

DEPARTMENT OF REGULATORY AGENCIES
Midwives Registration
COLORADO MIDWIVES REGISTRATION
4 CCR 739-1

BASIS

These rules are promulgated and adopted by the Director of Registrations pursuant to Section 12-37-106(1)(a), C.R.S.

PURPOSE

These rules are adopted to implement the Director of Registration's authority to license persons as direct-entry midwives and to set forth the requirements for being so licensed.

Rule 1 Repealed

[Repealed eff. 7/1/2007]

RULE 2 - STANDARDS FOR EDUCATION

The purpose of this rule is to establish the minimum education requirements for applicants to become registered as a direct-entry midwife as required by ~~§Section~~ 12-37-103(6) and 106 (c), C.R.S.

- A. To become registered in Colorado, an applicant will have to have graduated from an accredited midwifery educational program approved by the Midwifery Education and Accreditation Council ("MEAC").
- B. An applicant may also become registered if such applicant has obtained a "substantially equivalent" education approved by the Director of Registrations. A "Substantially equivalent" education ~~can may~~ be achievobtained by one of the following methods:
 1. An applicant who is currently credentialed as a Certified Professional Midwife ("CPM"), in good standing, as established and administered by the North American Registry of Midwives ("NARM") ~~will automatically~~shall be deemed eligible for registration.
 2. Completion of and certification under NARM's entry-level Portfolio Evaluation Process ("PEP"). If the PEP determines that the applicant has obtained a substantially equivalent education as that required in Colorado, then such applicant ~~wi~~shall be eligible for registration. All expenses associated with PEP ~~shall beare~~ the applicant's responsibility.
 3. Applicants can utilize one of the above methods in addition to having a credential review performed by the International Credentialing Associates ("ICA") or International Consultants of Delaware ("ICD"). The Director will not accept a credentials evaluation from an organization not listed in this rule and all expenses associated with the review are borne by the applicant.
- C. Applicant's Failure to satisfy their educational qualifications as established by this Rule 2 shall one of the three methods listed in this rule will result in the Director denying the application.

RULE 3 - EDUCATIONAL STANDARDS FOR THE ADMINISTRATION OF OXYGEN

The purpose of this rule is to establish minimum training requirements for direct-entry midwives with respect to the safe administration of oxygen to patients pursuant to ~~§Section~~ 12-37-105(13), C.R.S.

- A. Prior to administering oxygen, the direct-entry midwife shall submit to the Director proof of having completed education in the administration of oxygen to women in labor and infants. Such education shall include content and practice with the use of equipment to administer oxygen by nasal canula, mask and bag, and mask. The topics and areas to be included, at a minimum, are:
1. basic anatomy of the respiratory and circulatory system in adults and fetal/newborn differences;
 2. indications for the use of oxygen (maternal and infant);
 3. selection of method for oxygen administration for mother and infant;
 4. determination of airway status;
 5. clearing the infant airway by use of bulb and DeLee suctioning;
 6. flow rate selection for mother or infant;
 7. assessment of effectiveness of the oxygen administration to mother and infant;
 8. indications for discontinuing the use of oxygen; and
 9. setting up and maintaining the oxygen equipment, including changing tanks and regulators and cleaning and disinfecting bags and masks between patients.
- B. In order to receive the Director's approval of the sufficiency of such training, the direct-entry midwife must submit proof that the instructor was qualified to present the class, including proof of appropriate education and a minimum of one year's experience with infants and mothers.

RULE 4 - PRACTICE RESTRICTIONS

The purpose of this rule is to define the practice restrictions applicable to a direct-entry midwife.

- A. The direct-entry midwife shall not provide care to any client whose medical history exhibits the following signs or symptoms:
1. diabetes mellitus or gestational diabetes ([see Section 12-37-105, C.R.S.](#));
 2. hypertensive disease (blood pressure greater than 140/90 at rest) ([see Section 12-37-105\(3\), C.R.S.](#));
 3. pulmonary disease or cardiac disease which interferes with activities of daily living;
 4. a history of thrombophlebitis or pulmonary embolism;
 5. blood dyscrasia, for example sickle cell anemia;
 6. seizures controlled by medication if the client has seized within the last year;
 7. Hepatitis B, HIV positive, or AIDS;
 8. current use of psychotropic medications if client is not under the care and monitoring of a physician during the pregnancy;
 9. current substance abuse of drugs or alcohol;
 10. Rh sensitization (positive antibody titre), an incompetent cervix, or previous uncontrollable postpartum hemorrhage;
 11. Vaginal Birth ~~After~~[after](#) Cesarean Section (VBAC) unless compliant with Rule 12, or
 12. infants who were premature, stillborn, or neonatal deaths associated with maternal health or genetic anomaly, unless there is a normal amniocentesis ruling out said anomaly, without an intervening normal pregnancy.
- B. The direct-entry midwife shall not:
1. perform any operative or surgical procedures ([see Section 12-37-105\(2\), C.R.S.](#));

