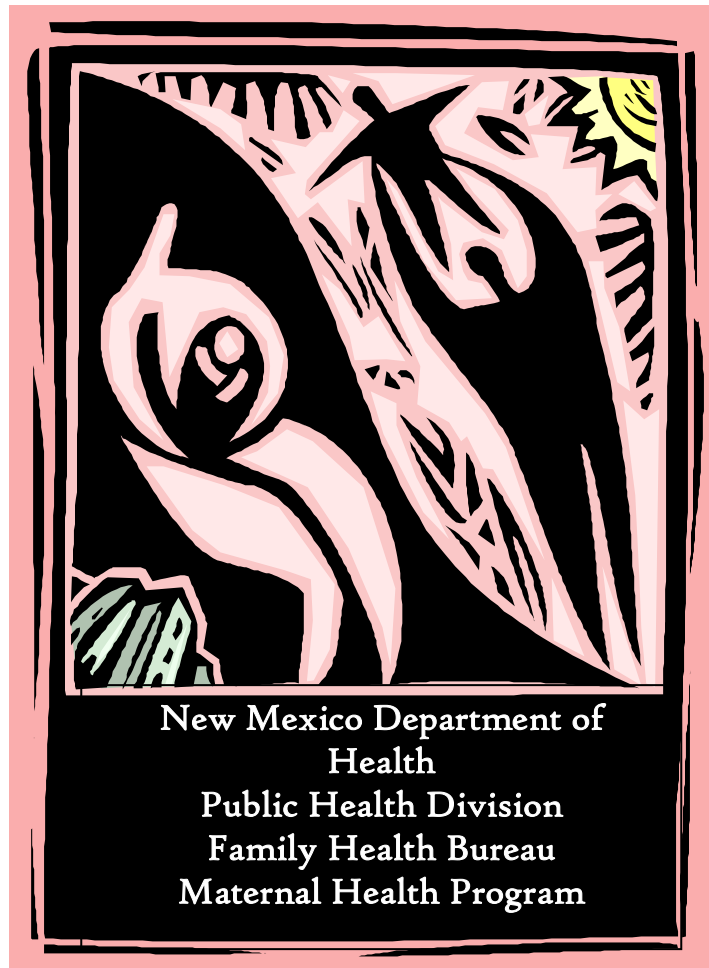


*New Mexico
Midwifery Student
Workbook*



NEW MEXICO STUDENT WORKBOOK

SKILLS AND KNOWLEDGE CHECKLIST

To assure the safety of New Mexico mothers and babies, practicing midwives must be competent in each of the basic midwifery duties and responsibilities listed on the following pages. To be eligible to take New Mexico's qualifying examinations for midwifery licensure, a candidate must demonstrate these competencies and complete the required experiences. The **midwifery instructor(s)** will initial and date each item to validate when the student satisfactorily demonstrated competence in a skill or completion of a set of experiences.

The clinical experiences listed on page 24 are also required to complete a New Mexico midwifery apprenticeship.

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Skills and Knowledge Checklist

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A student may have more than one midwifery instructor. Each midwifery instructor must first apply to and be listed by the New Mexico Department of Health, Maternal Health Program. The student and each instructor must also submit a completed Instructor-Student Relationship Form to the Maternal Health Program. Contact Jessi Sanchez at (505) 476-8907, or access it at:

www.nmmidwife.org.

The student should sign below, and each instructor should sign this sheet on the day they begin their role as the student's instructor.

_____ Student's Signature	_____ Student's printed name	_____ Date
_____ Instructor's signature	_____ Instructor's printed name	_____ Date
_____ Instructor's signature	_____ Instructor's printed name	_____ Date
_____ Instructor's signature	_____ Instructor's printed name	_____ Date
_____ Instructor's signature	_____ Instructor's printed name	_____ Date
_____ Instructor's signature	_____ Instructor's printed name	_____ Date

(More Instructors can be added on an additional sheet.)

MIDWIFERY COUNSELING, EDUCATION AND COMMUNICATION:

Initial	Date	
		<ul style="list-style-type: none"> • Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers
		<ul style="list-style-type: none"> • Provides education, support, counseling and/or referral for the possibility of less-than optimal pregnancy outcomes
		<ul style="list-style-type: none"> • Provides education and counseling based on maternal health/reproductive family history and on-going risk assessment
		<ul style="list-style-type: none"> • Facilitates the mother's decision of where to give birth by exploring and explaining: <ul style="list-style-type: none"> o the advantages and the risks of different birth sites o the requirements of the birth site o how to prepare, equip and supply the birth site
		<ul style="list-style-type: none"> • Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome
		<ul style="list-style-type: none"> • Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and postpartum
		<ul style="list-style-type: none"> • Applies the principles of informed consent
		<ul style="list-style-type: none"> • Applies the principles of client confidentiality
		<ul style="list-style-type: none"> • Provides individualized care
		<ul style="list-style-type: none"> • Advocates for the mother during pregnancy, birth and postpartum
		<ul style="list-style-type: none"> • Provides culturally appropriate education, counseling and/or referral to other health care professionals, services, agencies for: <ul style="list-style-type: none"> o genetic counseling for at-risk mothers o abuse issues: including, emotional, physical and sexual o prenatal testing and lab work o diet, nutrition and supplements o effects of smoking, drugs and alcohol use o situations requiring an immediate call to the midwife o sexually transmitted diseases and safe sex practices o blood borne pathogens: HIV, Hepatitis B, Hepatitis C o complications of pregnancy o environmental risk factors o newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc o postpartum care concerning complications and self-care o contraception o female reproductive anatomy and physiology o monthly breast self examination techniques o implications for the nursing mother o the practice of Kegel exercises o risks to fetal health, including: <ul style="list-style-type: none"> <input type="checkbox"/> TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other) <input type="checkbox"/> environmental hazards <input type="checkbox"/> teratogenic substances
		<ul style="list-style-type: none"> <input type="checkbox"/> TORCH viruses (toxoplasmosis, rubella, cytomegalovirus, herpes, other)
		<ul style="list-style-type: none"> <input type="checkbox"/> environmental hazards
		<ul style="list-style-type: none"> <input type="checkbox"/> teratogenic substances

