Results of measurements of fetal maturity and well‑being;

 c. Apgar scores at one (1) and five (5) minutes of age;

 d. Description of resuscitation, if required;

 e. Care of the umbilical cord;

 f. Eye care; and

 g. Any other documentation required to be included in the Neonate’s record by this regulation.

 C. The Midwife shall maintain all records for no less than twenty‑five (25) years. The Midwife shall provide a complete copy of a current or former Client’s record to the Client or Neonate delivered by the Midwife or the Client’s or child’s legal representative within thirty (30) calendar days of written request.

**SECTION 800 – [RESERVED]**

**SECTION 900 – CLIENT CARE AND SERVICES (I)**

**901. Prenatal Care.**

 A. Scheduled Prenatal Visits. The Midwife shall conduct prenatal visits with the Client at least one (1) time every four (4) weeks until thirty‑two (32) weeks gestation, at least one (1) time every two (2) weeks from thirty‑two (32) to thirty‑six (36) weeks, and at least one (1) time per week after thirty‑six (36) weeks, and document each visit in the Client’s record.

 B. The Midwife shall document every visit in the Client’s record and include the following care:

 1. Assessment of general health and obstetric status;

 2. Nutritional counseling;

 3. Blood pressure monitoring;

 4. Urine dipstick for sugar and protein as needed or if symptomatic;

 5. Weight;

 6. Fundal height;

 7. Palpation of abdomen, Leopold’s maneuvers;

 8. Auscultation of fetal heart tones after twenty (20) weeks; and

 9. Education as to cause, treatment, and prognosis of any symptoms, problems, or concerns.

 C. Home Visit. The Midwife shall conduct at least one (1) of the prenatal visits to the Client’s home during the last six (6) weeks of pregnancy if the Client is preparing for a Home Birth. The Midwife may omit the visit to the Client’s home during the last six (6) weeks of pregnancy if the Client is preparing for a birth in a Birthing Center licensed by the Department. The Midwife shall maintain documentation in the Client’s record indicating the Client’s decision to have a Home Birth or to give birth in a licensed Birthing Center and make the documentation in the Client’s record available for review by the Department.

 D. Prenatal Testing.

 1. The Midwife shall ensure and document in the Client’s record that the following prenatal tests and screenings are completed by the Client between eight (8) weeks, zero (0) days and sixteen (16) weeks, zero (0) days gestation, or upon initiation of Midwifery Services:

 a. Antibody screen;

 b. ABO blood typing;

 c. Rhesus factor;

 d. Complete blood count with differential for hemoglobin and hematocrit and mean corpuscular volume;

 e. Hepatitis B surface antigen;

 f. Syphilis screening;

 g. Platelet count;

 h. Human immunodeficiency virus test, optional;

 i. Sexually transmitted infections;

 j. Gestational diabetes screening; and

 k. Rubella test.

 2. The Midwife shall ensure and document in the Client’s record that the Client completes the complete blood count with differential for hemoglobin and hematocrit and mean corpuscular volume prenatal test and screening between twenty‑four (24) weeks, zero (0) days and twenty‑eight (28) weeks, zero (0) days of gestation.

 3. The Midwife shall ensure and document in the Client’s record that the following prenatal tests and screening are completed by the Client between thirty‑five (35) weeks, zero (0) days and thirty‑seven (37) weeks, zero (0) days of gestation:

 a. Screening for Group B Streptococcus. The Midwife shall inform the Client of the effects of Group B Streptococcus; and

 b. Sexually transmitted infections for Clients with risk factors.

 E. The Midwife shall discuss the following with the Client and document the discussion in the Client’s record:

 1. Nutritional counseling;

 2. Education on cause, treatment, and prognosis of any symptoms, problems, or concerns;

 3. Childbirth classes and other community resources; and

 4. Available community resources for emergency medical care for infants, well‑baby care, or other needed services.

 F. The Midwife shall provide written instructions to the Client during antepartum for postpartum care, self‑care, and newborn care, and document the date provided to the Client in the Client’s record.