2. utilize any instruments or mechanical means of delivery, other than hemostats to clamp the cord;
3. perform versions; or
4. administer any medications except for eye prophylaxis of the newborn (see Section 12-37-105(1), C.R.S.).

RULE 5 - MINIMUM PRACTICE REQUIREMENTS REGARDING ANTEPARTUM CARE

The purpose of this rule is to define and clarify generally accepted standards of safe care for women and infants regarding antepartum care pursuant to Sections 12-37-105 and 25-4-201, C.R.S.

- A. The registered direct-entry midwife shall schedule patient visits at least once a month beginning in the first trimester through 28 weeks; every 2 weeks from 28 weeks through 35 weeks; and weekly from 36 weeks to delivery.
- B. At the time of the initial visit for care, the registered direct-entry midwife shall, at a minimum:
 1. obtain a medical, obstetrical, family and nutritional history;
 2. determine the EDC and perform a baseline physical examination;
 3. arrange to or obtain laboratory testing to include: blood group and Rh type, if unknown; Coombs test for all Rh negative mothers; CBC with differential; rubella titre; serology for syphilis; hepatitis B screen, urine for protein and glucose, culture if indicated; Gonococcal Culture screen and Chlamydia culture if needed based on social history; offer HIV testing. Additionally, the blood specimen obtained shall be submitted to an approved laboratory for a standard serological test for syphilis and HIV. If the patient refuses consent for the syphilis and HIV testing the midwife shall document such refusal in the patient record. ;
 4. discuss home birth, options to home birth, risk assessment, and referral procedures;
 5. provide the client with the "Mandatory Disclosure" form and obtain informed consent on forms in a manner approved or provided by the Director; and
 6. complete the emergency plan.
- C. Care consistent with generally accepted standards of safe care for women and infants during each prenatal visit shall include, at a minimum, but not be limited to:
 1. vital signs and weight;
 2. urine dipstick for protein and glucose;
 3. assessing for:
 - (a) edema, headaches, visual disturbances, dizziness or sharp pains in legs, abdomen, chest or head and reflexes if indicated,
 - (b) mother's psychological and emotional status,
 - (c) nutritional status,
 - (d) fundal height, and
 - (e) fetus for gestational age, presentation and position; estimated fetal weight; fetal activity, listen for fetal heart tones and record when first audible;
 4. chart all findings, interventions, and outcomes including the quickening date;
 5. provide teaching, guidance, and referral as appropriate; and
 6. discuss the emergency plan and revise if needed.