GENERAL HEALTHCARE SKILLS:

	<ul style="list-style-type: none"> • Demonstrates the application of Universal Precautions as they relate to midwifery
	<ul style="list-style-type: none"> • Uses alternative healthcare practices (non-allopathic treatments) and modalities <ul style="list-style-type: none"> o herbs o hydrotherapy (baths, compresses, showers, etc.) o visualization
	<ul style="list-style-type: none"> • Refers to alternative healthcare practitioners for non-allopathic treatments
	<ul style="list-style-type: none"> • Manages shock by: <ul style="list-style-type: none"> o recognition of shock, or impending shock o assessment of the cause of shock o treatment of shock <ul style="list-style-type: none"> o provide fluids orally o position mother flat, legs elevated 12 inches o administer oxygen o keep mother warm, avoid overheating o administer/use non-allopathic remedies <ul style="list-style-type: none"> o Encourage deep, calm, centered breathing o activate emergency medical services o prepare to transport
	<ul style="list-style-type: none"> • Understands the benefits and risks and recommends the appropriate use of vitamin and mineral supplements including: <ul style="list-style-type: none"> o prenatal Multi-Vitamin o vitamin C o vitamin E o folic Acid o b-Complex <ul style="list-style-type: none"> o b-6 o b-12 o iron o calcium o magnesium
	<ul style="list-style-type: none"> • Demonstrates knowledge of the benefits and risks and appropriate administration of the following pharmacological (prescriptive) agents: <ul style="list-style-type: none"> o lidocaine o medical oxygen o methergine o prescriptive ophthalmic prophylaxis ointment (e.g., erythromycin) o Pitocin® o RhoGam o vitamin K <ul style="list-style-type: none"> • Oral • IM
	<ul style="list-style-type: none"> • Demonstrates knowledge of benefits/risks of ultrasounds <ul style="list-style-type: none"> o provides counseling o makes appropriate referrals
	<ul style="list-style-type: none"> • Demonstrates knowledge of benefits/risks of biophysical profile <ul style="list-style-type: none"> o provides counseling

		o makes appropriate referrals
		• Demonstrates knowledge of how and when to use instruments and equipment including:
		o Amni-hook® / Amnicot®
		o bag and mask resuscitator
		o bulb syringe
		o Delee® (tube/mouth suction device)
		o hemostats
		o lancets
		o nitrazine paper
		o scissors (all kinds)
		o suturing equipment
		o urinary catheter
		o vacutainer/blood collection tube
		o multidose vial; single dose ampule
		• Evaluates laboratory and medical records
		o hematocrit/hemoglobin
		o blood sugar (glucose)
		o hiv
		o hepatitis B and C
		o rubella
		o syphilis (VDRL or RPR)
		o group B strep
		o gonorrhea culture
		o complete blood count
		o blood type and Rh factors
		o Rh antibodies
		o chlamydia
		o PAP smear
<i>HANDS-ON SKILLS</i>		
		• Demonstrates aseptic technique
		o handwashing
		o gloving and ungloving
		o sterile technique
		• Demonstrates the use of instruments and equipment including:
		o blood pressure cuff
		o doppler or fetoscope
		o gestation calculation wheel/calendar
		o newborn and adult scale
		o stethoscope
		o tape measure
		o thermometer
		o urinalysis Strips
		• Injection Skills
		o proper use of equipment
		• Syringe
		• Single dose vial
		• Multi dose vial
		• Sharps container

		o demonstration of skill
		• Checking appearance, name, and expiration date
		• Observation of sterile technique
		• Drawing up fluids in the syringe
		• Injection of fluids
		• Disposal of needles
		• Oxygen
		o proper set up of oxygen equipment
		o use of cannula and face mask
		o regulation of flow meter

MATERNAL HEALTH ASSESSMENT:

	<ul style="list-style-type: none"> • Obtain and maintain records of health, reproductive and family medical history and possible implications to current pregnancy, including <ul style="list-style-type: none"> o personal information/demographics o personal history, including religion, occupation, education, marital status, economic status, changes in health or behavior and woman's evaluation of her health and nutrition o potential exposure to environmental toxins o medical condition o surgical history o reproductive history including: <ul style="list-style-type: none"> • menstrual history • gynecologic history • sexual history • childbearing history • contraceptive practice • history of sexually transmitted infections • history of behavior posing risk for sexually transmitted infection exposure • history of risk of exposure to blood borne pathogens • Rh type and plan of care if negative o family medical history o psychosocial history o history of abuse o mental health • Perform a physical examination, including assessment of: <ul style="list-style-type: none"> o general appearance/skin condition o baseline weight and height o vital signs o HEENT (Head, Eyes, Ears, Nose and Throat) including: <ul style="list-style-type: none"> • hair and scalp • eyes: pupils, whites, conjunctiva • thyroid by palpation • mouth, teeth, mucus membrane, and tongue o lymph glands of neck, chest and under arms o breasts <ul style="list-style-type: none"> • evaluates mother's knowledge of self-breast examination techniques • performs breast examination o torso, extremities for bruising, abrasions, moles, unusual growths o baseline reflexes o heart and lungs o abdomen by palpation and observation for scars o kidney pain (CVAT) o pelvic landmarks (internal) o pelvic measurements (internal) o cervix (by speculum exam) <ul style="list-style-type: none"> • Papanicolaou (Pap) test results • gynecological culture results o size of the uterus and ovaries (by bimanual exam)
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		o condition of the vulva, vagina, cervix, perineum and anus
		o musculo-skeletal system
		• joint pain
		• muscular strength
		• spine straightness and symmetry, posture
		o vascular system (edema, varicosities, thrombophlebitis)
<i>HANDS-ON SKILLS</i>		
		• Performs a general physical examination, including assessment of:
		o baseline weight and height
		o vital signs: blood pressure, pulse, and temperature
		o baseline reflexes
		o abdomen, spine, and skin
		o heart and lungs (auscultate)
		o breast examination
		o kidney pain; Costovertebral Angle Tenderness (CVAT)
		o deep tendon reflexes of the knee
		o extremities for edema

PRENATAL:

		<ul style="list-style-type: none"> • Assess results of routine prenatal physical exams including ongoing assessment of: <ul style="list-style-type: none"> o maternal psycho-social, emotional health and well-being o signs and symptoms of infection o maternal health by tracking variations and change in: <ul style="list-style-type: none"> <input type="checkbox"/> blood pressure <input type="checkbox"/> color of mucus membranes <input type="checkbox"/> general reflexes <input type="checkbox"/> elimination/urination patterns <input type="checkbox"/> sleep patterns <input type="checkbox"/> energy levels o nutritional patterns o hemoglobin/hematocrit o glucose levels o breast condition/implications for breastfeeding o vaginal discharge/odor o signs of abuse o urine for protein, glucose, ketones o fetal heart rate/tones auscultated with fetascope or dopplar o vaginal discharge or odor o estimated due date based upon: <ul style="list-style-type: none"> <input type="checkbox"/> last menstrual period <input type="checkbox"/> last normal menstrual period <input type="checkbox"/> length of cycles <input type="checkbox"/> changes in mucus condition or ovulation history <input type="checkbox"/> date of positive pregnancy test <input type="checkbox"/> date of implantation bleeding <input type="checkbox"/> quickening <input type="checkbox"/> fundal height <input type="checkbox"/> calendar date of conception/unprotected intercourse o assessment of fetal growth and well-being <ul style="list-style-type: none"> <input type="checkbox"/> auscultation of fetal heart <input type="checkbox"/> correlation of weeks gestation to fundal height <input type="checkbox"/> fetal activity and responsiveness to stimulation <input type="checkbox"/> fetal palpation • Records results of the examination in the prenatal records • Provides prenatal education, counseling, and recommendations for: <ul style="list-style-type: none"> o nutritional, and non-allopathic dietary supplement support o normal body changes in pregnancy o weight gain in pregnancy o common complaints of pregnancy: <ul style="list-style-type: none"> <input type="checkbox"/> sleep difficulties <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> fatigue <input type="checkbox"/> inflammation of the sciatic nerve <input type="checkbox"/> breast tenderness <input type="checkbox"/> skin itchiness
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	<input type="checkbox"/>	vaginal yeast infections
	<input type="checkbox"/>	symptoms of anemia
	<input type="checkbox"/>	indigestion/heartburn
	<input type="checkbox"/>	constipation
	<input type="checkbox"/>	varicose veins
	<input type="checkbox"/>	sexual changes
	<input type="checkbox"/>	emotional changes
	<input type="checkbox"/>	fluid retention
		o physical preparation
	<input type="checkbox"/>	preparation of the perineum
	<input type="checkbox"/>	physical activities for labor preparation (e.g., movement and exercise)
		• Recognizes and responds to potential prenatal complications/variations by identifying/assessing:
		o antepartum bleeding
	<input type="checkbox"/>	first trimester
	<input type="checkbox"/>	second trimester
	<input type="checkbox"/>	third trimester
		o identifying pregnancy-induced hypertension
		o assessing, educating and counseling for pregnancy-induced hypertension with:
	<input type="checkbox"/>	nutritional/hydration assessment
	<input type="checkbox"/>	administration of calcium/magnesium supplement
	<input type="checkbox"/>	stress assessment and management
	<input type="checkbox"/>	non-allopathic remedies
	<input type="checkbox"/>	monitoring for signs and symptoms of increased severity
	<input type="checkbox"/>	increased frequency of maternal assessment
	<input type="checkbox"/>	hydrotherapy
		o identifying and consulting, collaborating or referring for:
	<input type="checkbox"/>	pre-eclampsia
	<input type="checkbox"/>	gestational diabetes
	<input type="checkbox"/>	urinary tract infection
	<input type="checkbox"/>	fetus small for gestational age
	<input type="checkbox"/>	intrauterine growth retardation
	<input type="checkbox"/>	thrombophlebitis
	<input type="checkbox"/>	oligohydramnios
	<input type="checkbox"/>	polyhydramnios
		o breech presentations
	<input type="checkbox"/>	identifying breech presentation
	<input type="checkbox"/>	turning breech presentation with:
		• alternative positions (tilt board, exercises, etc.)
		• referral for external version
		• non-allopathic methods
	<input type="checkbox"/>	management strategies for unexpected breech delivery
		o multiple gestation
		• identifying multiple gestation
		• management strategies for unexpected multiple births
		o vaginal birth after cesarean (VBAC)
		• identifying VBACs by history and physical
		• indications/contraindications for out-of-hospital births

