

RULE 8 – MINIMUM PRACTICE REQUIREMENTS REGARDING NEWBORN CARE

The purpose of this rule is to define and clarify minimum practice requirements of safe care for women and infants regarding newborn care pursuant to Sections 12-37-105.5 and 12-37-106 C.R.S.

- A. The direct-entry midwife will perform care for the infant including but not limited to:
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. Arrange to or obtain laboratory testing on the infant of an Rh negative mother to include blood type and antibody screen; and
 6. Ensure sucking and rooting reflexes are present and ensure baby is fed.
- 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 arrange for or obtain the required screening for critical congenital heart defects in accordance with Section 25-4-1004.3, C.R.S.](#)
- CD. The direct-entry midwife authorized to administer medications may administer Vitamin K in accordance with Rule 17. Otherwise, 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.
- DE. 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 after birth;
 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. Projectile or bilious vomiting;
10. Pale, cyanotic, gray newborn; or
11. Lethargy or poor muscle tone.

EE. The direct-entry midwife shall arrange for consultation and possible transport for an infant who exhibits the following:

1. Signs of hypoglycemia including jitteriness;
2. Abnormal cry;
3. Passes no urine or meconium in 24 hours;
4. The baby's gestational age appears to be less than 37 completed weeks;
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 Antibody Screen.

FG. At a minimum, the direct-entry midwife shall make a referral to an appropriate pediatric healthcare provider within 7 days of birth; and shall perform follow up visits to assess the progress of the client and infant within 24 to 48 hours postpartum, 3 to 7 days postpartum, 2-4 weeks postpartum and 6 weeks postpartum. If the client and infant are seen by an appropriate pediatric healthcare provider at any of these intervals, the midwife need not see the client and infant for that particular interval. 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.