- D. Laboratory studies that are repeated during pregnancy include Indirect Coombs test at 28 and 36 weeks, if indicated; Hemoglobin and Hematocrit at 28 and 36 weeks; and a one-hour Glucose Tolerance Test with a minimum of a 50 Gram glucose loading dose shall be offered to the patient at 26-28 weeks.
- E. At least one home visit shall be made during the third trimester to assure that environmental conditions are appropriate, supplies are procured, and birth participants are prepared for the home birth.
- F. The registered direct-entry midwife shall refer mothers for evaluation by a qualified licensed health care provider and shall not continue as the care provider when a multiple gestation or a presentation other than vertex at the onset of labor are noted.
- G. The registered direct-entry midwife shall refer mothers for evaluation by a qualified licensed health care provider and shall not continue as the primary care provider without the mother's consultation with a health care provider when the following conditions are noted until the mother has been assessed by the licensed health care provider and that provider has determined, based upon generally accepted medical standards, the pregnant woman is not exhibiting signs or symptoms of increased risk of medical or obstetrical or neonatal complications or problems during the completion of her pregnancy, labor, delivery or the post partum period, and is not exhibiting signs and symptoms of increased risk that her child may develop complications or problems during the first 6 weeks of life:
 - 1. urine glucose of 2+ or greater on two sequential visits or if other signs or symptoms of gestational diabetes occur with the urine glucose;
 - 2. hyperemesis beyond the 24th week of gestation;
 - 3. hypertension - blood pressure greater than 140/90 or an increase from the baseline of greater than 30 mm Hg in the systolic or 15 mm Hg in the diastolic pressure;
 - 4. signs and symptoms of preeclampsia including but not limited to persistent edema, increased blood pressure or proteinuria, increased reflexes, persistent headaches, epigastric pain or, visual disturbances;
 - 5. seizures;
 - 6. vaginal bleeding after 20 weeks;
 - 7. signs and symptoms of urinary infections or sexually transmitted disease;
 - 8. oral temperature in excess of 101° F for more than 24 hours accompanied by other signs or symptoms of clinically significant infection, or, which does not resolve within 72 hours;
 - 9. laboratory results indicating need for medical treatment, for example, a positive culture;
 - 10. anemia not responding to over the counter iron therapy as measured by Hemoglobin below 11 grams or Hematocrit below 34% at term;
 - 11. signs and symptoms of polyhydramnios or oligohydramnios;
 - 12. suspected fetal demise - lack of fetal movement, inability to auscultate fetal heart tones;
 - 13. decreased fetal movements;
 - 14. gestation longer than 42 weeks;
 - 15. rupture of membranes for longer than 12 hours without labor;
 - 16. premature labor - less than 37 weeks gestation;
 - 17. active herpes;
 - 18. intrauterine growth retardation; or

19. suspected abnormality of pelvis;
- H. The registered direct-entry midwife shall perform pervimetry by 36 weeks gestation.

RULE 6 - MINIMUM PRACTICE REQUIREMENTS REGARDING INTRAPARTUM CARE

The purpose of this rule is to define and clarify generally accepted standards of safe care for women and infants regarding intrapartum care.

- A. The direct-entry midwife is responsible for making arrangements to be with the patient by the time active labor has been established as determined by contractions occurring every 5 minutes and lasting for 60 seconds or cervical dilation of 5 cm or more once labor has been so established, the registered direct-entry midwife shall remain with the mother.
- B. When membranes rupture, the registered direct-entry midwife shall perform a sterile vaginal exam for prolapsed cord if the presenting part is not engaged and record fetal heart tones. In the case of premature rupture of the membranes, no further vaginal checks shall be made.
- C. Aseptic technique and universal precautions will be used while rendering care.
- D. The registered direct-entry midwife is responsible for monitoring the status of the mother and baby during labor and delivery including:
1. maternal vital signs and physical well being such as:
 - (a) maternal temperature, pulse and respirations shall be measured at least every 4 hours,
 - (b) maternal blood pressure shall be measured at least every four hours in early labor and hourly during the active phase of labor, and
 - (c) check for bladder distention, signs of maternal fatigue, and hydration status;
 2. fetal vital signs and well being such as:
 - (a) fetal heart tones in response to contractions as well as when the uterus is at rest. These shall be assessed, at a minimum, every hour during early labor, every half hour during active labor and every 5-10 minutes during the second stage of labor, and
 - (b) normality of fetal lie, presentation, attitude and position;
 3. progress of labor including cervical effacement and dilation, station, presenting part and position;
 4. coaching the birthing family;
 5. obtaining a cord blood specimen, if feasible, which shall accompany the infant in case of transport;
 6. checking the placenta and blood vessels and estimating blood loss;
 7. checking the perineum and vaginal vault for tears; and
 8. checking the cervix for tears and, if present, making appropriate referral.
- E. The registered direct-entry midwife shall arrange for immediate consultation and transport according to the emergency plan if the following conditions exist:
1. bleeding other than capillary bleeding (“show”) prior to delivery;
 2. signs of placental abruption including continuous lower abdominal pain and tenderness;
 3. prolapse of the cord;

4. any meconium staining without reassuring fetal heart tones, moderate or greater meconium staining regardless of status of fetal heart tones;
5. significant change in maternal vital signs such as;
 - (a) temperature greater than 101°F,
 - (b) pulse over 100 with decrease in blood pressure, or
 - (c) increase in blood pressure greater than 140/90 or an increase of 30 mm Hg systolic or 15 mm Hg diastolic;
6. failure to progress in labor such as:
 - (a) lack of steady progress in dilation and descent after 24 hours in the primipara or 18 hours in the multipara,
 - (b) second stage of labor without steady progress of descent through the mid-pelvis and/or pelvic outlet longer than two hours in the primipara or one hour in the multipara, or
 - (c) third stage of labor longer than one hour;
7. fetal heart rate below 120 or above 160 between contractions;
8. protein or glucose in the urine;
9. seizures;
10. atonic uterus;
11. retained placental fragments;
12. vaginal or cervical lacerations requiring repair; or
13. client requests transport.