		• management strategies for VBAC
		• recognizes signs, symptoms of uterine rupture and knows emergency treatment
		o identifying and dealing with pre-term labor with:
		• referral
		• consultation and/or treatment including:
		• increase of fluids
		• non-allopathic remedies
		• discussion of the mother's fears - emotional support
		• consumption of an alcoholic beverage
		• evaluation of urinary tract infection
		• evaluation of other maternal infection
		• bed rest
		• pelvic rest (including no sexual intercourse)
		• no breast stimulation (including nursing)
		o assessing and evaluating a post-date pregnancy by monitoring/assessing:
		• fetal movement, growth, and heart tone variability
		• estimated due date calculation
		• previous birth patterns
		• amniotic fluid volume
		• maternal tracking of fetal movement
		• consultation or referral for:
		• ultrasound
		• non-stress test
		• biophysical profile
		o treating a post-date pregnancy by stimulating the onset of labor
		• sexual/nipple stimulation
		• assessment of emotional blockage and/or fears
		• stripping membranes
		• cervical massage
		• castor oil induction
		• non-allopathic therapies
		• physical activity
		o identifying and referring for:
		• tubal pregnancy
		• molar pregnancy
		• ectopic pregnancy
		• placental abruption
		• placenta previa
		o identifying premature rupture of membranes
		o managing premature rupture of membranes in a full-term pregnancy:
		• monitor fetal heart tones and movement
		• minimize internal vaginal examinations
		• reinforce appropriate hygiene techniques
		• monitor vital signs for signs of infection
		• encourage increased fluid intake
		• support nutritional/non-allopathic treatment stimulate labor
		• consult for prolonged rupture of membranes
		o consult and refer for pre-term rupture of membranes

		o establishes and follows emergency contingency plans for mother/baby
		<i>HANDS-ON SKILLS</i>
		• Performs prenatal physical exam including assessment of:
		o determination of due date by wheel or calendar
		o vital signs: blood pressure, pulse, temperature
		o respiratory assessment
		o weight
		o urine for:
		<input type="checkbox"/> appearance: color, density, odor, clarity
		<input type="checkbox"/> protein
		<input type="checkbox"/> glucose
		<input type="checkbox"/> ketones
		<input type="checkbox"/> PH
		<input type="checkbox"/> Leukocytes
		<input type="checkbox"/> Nitrites
		<input type="checkbox"/> Blood
		o costovertebral angle tenderness (CVAT)
		o deep tendon reflexes (DTR) of the knee
		o clonus
		o fundal height
		o fetal heart rate/tones auscultated with Fetoscope or Doppler
		o fetal position, presentation, lie
		o assessment of edema

LABOR, BIRTH AND IMMEDIATE POSTPARTUM

		• Facilitates maternal relaxation and provides comfort measure throughout labor by administering/encouraging:
		o massage
		o hydrotherapy (compresses, baths, showers)
		o warmth for physical and emotional comfort (e.g., compresses, moist warm
		o communication in a calming tone of voice, using kind and encouraging words
		o the use of music
		o silence
		o continued mobility throughout labor
		o pain management :
		<input type="checkbox"/> differentiation between normal and abnormal pain
		<input type="checkbox"/> validation of the woman's experience/fears
		<input type="checkbox"/> counter-pressure on back
		<input type="checkbox"/> relaxation/breathing techniques
		<input type="checkbox"/> non-allopathic treatments
		<input type="checkbox"/> position changes
		• Evaluates/responds to during first stage:
		o assess maternal/infant status based upon :
		<input type="checkbox"/> vital signs
		<input type="checkbox"/> food and fluid intake/output
		<input type="checkbox"/> dipstick urinalysis
		<input type="checkbox"/> status of membranes
		<input type="checkbox"/> uterine contractions for frequency, duration and intensity with a basic intrapartum examination
		<input type="checkbox"/> fetal heart tones
		<input type="checkbox"/> fetal lie, presentation, position and descent with:
		• visual observation
		• abdominal palpation
		• vaginal examination
		<input type="checkbox"/> effacement, dilation of cervix and station of the presenting part
		<input type="checkbox"/> maternal dehydration and/or vomiting by administering:
		• fluids by mouth
		• ice chips
		• oral herbal/homeopathic remedies
		o anterior/swollen lip by administering/supporting
		<input type="checkbox"/> position change
		<input type="checkbox"/> light pressure or massage to cervical lip
		<input type="checkbox"/> warm bath
		<input type="checkbox"/> pushing the lip over the baby's head while the mother pushes
		<input type="checkbox"/> deep breathing and relaxation between contractions
		<input type="checkbox"/> non-allopathic treatments
		o posterior, asynclitic position by encouraging and/or supporting:
		<input type="checkbox"/> the mother's choice of position
		<input type="checkbox"/> physical activities (pelvic rocking, stair climbing, walking, etc.)
		<input type="checkbox"/> non-allopathic treatments
		<input type="checkbox"/> rest or relaxation