**902. Intrapartum Care.**

 The Midwife shall provide and document in the Client’s record the provision of the following care during the intrapartum period:

 A. Assessment, evaluation, and documentation of the status of labor and the Client and fetal conditions throughout the labor and birth process, including Client’s vital signs and fetal heart tones;

 B. Examination in Labor. The Midwife shall not perform any vaginal examinations on the Client with ruptured membranes and no labor, other than an initial sterile examination to be certain there is no prolapsed umbilical cord. The Midwife shall conduct exams as needed once active labor is in progress;

 C. Assisting with labor coaching;

 D. Delivering the baby; and

 E. Complete delivery of the placenta.

**903. Postpartum Care.**

 A. Immediate Postpartum Care. Immediately following the birth, the Midwife shall remain with the Client and Neonate for a minimum of two (2) hours after the birth or until the Midwife confirms Client and Neonate stability prior to leaving the place of birth. The Midwife shall provide and document in the Client’s record the provision of the following care during the immediate postpartum period:

 1. Monitoring the physical status of Client and Neonate, including monitoring and recording vital signs within the first two (2) hours and upon Discharge. Assessment, evaluation, and documentation of the physical status of Client and Neonate, and offering any necessary routine comfort measures;

 2. Facilitation of maternal‑infant bonding and family adjustment;

 3. Assistance with breastfeeding and facilitation of bonding based on Client’s preferences;

 4. Examination of the placenta, umbilical cord, and membranes;

 5. Evaluation of the perineum and repairing any first‑degree tear pursuant to Section 400.C;

 6. Monitoring bleeding and condition of the fundus and treatment for hemorrhage pursuant to Section 1200;

 7. Obtain a cord blood sample for Rhesus factor testing if Client is Rhesus negative; and

 8. Administer Rho(D) immune globulin pursuant to Section 1200.

 B. The Midwife shall visit the Client and Neonate twenty‑four (24) to thirty‑six (36) hours after delivery and document the visit in the Client’s record and the Neonate’s record.

**904. Newborn Care.**

 A. Immediate Newborn Care. The Midwife shall provide and document in the Neonate’s record the provision of the following care to the immediate newborn:

 1. Assurance that the airways are clear;

 2. Assessment of the Neonate’s condition at one (1) minute and five (5) minutes after birth according to Apgar scoring;

 3. Provision of warmth and stimulation if necessary;

 4. Obtain a cord blood sample for Rhesus factor testing if Client is Rhesus negative; and

 5. Administration of vitamin K to the Neonate with documented informed consent from the Client.

 B. Newborn Screening. The Midwife, as the person in attendance, shall collect a specimen from every child born pursuant to South Carolina Code Section 44‑37‑30 and Regulation 61‑80, Neonatal Screening for Inborn Metabolic Errors, and in accordance with the official Department instructions and for submission of the specimen to the Department’s Bureau of Laboratories on the day of collection. The Midwife shall notify the Department’s Bureau of Maternal and Child Health as specified in the official Department instructions if the specimen is not collected within three (3) calendar days of delivery by the Midwife. If the parents object to the screening based on religious convictions, the Midwife shall ensure the parents complete the procedure specified in the official Department instructions.

**SECTION 1000 – INFORMED CONSENT (II)**

 The Midwife shall ensure an informed consent is documented in writing, signed, and dated by the Midwife and the Client, and shall include the following:

 A. Explanation of the specific care and services provided by the Midwife, that the Midwife is not a licensed nurse, Physician, or other Authorized Healthcare Provider, and the risks, responsibilities, and alternatives for care;

 B. Explanation of the Midwife’s scope of care and conditions requiring Medical Consultation, Discharge, and Transfer of Care;

 C. Disclosure of fees for all care and services provided;

 D. Explanation of the benefits and risks of having an anatomic ultrasound; and

 E. Information for filing a complaint with the Department, including the address and telephone number of the Department and the electronic means and web address for filing a complaint.