RULE 7 - MINIMUM PRACTICE REQUIREMENTS REGARDING POSTPARTUM CARE

The purpose of this rule is to define and clarify generally accepted standards of safe care for women and infants regarding postpartum care.

- A. The direct-entry midwife shall remain with the mother and infant for a minimum of two (2) hours after the birth or until the mother and infant are stable, whichever is longer.
- B. The direct-entry midwife shall make a follow up visit within seventy two (72) hours to assess the progress of the mother and infant. Such visit shall include an assessment of, at a minimum, fundus, lochia, perineum, breasts, nutrition, hydration, elimination, emotional adjustment and bonding.
- C. The direct-entry midwife shall instruct the mother and family in self care until the follow up visit is done.
- D. The direct-entry midwife shall refer all Rh negative mothers for Rhogam within seventy two (72) hours of the birth.
- E. The direct-entry midwife shall arrange for consultation and/or transport when:
 1. There is maternal blood loss of more than 500 cc;
 2. The mother has a fever of greater than 101°F on any of the ~~second~~ 2nd through 10th days postpartum;
 3. The mother cannot void within 6 hours after birth;
 4. The lochia is excessive, foul smelling, or otherwise abnormal; or
 5. There are signs of clinically significant depression (not the “baby blues”).

RULE 8 - MINIMUM PRACTICE REQUIREMENTS REGARDING NEWBORN CARE

The purpose of this rule is to define and clarify generally accepted standards of safe care for women and infants regarding newborn care.

- A. The direct-entry midwife will perform the following care for the newborn:

1. Apgar scores at one minute and five minutes after birth and at 10 minutes if the 5 minute score is below 7;
 2. a physical assessment including assessing presence of femoral pulses;
 3. eye prophylaxis within 1 hour after birth as provided by [Section 25-4-303, C.R.S.](#);
 4. weigh the infant, measure height and head circumference, and check for normal reflexes;
 5. perform a gestational age assessment; and
 6. arrange to or obtain laboratory testing on the infant of an Rh negative mother to include blood type and Coombs test.
- B. The direct-entry midwife shall arrange for or obtain the required newborn screenings required by [§Section-25-4-1004, C.R.S.](#)
- C. The direct-entry midwife shall recommend that the mother arrange for the administration of Vitamin K by a licensed health care provider birth within [seventy two \(72\)](#) hours.
- D. The direct-entry midwife shall arrange for immediate transport for the infant who exhibits the following signs:
1. Apgar of 7 or less at ten minutes;
 2. respiratory distress exhibited by respirations greater than 60 per minute, grunting, retractions, nasal flaring at one hour of age that is not showing consistent improvement;
 3. inability to maintain body temperature;
 4. medically significant anomaly;
 5. seizures;
 6. fontanel full and bulging;
 7. suspected birth injuries;
 8. cardiac irregularities;
 9. pale, cyanotic, gray newborn; or
 10. lethargy or poor muscle tone.
- E. The direct-entry midwife will arrange for consultation and transport for an infant who exhibits the following:
1. signs of hypoglycemia including jitteriness;
 2. abnormal cry;
 3. passes no urine in 12 hours or meconium in 24 hours;
 4. projectile vomiting;
 5. inability to suck;
 6. pulse greater than 180 or less than 80 at rest;
 7. jaundice within 24 hours of birth; or
 8. positive Coombs test.
- F. Follow-up visits shall include assessment of the infant to include umbilical cord, temperature, pulse, respirations, weight, skin color and hydration status, feeding and elimination, sleep/wake patterns, and bonding.