		<input type="checkbox"/> manual internal rotation (“dialing the phone”)
		o pendulous belly inhibiting descent by:
		<input type="checkbox"/> positioning semi-reclining on back
		<input type="checkbox"/> assisting the positioning of the uterus over the pelvis
		<input type="checkbox"/> lithotomy position
		o labor progress by providing:
		<input type="checkbox"/> psychological support
		<input type="checkbox"/> nutritional support
		<input type="checkbox"/> non-allopathic treatments
		<input type="checkbox"/> physical activity
		<input type="checkbox"/> position change
		<input type="checkbox"/> rest
		<input type="checkbox"/> nipple stimulation
		o Demonstrates the ability to evaluate/support during second stage
		o wait for the natural urge to push
		o encourage aggressive pushing in emergency situations
		o allow the mother to choose the birthing position
		o recommend position change as needed
		o perineal massage
		o encourage the mother to touch the newborn during crowning
		o assist in normal spontaneous vaginal birth with perineal support
		o provide an appropriate atmosphere for the moment of emergence
		o document labor and birth
		• Demonstrates the ability to recognize and respond to labor and birth complications such as:
		o abnormal fetal heart tones and patterns by:
		<input type="checkbox"/> increase oxygen
		• administer oxygen
		• encourage deep breathing
		<input type="checkbox"/> change maternal position
		<input type="checkbox"/> facilitate quick delivery if birth is imminent
		<input type="checkbox"/> evaluate for consultation and referral
		<input type="checkbox"/> evaluate for transport
		o cord prolapse by
		<input type="checkbox"/> change maternal position to knee-chest
		<input type="checkbox"/> activate emergency medical services/medical backup plan
		<input type="checkbox"/> apply counter-pressure to the presenting part
		<input type="checkbox"/> place cord back into vagina
		<input type="checkbox"/> keep the presenting cord warm, moist and protected
		<input type="checkbox"/> monitor FHT and cord for pulsation
		<input type="checkbox"/> increase the mother’s oxygen supply
		<input type="checkbox"/> facilitate immediate delivery, if birth is imminent
		<input type="checkbox"/> prepare to resuscitate the newborn
		o variations in presentation
		<input type="checkbox"/> breech
		<input type="checkbox"/> nuchal hand/arm
		• apply counter pressure to hand/or arm and the perineum
		• sweep arm out
		<input type="checkbox"/> nuchal cord

		<ul style="list-style-type: none"> • loop finger under the cord, and sliding it over head
		<ul style="list-style-type: none"> • loop finger under the cord, and sliding it over the shoulder
		<ul style="list-style-type: none"> • clamp cord in two places, cutting the cord between the two clamps
		<ul style="list-style-type: none"> • press baby's head into perineum and somersault the baby out
		<ul style="list-style-type: none"> • prepare to resuscitate the baby
		<input type="checkbox"/> face and brow
		<ul style="list-style-type: none"> • prepare for imminent birth
		<ul style="list-style-type: none"> • prepare resuscitation equipment
		<ul style="list-style-type: none"> • prepare treatment for newborn bruising/swelling
		<ul style="list-style-type: none"> • administer arnica
		<ul style="list-style-type: none"> • position the mother in a squat
		<ul style="list-style-type: none"> • prepare for potential eye injury
		<input type="checkbox"/> multiple birth and delivery
		<input type="checkbox"/> shoulder dystocia
		<ul style="list-style-type: none"> • reposition shoulders to oblique diameter
		<ul style="list-style-type: none"> • reposition the mother to:
		<ul style="list-style-type: none"> • hands and knees (Gaskin maneuver)
		<ul style="list-style-type: none"> • exaggerated lithotomy (McRobert's position)
		<ul style="list-style-type: none"> • end of bed
		<ul style="list-style-type: none"> • flex shoulders of newborn, then corkscrew
		<ul style="list-style-type: none"> • extract the posterior arm
		<ul style="list-style-type: none"> • apply supra-pubic pressure
		<ul style="list-style-type: none"> • apply gentle traction while encouraging pushing
		<ul style="list-style-type: none"> • sweep arm across newborn's face
		o vaginal birth after cesarean (vbac)
		o management of meconium stained fluids
		<input type="checkbox"/> prepare to resuscitate the baby
		<input type="checkbox"/> instruct the mother to stop pushing after delivery of head
		<input type="checkbox"/> clear the airway with suction of mouth and nose
		<input type="checkbox"/> prepare to resuscitate the baby
		o management of maternal exhaustion by:
		<input type="checkbox"/> nutritional support
		<input type="checkbox"/> adequate hydration
		<input type="checkbox"/> non-allopathic treatments
		<input type="checkbox"/> evaluate the mother's psychological condition
		<input type="checkbox"/> increase rest
		<input type="checkbox"/> monitor vital signs
		<input type="checkbox"/> monitor fetal well-being
		<input type="checkbox"/> evaluate urine for ketones
		<input type="checkbox"/> evaluate for consultation and/or referral
		• recognize/consult/transport for signs of:
		o uterine rupture
		o uterine inversion
		o amniotic fluid embolism
		o stillbirth
		• assesses the condition of, and provides care for the newborn:
		o keep baby warm
		o make initial newborn assessment
		o determine APGAR score at:

		<input type="checkbox"/> 1 minute
		<input type="checkbox"/> 5 minutes
		<input type="checkbox"/> 10 minutes (as appropriate)
		o keep baby and mother together
		o monitor respiratory and cardiac function by assessing:
		<input type="checkbox"/> symmetry of the chest
		<input type="checkbox"/> sound and rate of heart tones and respirations
		<input type="checkbox"/> nasal flaring
		<input type="checkbox"/> grunting
		<input type="checkbox"/> retractions
		<input type="checkbox"/> circumoral cyanosis
		<input type="checkbox"/> central cyanosis
		o stimulate newborn respiration:
		<input type="checkbox"/> rub up the baby's spine
		<input type="checkbox"/> encourage parental touch, and call newborn's name
		<input type="checkbox"/> flick or rub the soles of the baby's feet
		<input type="checkbox"/> keep baby warm
		<input type="checkbox"/> rub skin with blanket
		o responding to the need for newborn resuscitation:
		<input type="checkbox"/> administer mouth-to-mouth breaths
		<input type="checkbox"/> positive pressure ventilation for 15-30 seconds
		<input type="checkbox"/> administer oxygen
		<input type="checkbox"/> leave cord unclamped until placenta delivers
		o Recognize and consult or transport for apparent birth defects
		o Recognizes signs and symptoms of Meconium Aspiration Syndrome and consults or refers as needed
		o Support family bonding
		o Clamping the cord after pulsing stops
		o Cutting the cord after clamping
		o Caring for the cord:
		<input type="checkbox"/> evaluating the cord stump
		<input type="checkbox"/> collecting a cord blood sample
		o administer eye prophylaxis
		o assess gestational age
		• Assist in placental delivery and responds to blood loss:
		o remind mother of the onset of third stage of labor
		o determine signs of placental separation such as:
		<input type="checkbox"/> lengthening of cord
		<input type="checkbox"/> separation gush
		<input type="checkbox"/> rise in fundus
		<input type="checkbox"/> contractions
		<input type="checkbox"/> urge to push
		o facilitate the delivery of the placenta by:
		<input type="checkbox"/> breast feeding/nipple stimulation
		<input type="checkbox"/> change the mother's position
		<input type="checkbox"/> administer non-allopathic treatments
		<input type="checkbox"/> perform guarded cord traction
		o after delivery, assess the condition of the placenta
		o estimate blood loss

		o respond to a trickle bleed by:
		<input type="checkbox"/> assess origin
		<input type="checkbox"/> respond to uterine bleeding by:
		• breastfeeding/nipple stimulation
		• fundal massage
		• assess fundal height and uterine size
		• non-allopathic treatments
		• express clots
		• empty bladder
		• assess vital signs
		<input type="checkbox"/> respond to vaginal tear and bleeding with:
		• direct pressure on tear
		• suturing
		• assessment of blood color and volume
		o respond to postpartum hemorrhage with:
		<input type="checkbox"/> fundal massage
		<input type="checkbox"/> external bimanual compression
		<input type="checkbox"/> internal bimanual compression
		<input type="checkbox"/> manual removal of clots
		<input type="checkbox"/> administer medication
		<input type="checkbox"/> non-allopathic treatments
		<input type="checkbox"/> maternal focus on stopping the bleeding/ tightening the uterus
		<input type="checkbox"/> administer oxygen
		<input type="checkbox"/> treat for shock
		<input type="checkbox"/> consult and/or transfer
		<input type="checkbox"/> activate medical emergency backup plan
		<input type="checkbox"/> prepare to increase postpartum care
		• Assess general condition of mother:
		o assess for bladder distension
		o encourage urination for bladder distension
		o perform catheterization for bladder distension
		o assess lochia
		o assess the condition of vagina, cervix and perineum for:
		<input type="checkbox"/> cystocele
		<input type="checkbox"/> rectocele
		<input type="checkbox"/> hematoma
		<input type="checkbox"/> tears
		<input type="checkbox"/> lacerations
		<input type="checkbox"/> hemorrhoids
		<input type="checkbox"/> bruising
		o repair the perineum:
		<input type="checkbox"/> refer for repair
		<input type="checkbox"/> administer a local anesthetic
		<input type="checkbox"/> perform basic suturing of:
		• 1st degree tears
		• 2nd degree tears
		• labial tears
		<input type="checkbox"/> provide alternate repair methods (non-suturing)
		o provide instruction for care and treatment of the perineum

		o facilitate breastfeeding by assisting and teaching about:
		<input type="checkbox"/> colostrum
		<input type="checkbox"/> positions for mother and baby
		<input type="checkbox"/> skin-to-skin contact
		<input type="checkbox"/> latching on
		<input type="checkbox"/> maternal hydration
		<input type="checkbox"/> maternal nutrition
		<input type="checkbox"/> maternal rest
		<input type="checkbox"/> feeding patterns
		• maternal comfort measures for engorgement
		• letdown reflex
		• milk expression