**SECTION 1100 – PRENATAL EXAMINATIONS (I)**

**1101. Initial Prenatal Examination.**

 A. The Midwife shall require the Client to undergo an initial Prenatal Examination completed by a Physician or other Authorized Healthcare Provider no later than twenty (20) weeks of gestation. The Midwife may accept Clients after twenty (20) weeks of gestation provided the Client has undergone a Prenatal Examination that meets the requirements in Section 1101.B.

 B. The Midwife shall ensure the initial Prenatal Examination of the Client is documented in the Client’s record and includes written and signed documentation by the Physician or other Authorized Healthcare Provider verifying the following information:

 1. The Client’s name and date of birth;

 2. The address of the facility and date of the appointment;

 3. The estimated gestational age;

 4. Identification of special conditions and/or care required; and

 5. The Physician or other Authorized Healthcare Provider has determined to the best of his or her ability at the time of the examination that:

 a. The Client has no evidence of hypertension;

 b. The Client has no evidence of uncontrolled diabetes;

 c. The Client is HIV negative;

 d. The Client is negative for Hepatitis B and C;

 e. The Client has no evidence of anemia; and

 f. The Client has no evidence of multiple gestations.

**1102. Second Prenatal Examination.**

 A. The Midwife shall require the Client to undergo a second Prenatal Examination completed by a Physician or other Authorized Healthcare Provider after thirty‑four (34) weeks of gestation.

 B. The Midwife shall ensure the second Prenatal Examination of the Client is documented in the Client’s record and includes written and signed documentation by the Physician or other Authorized Healthcare Provider verifying the following information:

 1. The Client’s name and date of birth;

 2. The address of the facility and date of the appointment;

 3. The estimated gestational age;

 4. Identification of special conditions and/or care required; and

 5. The Physician or other Authorized Healthcare Provider has determined to the best of his or her ability at the time of the appointment that:

 a. The Client has no evidence of proteinuria and/or ketonuria;

 b. The Client has no evidence of gestational diabetes;

 c. The Client has no evidence of multiple gestations;

 d. The Client has no evidence of anemia;

 e. The Neonate is in the vertex position;

 f. There is no decrease in fetal movement;

 g. There is no evidence of abnormal fetal heart tones; and

 h. There is no evidence of abnormal fetal size for gestation.

 6. Orders for maternal and neonatal Medications needed for intrapartum, postpartum, and newborn periods.

**SECTION 1200 – PRESCRIPTION MEDICATION ADMINISTRATION (I)**

 A. The Midwife shall administer only the Prescription Medications in Section 1200.B and in accordance with the orders and directions of a Physician or other Authorized Healthcare Provider. The Midwife shall only administer Prescription Medications to the Client and/or Neonate for whom the prescription is ordered. The Midwife shall maintain documentation in the Client record of all Medications administered and shall include the time of administration, the quantity and/or dosage, and any adverse effects.

 B. The Midwife shall only administer Medications as prescribed by the Physician or other Authorized Healthcare Provider. The Midwife shall only administer the following Prescription Medications:

 1. Oxygen;

 2. Eye prophylactic, within one (1) hour of birth, unless written refusal is obtained from the Client. Documentation of the administration or Client’s refusal shall be made in the Client’s record;

 3. Vitamin K to the Neonate unless written refusal is obtained from the Client. Documentation of the administration or Client’s refusal shall be made in the Client’s record;

 4. Oxytocin;

 5. Topical and one percent (1%) injectable Lidocaine;

 6. Lactated Ringers or Normal Saline; and

 7. Rho(D) immune globulin to the Client within seventy‑two (72) hours of delivery.

**SECTION 1300 – MEDICAL CONSULTATION AND REFERRAL (I)**

 A. The Midwife shall obtain all Medical Consultations from a Physician or other Authorized Healthcare Provider, licensed in South Carolina or contiguous state, and maintain documentation of the Medical Consultation in the Client’s record, including the reason for the Medical Consultation, the date and time of the Medical Consultation, the name of the Physician or other Authorized Healthcare Provider, the recommendations of the Physician or other Authorized Healthcare Provider, and the Client’s decision, as authenticated by the Client’s signature. The Midwife shall file documentation of each Medical Consultation in the Client’s record within seventy‑two (72) hours of the consultation.