RULE 9 - MINIMUM PRACTICE REQUIREMENTS REGARDING RECORD KEEPING

The purpose of this rule is to ~~define and~~ clarify [the minimally appropriate records of direct-entry midwifery related activity that are required pursuant to Sections 12-37-105\(5\)\(a\) and 25-4-201, C.R.S.](#)

~~generally accepted standards of safe care for women and infants regarding record keeping.~~

A. The direct-entry midwife shall keep appropriate records on all patients. All records shall, at a minimum:

1. be accurate, current, and comprehensive, giving information concerning the condition and care of the client and associated observations;
2. provide a record of any problems that arise and the actions taken in response to them;
3. provide evidence of care required, interventions by professional practitioners and patient responses;
4. include a record of any factors (physical, psychological or social) that appear to affect the patient;
5. record the chronology of events and the reasons behind decisions made;
6. provide baseline data against which improvement or deterioration may be judged;
7. have a signature and date for each entry; and
8. all records shall be made available to the receiving health care provider in the event of transfer of care or the transport of mother or newborn.

B. The patient records shall include, at a minimum:

1. the risk assessment as required in Section 12-37-105(11), C.R.S.;
2. mandatory disclosure form;
3. informed consent form and emergency plan;
4. assessments, interventions and recommendations for each prenatal visit;
5. progress of labor and maternal assessments during labor;
6. fetal assessments during labor;
7. Apgar scores and newborn examination;
8. administration of eye prophylaxis;
9. refusal of care by the mother;
10. filing the birth certificate as required by §Section 25-2-112, C.R.S.;
11. follow-up postpartum visits;
12. statement of verification that one copy of the record was provided to the mother or the health care provider of her choice; and
13. baseline blood pressure determined prior to the end of the second trimester or upon the initial visit if such visit occurs subsequent to the second trimester.
14. document laboratory referral for syphilis and HIV testing of patients' blood specimen or document the patient's refusal for such test.

RULE 10 -EMERGENCY PLAN

The purpose of this rule is to establish the following emergency plan parameters pursuant to §Section 12-37-105(6), C.R.S.:

A. The time required for transportation to the nearest facility capable of providing appropriate treatment shall not exceed 30 minutes unless the emergency plan prepared by the direct-entry midwife and the client, ~~on the form prescribed in a manner approved~~ by the Director, includes an estimate of time for transportation for appropriate treatment for the conditions listed above in Rules 5G, 6E, 7E, 8D, and 8E, and such plan is consented to by both the patient and the direct-entry midwife. A copy of such plan shall be given to the client.

RULE 11 - DECLARATORY ORDERS

The purpose of this rule is to establish procedures for the handling of requests for declaratory orders filed pursuant to the Colorado Administrative Procedures Act at [§Section 24-4-105\(11\)](#), C.R.S.

- A. Any person registered pursuant to Article 37, Title 12, C.R.S., may petition the Director of Registrations (“Director”) for a declaratory order to terminate controversies or remove uncertainties as to the applicability of any statutory provision or of any rule or order of the Director.
- B. The Director will determine, in his/her discretion and without notice to petitioner, whether to rule upon such petition. If the Director determines that s/he will not rule upon such a petition, the Director shall promptly notify the petitioner of his/her action and state the reasons for such decision.
- C. In determining whether to rule upon a petition filed pursuant to this rule, the Director will consider the following matters, among others:
 - 1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to petitioner of any statutory provisions or rule or order of the Director.
 - 2. Whether the petition involves any subject, question or issue that is the subject of a formal or informal matter or investigation currently pending before the Director or a court involving one or more petitioners.
 - 3. Whether the petition involves any subject, question or issue which is the subject of a formal or informal matter or investigation currently pending before the Director or a court but not involving any petitioner.
 - 4. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.
 - 5. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to CRCP 57, that will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule, or order in question.
- D. Any petition filed pursuant to this rule shall set forth the following:
 - 1. The name and address of the petitioner and whether the petitioner is registered pursuant to Article 37, Title 12, C.R.S.
 - 2. The statute, rule, or order to which the petition relates.
 - 3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule, or order in question applies or potentially applies to the petitioner.
- E. If the Director determines that s/he will rule on the petition, the following procedures shall apply:
 - 1. The Director may rule upon the petition based solely upon the facts presented in the petition. In such a case:
 - a. Any ruling of the Director will apply only to the extent of the facts presented in the petition and any amendment to the petition.
 - b. The Director may order the petitioner to file a written brief, memorandum, or statement of position.
 - c. The Director may set the petition, upon due notice to petitioner, for a non-evidentiary hearing.