THE POSTPARTUM PERIOD:

	<ul style="list-style-type: none"> • Completes the birth certificate
	<ul style="list-style-type: none"> • Provides contraceptive/family planning education and counseling
	<ul style="list-style-type: none"> • Performs postpartum reevaluation of mother and baby at: <ul style="list-style-type: none"> o day-one to day-two o day-three to day-four o one to two weeks o six to eight weeks
	<ul style="list-style-type: none"> • assess, and provides counseling and education as needed, for: <ul style="list-style-type: none"> o postpartum-subjective history o lochia vs. abnormal bleeding o return of menses o vital signs, digestion, elimination patterns o breastfeeding, condition of breasts and nipples o muscle prolapse of vagina and rectum (cystocele, rectocele) o strength of pelvic floor o condition of the uterus (size and involution), ovaries and cervix o condition of the vulva, vagina, perineum and anus
	<ul style="list-style-type: none"> • educates regarding adverse factors affecting breastfeeding <ul style="list-style-type: none"> o environmental o biological o occupational o pharmacological
	<ul style="list-style-type: none"> • Facilitate psycho-social adjustment
	<ul style="list-style-type: none"> • Knows signs and symptoms, differential diagnosis, and appropriate midwifery management or referral for: <ul style="list-style-type: none"> o uterine infection o urinary tract infection o infection of vaginal tear or incision o postpartum depression o postpartum psychosis o late postpartum bleeding/hemorrhage o thrombophlebitis
	<ul style="list-style-type: none"> • Assesses for, and treats jaundice by: <ul style="list-style-type: none"> o encourage mother to breastfeed every two hours o expose the front and back of newborn to sunlight through window glass o assess newborn lethargy and hydration o consult or refer
	<ul style="list-style-type: none"> • Provide direction for care of circumcised penis
	<ul style="list-style-type: none"> • Provide direction for care of uncircumcised penis
	<ul style="list-style-type: none"> • Treat thrush on nipples : <ul style="list-style-type: none"> o dry nipples after nursing o non-allopathic remedies o refer for allopathic treatments
	<ul style="list-style-type: none"> • Treat sore nipples with: <ul style="list-style-type: none"> o apply topical agents o expose to air o suggest alternate nursing positions

		o evaluate baby's sucking method
		o apply expressed milk
		• Treat mastitis by:
		o provide immune system support including:
		o nutrition/hydration
		o non-allopathic remedies
		o encourage multiple nursing positions
		o apply herbal/non-allopathic compresses
		o apply warmth, soaking in tub or by shower
		o encourage adequate rest/relaxation
		o assess for signs and symptoms of infections
		o teach mother to empty breasts at each feeding
		o provide/teach gentle massage of sore spots
		o consult/refer to:
		<input type="checkbox"/> La Leche League
		<input type="checkbox"/> lactation counselor
		<input type="checkbox"/> other healthcare providers

PHYSICAL ASSESSMENT OF THE NEWBORN:

		o assess the head for:
		<input type="checkbox"/> size/circumference
		<input type="checkbox"/> molding
		<input type="checkbox"/> hematoma
		<input type="checkbox"/> caput
		<input type="checkbox"/> sutures
		<input type="checkbox"/> fontanel
		<input type="checkbox"/> measurement
		o the eyes for:
		<input type="checkbox"/> jaundice
		<input type="checkbox"/> pupil condition
		<input type="checkbox"/> tracking
		<input type="checkbox"/> spacing
		o the ears for:
		<input type="checkbox"/> positioning
		<input type="checkbox"/> response to sound
		<input type="checkbox"/> patency
		<input type="checkbox"/> cartilage
		o the mouth for:
		<input type="checkbox"/> appearance and feel of palate
		<input type="checkbox"/> lip and mouth color
		<input type="checkbox"/> tongue
		<input type="checkbox"/> lip cleft
		<input type="checkbox"/> signs of dehydration
		o the nose for:
		<input type="checkbox"/> patency
		<input type="checkbox"/> flaring nostrils
		o the neck for:
		<input type="checkbox"/> enlarged glands; thyroid and lymph
		<input type="checkbox"/> trachea placement
		<input type="checkbox"/> soft tissue swelling
		<input type="checkbox"/> unusual range of motion
		o the clavicle for:
		<input type="checkbox"/> integrity
		<input type="checkbox"/> symmetry
		o the chest for:
		<input type="checkbox"/> symmetry
		<input type="checkbox"/> nipples
		<input type="checkbox"/> breast enlargement including discharge
		<input type="checkbox"/> measurement (chest circumference)
		<input type="checkbox"/> count heart rate
		<input type="checkbox"/> monitor heartbeat for irregularities
		<input type="checkbox"/> auscultate the lungs, front and back for:
		• breath sounds
		• equal bilateral expansion
		o the abdomen for:
		<input type="checkbox"/> enlarged organs