 B. The Midwife shall obtain a Medical Consultation for Clients or Neonates presenting any of the following conditions:

 1. Antepartum to include:

 a. Pregnancy‑induced hypertension, as evidenced by a blood pressure greater than or equal to one hundred forty over ninety millimeters of mercury (140/90 mm Hg) on two (2) occasions greater than six (6) hours apart;

 b. Persistent severe headaches, epigastric pain, or visual disturbances;

 c. Persistent symptoms of urinary tract infection;

 d. Significant vaginal bleeding;

 e. Abnormal decrease in or cessation of fetal movement with non‑reassuring fetal heart tones;

 f. Symptoms of anemia that are resistant to treatment;

 g. Fever with temperature of one hundred two degrees Fahrenheit (102°F) or greater for more than twenty‑four (24) hours;

 h. Non‑vertex presentation after thirty‑eight (38) weeks gestation;

 i. Symptoms of hyperemesis or significant dehydration;

 j. Isoimmunization, Rhesus factor negative sensitization, or any other positive antibody titer that may have detrimental effect on Client or Neonate;

 k. Elevated blood glucose levels;

 l. Positive human immunodeficiency virus antibody test;

 m. Suspected primary genital herpes infection;

 n. Symptoms of malnutrition, anorexia, protracted weight loss, or failure to gain weight without adequate nutrition;

 o. Suspected deep vein thrombosis;

 p. Signs of labor prior to thirty‑seven (37) weeks gestation;

 q. Multiple gestation;

 r. Abnormal fetal heart tones;

 s. Abnormal non‑stress test or abnormal biophysical profile;

 t. Confirmed polyhydramnios or oligohydramnios;

 u. Gestation beyond forty‑two (42) weeks and zero (0) days; an

 v. Abnormal fetal size for gestation.

 2. Intrapartum to include:

 a. Prolonged premature rupture of membranes greater than twenty‑four (24) hours;

 b. Non‑vertex presentation;

 c. Signs of fetal distress;

 d. Abnormal heart tones with non‑reassuring fetal heart tones;

 e. Meconium staining;

 f. Persistent blood pressure greater than one hundred forty over ninety millimeters of mercury (140/90 mm Hg);

 g. Significant proteinuria or ketonuria;

 h. No progress for greater than five (5) hours during active first stage of labor following six (6) centimeters dilation;

 i. More than two (2) hours without descent during second stage of labor;

 j. Abnormal bleeding; and

 k. Suspected prolapsed umbilical cord.

 3. Postpartum to include:

 a. Retained placenta or fragments greater than one (1) hour;

 b. Hemorrhage greater than seven hundred fifty milliliters (750 ml), and bleeding is uncontrolled;

 c. Signs of uterine infection, including foul‑smelling lochia and uterine tenderness; and

 d. Fever with a temperature greater than one hundred one point five degrees Fahrenheit (101.5°F).

 4. Neonatal to include:

 a. Apgar score of less than seven (7) at five (5) minutes without improvement;

 b. Obvious anomaly, suspected disorder, or abnormal facies;

 c. Grunting respirations, chest retractions, or cyanosis;

 d. Cardiac irregularities;

 e. Pale, cyanotic, or gray in color;

 f. Abnormal cry;

 g. Excessive head molding, large cephalohematoma, excessive bruising, apparent fractures, dislocations, or other injuries;

 h. Weight of less than five and one half (5.5) pounds or more than ten (10) pounds;

 i. Signs of hypoglycemia, hypocalcemia, or other metabolic disorder;

 j. Meconium staining;

 k. No urination or no passage of meconium in the first twenty‑four (24) hours following birth;

 l. Signs of edema;

 m. Signs of lethargy, weakness, flaccidity, or not feeding well;

 n. Rectal temperature below ninety‑seven degrees Fahrenheit (97°F) or above one hundred point six degrees Fahrenheit (100.6°F);

 o. Full, bulging, or abnormally sunken fontanel; and

 p. Signs of any other abnormality.