- d. The Director may dispose of the petition on the sole basis of the matters set forth in the petition.
 - e. The Director may request the petitioner to submit additional facts in writing. In such event, such additional facts will be considered as an amendment to the petition.
 - f. The Director may take administrative notice of facts pursuant to the Colorado Administrative Procedures Act at [§Section-24-4-105\(8\)](#), C.R.S., and may utilize his/her experience, technical competence, and specialized knowledge in the disposition of the petition.
- 2. If the Director rules upon the petition without a hearing, s/he shall promptly notify the petitioner of his/her decision.
 - 3. The Director may, at his/her discretion, set the petition for hearing, upon due notice to petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition. The hearing notice to the petitioner shall set forth, to the extent known, the factual or other matters that the Director intends to inquire. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Director to consider.
- F. The parties to any proceeding pursuant to this rule shall be the Director and the petitioner. Any other person may seek leave of the Director to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Director. A petition to intervene shall set forth the same matters as are required by Paragraph D of this rule. Any reference to a “petitioner” in this rule also refers to any person who has been granted leave to intervene by the Director.
- G. Any declaratory order or other order disposing of a petition pursuant to this rule shall constitute agency action subject to judicial review pursuant to [§Section 24-4-106](#), C.R.S.

RULE 12 - STANDARDS FOR VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

The purpose of this rule is to establish parameters for VBAC patients seeking midwifery care during pregnancy in order to safeguard the client’s welfare [pursuant to Section 12-37-105\(11\), C.R.S.](#)

- A. A direct-entry midwife shall not assume primary responsibility for prenatal care and birth attendance for women who have had a previous cesarean section unless all of the following conditions are met:
- 1. All prospective VBAC women shall sign an informed consent statement, which shall be retained in the client's records and include the following:
 - (a) VBAC educational information including history of VBAC and client's own personal information;
 - (b) Associated risks and benefits of VBAC at home;
 - (c) A workable hospital transport plan;
 - (d) Alternatives to VBAC at home; and
 - (e) Other information as required by the Director.

2. A workable hospital transport plan must be established for home VBAC. The plan shall be in writing and include:
 - (a) Place of birth within 30 minutes of transport to the nearest hospital or emergency medical center able to perform an emergency cesarean;
 - (b) Readily available emergency numbers for the nearest hospital or emergency medical center; and
 - (c) Provision for phone contact with nearest hospital or emergency medical center prior to any transport notifying the destination that transport is in progress.
 3. There has been at least 18 months from the client's cesarean delivery to the due date of the current pregnancy.
 4. The client with 2 or more cesarean deliveries has also had a prior vaginal delivery.
- B. Direct-entry midwife shall obtain prior patient cesarean records, in writing, and shall analyze the indication for the previous cesarean, and retain the records along with a written assessment of the physical and emotional considerations in client's files. If the direct-entry midwife is unable to obtain the written records, the direct-entry midwife shall not retain the woman as a client.
- C. Records that show a previous classical uterine/vertical incision or any previous uterine surgery which required an incision into the uterine fundus are a contraindication to VBAC at home and shall require immediate transfer of care of the patient.
- D. Direct-entry midwife shall not induce or augment labor by the use of chemicals or herbal supplements or nipple stimulation
- E. A direct-entry midwife shall be present and manage the VBAC delivery from the onset of active labor throughout the immediate postpartum period.

RULE 13 – REQUIREMENTS FOR REINSTATEMENT

The purpose of this rule is to state the requirements for reinstatement of a registration that has expired pursuant to Sections 12-37-103 and 24-34-102(8), C.R.S.

- A. A direct-entry midwife applying for reinstatement of an expired registration shall complete a reinstatement application and pay a reinstatement fee in the manner approved by the director.
- B. If the registration has been expired for more than two (2) years from the date of receipt of the reinstatement application, but less than five (5) years an applicant shall establish “competency to practice” under Sections 24-34-102(8)(d)(II)(A) and (D) and 24-34-105 C.R.S., as follows:
1. Verification of registration in good standing from another state along with proof of active practice in that state for two (2) years of the previous five (5) years from the date of receipt of the application for reinstatement. OR
 2. Completion of twenty (20) hours of continuing education courses related to the practice of direct-entry midwifery during the two (2) years immediately preceding the application for reinstatement. The continuing education must meet the approval of and shall be attested to in a manner prescribed by the Director. OR
 3. Retaking and achieving a passing score on the national NARM Examination within two (2) years immediately preceding receipt of an application for reinstatement.
 4. Any other means approved by the Director.

- C. An applicant seeking to reinstate a registration that has been expired for more than five (5) years shall demonstrate “competency to practice” as required in [Section 24-34-102\(8\)\(d\)\(II\)\(B\) and \(F\), C.R.S. by:](#)
1. Verification of registration in good standing from another state along with proof of active practice for two (2) years of the previous five (5) years prior to an application for reinstatement. OR
 2. Supervised practice for a period no less than six (6) months subject to the terms established by the Director. OR
 3. Retaking and achieving a passing score on the national NARM Examination within two (2) years immediately preceding receipt of an application for reinstatement. OR
 4. By any other means approved by the Director.

RULE 14 - REPORTING CONVICTIONS AND OTHER ADVERSE ACTIONS

The purpose of the rule is to clarify the procedures for reporting convictions, and other adverse actions to include judgments and administrative proceedings pursuant to [Sections 12-37-104\(1\)\(d\), 12-37-106\(a\), and 12-37-107\(3\)\(c\)\(f\)\(g\)\(i\), C.R.S.](#)

A registered direct-entry midwife, as defined in [Section 12-37-102\(1\), C.R.S.](#) shall inform the Director, within ninety (90) days of any of the following events:

- A. The- conviction of the registrant of a felony under the laws of any state or of the United States, which would be a violation of [Section 12-37-107, CRS.](#) A guilty verdict, plea of guilty; or a plea of nolo contendere (no contest) accepted by the court is considered a conviction:
- B. A disciplinary action imposed upon the registrant by another jurisdiction that registers or licenses direct entry midwives, which would be a violation of [Section 12-37-107, C.R.S.](#), including, but not limited to, a citation, sanction, probation, civil penalty, or a denial, suspension, revocation, or modification of a license or registration whether it is imposed by consent decree, order, or other decision, for any cause other than failure to pay a license or registration fee by the due date or failure to meet continuing professional education requirements;
- C. Revocation or suspension by another state board, municipality, federal or state agency of any health services related license or registration, other than a lapsed license or registration for midwifery as described in [Section 12-37-107, C.R.S.](#);
- D. Any judgment, award or settlement or a civil action or arbitration in which there was a final judgment or settlement against the Registrant for malpractice of direct entry midwifery.
- E. The notice to the Director shall include the following information:
 1. If the event is an action by governmental agency (as described above), the name of the agency, its jurisdiction, the case name, and the docket, proceeding or case number by which the event is designated, and a copy of the consent decree, order or decision;
 2. If the event is a felony conviction, the court, its jurisdiction, the case name, the case number, a description of the matter or a copy of the indictment or charges, and any plea or verdict entered by the court. The registrant shall also provide to the Director a copy of the imposition of sentence related to the felony conviction

and the completion of all terms of the sentence with ninety (90) days of such action;

3. If the event concerns a civil action or arbitration proceeding, the court or arbiter, the jurisdiction, the case name, the case number, a description of the matter or a copy of the complaint, and a copy of the verdict, the court or arbitration decision, or, if settled, the settlement agreement and court's order of dismissal;

F. The Registrant notifying the Director may submit a written statement with the notice to be included in the Registrant's records.

RULE 15- EXCEPTIONS AND DIRECTOR'S REVIEW OF INITIAL DECISIONS

The purpose of these rules and regulations is to set forth the procedures surrounding the filing of exceptions and review of initial decisions pursuant to Sections 12-37-107(5 through 13), 24-4-105(14) and (15), C.R.S.

A. Written Form, Service, Time, and Filing Requirements.

1. All designations of record, requests, motions, exceptions, and any responses thereto (hereinafter "Pleading" or "Pleadings") must be in written form, and mailed with a certificate of service to Office of Midwifery Registration (Office) and the opposing party.
2. In the event that an electronic filing system is implemented in the Division of Registrations for the receipt of Pleadings, any pleadings may be submitted in electronic form with a certificate of filing to the Office and the opposing party.
3. All Pleadings must be received by the Office by 5:00 p.m. on the date the filing is due and must be served on the opposing party. This rule does not confer any additional time for service by mail than that allowed pursuant to Section 24-4-105, C.R.S.
4. All Pleadings shall be filed with the Office; not with the Office of Administrative Courts. Any pleading filed in error with the Office of Administrative Courts shall not be considered.