**SECTION 1400 – DISCHARGE**

 The Midwife shall immediately Discharge a Client during antepartum when care required for the Client is outside the Midwife’s scope of practice pursuant to Section 400, the Client refuses the initial or second Prenatal Examination, or the Client refuses a Referral as recommended by a Physician or other Authorized Healthcare Provider during a Medical Consultation.

**SECTION 1500 – TRANSFER OF CARE (I)**

 A. The Midwife shall immediately initiate a Transfer of Care during intrapartum and postpartum by dialing 911 when the care required is outside the Midwife’s scope of practice pursuant to Section 400, as recommended by a Physician or other Authorized Healthcare Provider during a Medical Consultation, or for any event during labor that compromises the health of the Client or Neonate and/or normally requires emergency intervention.

 B. Upon arrival of the emergency medical services personnel, Physician, or other Authorized Healthcare Provider, the Midwife shall transfer the care of the Client to the emergency medical services personnel, Physician, or other Authorized Healthcare Provider. The Midwife shall provide information as requested by the emergency medical services personnel, Physician, or other Authorized Healthcare Provider.

**SECTION 1600 – MAINTENANCE OF EQUIPMENT**

 The Midwife shall maintain all equipment used in the provision of care clean, disinfected, and in good repair and operating condition. All equipment used by the Midwife in the provision of care is subject to Inspection as deemed appropriate by the Department.

**SECTION 1700 – INFECTION CONTROL**

**1701. Infection Control Practices.**

 The Midwife shall maintain policies and procedures to address preventing the spread of infectious, contagious, and communicable diseases.

**1702. Tuberculosis Screening. (I)**

A. Tuberculosis Testing. Midwives and Apprentice Midwives shall utilize either the Tuberculin Skin Test or the Blood Assay for Mycobacterium Tuberculosis for detecting Mycobacterium tuberculosis infection. Authorized Healthcare Providers may perform the Tuberculin Skin Test and symptom screening.

B. Baseline Status.

1. The baseline status of Midwives and Apprentice Midwives shall be determined according to the Centers for Disease Control and Prevention and the Department’s most current tuberculosis guidelines.

2. Tuberculosis Screening. Midwives and Apprentice Midwives within three (3) months prior to submission of the initial application to the Department shall have a baseline two‑step Tuberculin Skin Test or a single Blood Assay for Mycobacterium Tuberculosis. If the Midwife or Apprentice Midwife applicant has had documented negative Tuberculin Skin Test or a Blood Assay for Mycobacterium Tuberculosis result within the previous twelve (12) months, a single Tuberculin Skin Test or the single Blood Assay for Mycobacterium Tuberculosis may be administered and read to serve as the baseline prior to submission of the initial application by the Midwife or Midwife Apprentice.

 3. If the result is positive and/or if the Midwife or Apprentice Midwife is symptomatic for tuberculosis, the Midwife or Apprentice Midwife shall have a chest X‑ray and a written assessment by a Physician or other Authorized Healthcare Provider that there is no active tuberculosis. Midwives and Apprentice Midwives who are symptomatic shall not have contact with Clients while awaiting chest X‑ray results. The Midwife or Apprentice Midwife shall ensure that their chest X‑ray results indicating tuberculosis disease are reported to the Department’s local health department.

 4. Midwives and Apprentice Midwives with negative chest X‑ray results may have Client contact while reporting to the Department’s local health department for latent tuberculosis infection treatment. Midwives and Apprentice Midwives who does not complete treatment for latent tuberculosis infection shall be monitored with a documented annual symptom evaluation in addition to completing the annual training pursuant to Section 1702.D.

C. Post Exposure. After known exposure to a person with potentially infectious tuberculosis disease without use of adequate personal protective equipment, the tuberculosis status of all Midwives and Apprentice Midwives shall be determined in a manner prescribed in the Centers for Disease Control and Prevention and the Department’s most current tuberculosis guidelines.

D. Annual Tuberculosis Training. Midwives and Apprentice Midwives shall receive annual training regarding tuberculosis to include risk factors and signs and symptoms of tuberculosis disease. The Midwife and Apprentice Midwife shall maintain documentation of the annual tuberculosis training.

E. Serial Screening. Midwives and Apprentice Midwives shall follow the Centers for Disease Control and Prevention and the Department’s most current tuberculosis guidelines related to serial screening.

**SECTION 1800 – MIDWIFERY ADVISORY COUNCIL**

 The Department shall appoint a Midwifery Advisory Council to advise the Department regarding licensing and Inspection of Midwives. The Council shall meet at least annually. The Council shall consist of three (3) licensed Midwives, one (1) consumer of Midwife care, two (2) Certified Nurse‑Midwives, one (1) Physician active in perinatal care, and one (1) member‑at‑large. Each member shall be appointed for a three (3) year term of office.

**SECTION 1900 – [RESERVED]**

**SECTION 2000 – [RESERVED]**

**SECTION 2100 – [RESERVED]**

**SECTION 2200 – [RESERVED]**

**SECTION 2300 – [RESERVED]**

**SECTION 2400 – [RESERVED]**

**SECTION 2500 – [RESERVED]**

**SECTION 2600 – [RESERVED]**

**SECTION 2700 – SEVERABILITY**

 In the event that any portion of this regulation is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

**SECTION 2800 – GENERAL**

 Conditions that have not been addressed in this regulation shall be managed in accordance with the best practices as interpreted by the Department.

**Fiscal Impact Statement:**

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

**Statement of Need and Reasonableness:**

The following presents an analysis of the factors listed in 1976 Code Sections 1‑23‑115(C)(1)‑(3) and (9)‑(11):

DESCRIPTION OF REGULATION: 61‑24, Licensed Midwives.

Purpose: The Department amends R.61‑24 to update provisions in accordance with current practices and standards. The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Legal Authority: 1976 Code Sections 44‑1‑140 et seq.

Plan for Implementation: The DHEC Regulation Development Update (accessible at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/) provides a summary of and link to the amendment. Additionally, printed copies are available for a fee from the Department’s Freedom of Information Office. Upon taking legal effect, Department personnel will take appropriate steps to inform the regulated community of the amended regulation and any associated information.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions in accordance with current practices and standards. The amendments include updated language for midwives applying for licensure and incorporate requirements for scope of care, continuing education training, as well as client care and services and prescription medication administration requirements. The amendments revise and incorporate requirements regarding Department inspections and investigations, maintenance of accurate client records, and other requirements for licensure.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any inherent requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61‑24 seek to support the Department’s goals relating to the protection of public health through implementing updated requirements for the licensure of midwives. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the revision is not implemented, the regulation will be maintained in its current form without realizing the benefits of the amendments herein.

**Statement of Rationale:**

Here below is the Statement of Rationale pursuant to S.C. Code Section 1‑23‑110(h):

The Department of Health and Environmental Control amends R.61‑24 to update provisions in accordance with current practices and standards. The amendments include updated language for midwives applying for licensure and incorporate provisions delineating new requirements in scope of practice, continuing education training, as well as new prescription medication administration and infection control requirements. The amendments revise and incorporate requirements for client and neonate care and services, Department inspections and investigations, maintenance of accurate and current client records, and other requirements for licensure.