B. Designation of Record and Transcripts.

1. Any party seeking to reverse or modify the initial decision of the administrative law judge shall file with the Office a designation of the relevant parts of the record for review ("Designation of Record"). Designations of Record are due and must be received by the Office within twenty days (20) of the date on which the Office mails the initial decision to the parties' address of record with the Office.
2. In the absence of a Designation of Record, the record for purposes of the Director's review of the Initial Decision as set forth in Section 24-4-105(14)(a), C.R.S. shall in all cases include the following:
 - a. All Pleadings filed with the Office of Administrative Courts or applicable hearing tribunal;
 - b. All applications presented or considered during the hearing;
 - c. All documentary or other exhibits admitted into evidence at the hearing;
 - d. All documentary or other exhibits presented or considered during the hearing;
 - e. All matters officially noticed during the hearing; and
 - f. Any findings of fact and conclusions of law proposed by any party at the hearing.

3. Transcripts: Transcripts shall not be deemed part of a Designation of Record unless specifically identified, ordered and timely filed. To designate a transcript or portion thereof, the following procedures apply:
- a. The Designation of Record must identify with specificity the transcript or portion thereof to be transcribed. For example, a party may designate the entire transcript, testimony of particular witness(es), a legal ruling or argument, or other information necessary to identify the portion of the transcript to be transcribed.
 - b. Any party who includes a transcript or a portion thereof as part of the Designation of Record must order the transcript or relevant portions by the date on which the Designation of Record is due. As noted above, a Designation of Record is due within twenty days of the date on which the Office mails the initial decision to the parties.
 - c. When ordering the transcript, the ordering party shall request the court reporter to complete and provide the Office the transcript and one copy of the transcript within thirty days and shall timely pay all fees associated with such a request.
 - d. If a party designates a portion of the transcript, the opposing party may file a Supplemental Designation of Record identifying additional portions of the transcript. This Supplemental Designation of Record is due and must be received by the Office within ten days after the date on which the original Designation of Record was due and received by the Office.
 - e. A party filing a Supplemental Designation of Record shall request the court reporter to complete and provide the Office the supplemental transcript and one copy of the supplemental transcript within thirty days of the Supplemental Designation of Record and shall timely pay all fees associated with such a request.
 - f. Transcripts that are ordered by either party and not provided to the Office in a timely manner by the court reporter due to non-payment, insufficient payment or failure to request as set forth above will not be considered by the Director.

C. Exceptions and Responsive Pleadings

- 1. Any party filing exceptions shall adhere to the following timelines:
 - a. If no transcripts are ordered, exceptions are due within thirty (30) days from the date the Office mails the initial decision to the parties. Both parties' exceptions are due on the same date.
 - b. If transcripts are ordered by either party, the following procedure shall apply:
 - i. Upon timely receipt of all transcripts identified in the Designations of Record, the Office shall mail notification to the parties stating that the transcripts have been received. Exceptions are due within thirty days from the date on which such notification is mailed. Both parties' exceptions are due on the same date.
- 2. Either party may provide a responsive pleading to the other party's exceptions. All responsive pleadings shall be due and received by the Office within ten (10)

days of the date on which the exceptions were due. No other pleadings will be considered except for good cause shown.

3. The Director may in his/her sole discretion, upon a showing of good cause, grant an extension of time to provide a designation of record, exceptions or responsive pleadings, or may delegate the discretion to grant such an extension of time to the Office's Program Director or the Program Director's designee.

D. Request for Oral Argument

1. All requests for oral argument must be in writing and filed by the deadline for responsive pleadings. Requests received by the Office after this time will not be considered.
2. It is within the sole discretion of the Director to grant or deny a request for oral argument. If oral argument is granted, both parties shall have the opportunity to participate.
3. Each side shall be permitted five minutes for oral argument unless such time is extended by the Director or the Program Director.

Rule 16 – REGARDING THE CONTINUING DUTY TO REPORT INFORMATION TO THE DIRECTOR'S OFFICE.

The purpose of this rule is to clarify the requirement of registrants to notify the Director of a change in submitted information pursuant to Section 12-37-103(2) and 24-34-107 C.R.S.

- A) Each person licensed under this article, upon changing his or her address, shall inform the board of their new address within thirty (30) days after such change.