	<input type="checkbox"/>	masses
	<input type="checkbox"/>	hernias
	<input type="checkbox"/>	bowel sounds
		o the groin for
	<input type="checkbox"/>	femoral pulses
	<input type="checkbox"/>	swollen glands
		o the genitalia for:
	<input type="checkbox"/>	appearance
	<input type="checkbox"/>	testicles for:
		• descent
		• rugae
		• herniation
	<input type="checkbox"/>	labia for
		• patency
		• maturity of clitoris and labia
		o the rectum for:
	<input type="checkbox"/>	patency
	<input type="checkbox"/>	meconium
		o abduct hips for dislocation
		o the legs for:
	<input type="checkbox"/>	symmetry of creases in the back of the legs
	<input type="checkbox"/>	equal length
	<input type="checkbox"/>	foot/ankle abnormality
		o the feet for:
	<input type="checkbox"/>	digits, number, webbing
	<input type="checkbox"/>	creases
	<input type="checkbox"/>	abnormalities
		o the arms for symmetry in:
	<input type="checkbox"/>	structure
	<input type="checkbox"/>	movement
		o the hands for:
	<input type="checkbox"/>	number of digits, webbing
	<input type="checkbox"/>	finger taper
	<input type="checkbox"/>	palm crease
	<input type="checkbox"/>	length of nails
		o the backside of baby for:
	<input type="checkbox"/>	symmetry of hips, range of motion
	<input type="checkbox"/>	condition of the spine:
	<input type="checkbox"/>	dimpling
	<input type="checkbox"/>	holes
	<input type="checkbox"/>	straightness
		o temperature: axillary, rectal
		o reflexes:
	<input type="checkbox"/>	flexion of extremities and muscle tone
	<input type="checkbox"/>	sucking
	<input type="checkbox"/>	moro
	<input type="checkbox"/>	babinski
	<input type="checkbox"/>	plantar/palmar
	<input type="checkbox"/>	stepping

		<input type="checkbox"/> grasp
		<input type="checkbox"/> rooting
		o skin condition for:
		<input type="checkbox"/> color
		<input type="checkbox"/> lesions
		<input type="checkbox"/> birthmarks
		<input type="checkbox"/> milia
		<input type="checkbox"/> vernix
		<input type="checkbox"/> lanugo
		<input type="checkbox"/> peeling
		<input type="checkbox"/> rashes
		<input type="checkbox"/> bruising
		o length of baby
		o weight of baby

WELL-BABY CARE:

		• Provide well-baby care up to six weeks
		• Instruct on newborn care including normal/abnormal newborn activity, responses, vital signs, appearance, behavior, etc.
		• Assess the current health and appearance of baby including:
		o temperature
		o heart rate, rhythm and regularity
		o respirations
		o appropriate weight gain
		o length
		o measurement of circumference of head
		o neuro-muscular response
		o level of alertness
		o wake/sleep cycles
		o feeding patterns
		o urination and stool for frequency, quantity and color
		o appearance of skin
		o jaundice
		o condition of cord
		• instructs mother in care of :
		o diaper rash
		o cradle cap
		• Advises and facilitates treatment of thrush
		• Advises and facilitates treatment for colic
		• Recognizes signs/symptoms and differential diagnosis of:
		o infections
		o polycythemia
		o cardio-respiratory abnormalities
		o glucose disorders
		o hyperbilirubinemia
		o birth defects
		o failure to thrive
		o newborn hemorrhagic disease (early and late onset)
		• Provide information for referral for continued well-baby care
		• Support integration of baby into family
		• Perform or refer for newborn metabolic screening
HANDS-ON SKILLS		
		• Assesses the general health and appearance of baby including:
		o temperature
		o heart rate, rhythm and regularity
		o respirations
		o weight
		o length
		o measurement of circumference of head

NEW MEXICO STUDENT WORKBOOK

CLINICAL EXPERIENCE CHECKLIST

Midwifery instructor will fill in the actual numbers of required clinical experiences and initial each.

	Required #	Actual #	Instructor Initials
Complete well-woman health assessment	25		
Prenatal visits of at least 15 different women	100		
Labor observations and managements	40		
Start an IV successfully	1		
Delivery of newborn and placenta	25		
Newborn examinations	30		
Use of prophylactic eye medications	15		
Postpartum visits to mother and baby within 36 hours of delivery:	30		
Blood collection for Newborn Metabolic Screening	15		
Six week postpartum and/or yearly physical exams and pap smears	15		
Family planning visits, consultations, and/or referrals	30		
<i>After at least 6 months of apprenticeship:</i>			
NMMA course replacing NICU and high risk prenatal care observations	1		
Provision of one complete series of prepared childbirth classes	1		
Observation of one complete breast feeding class series	1		

Standards and Core Competencies for Licensed Midwives in New Mexico

This document is adapted from the Midwives Alliance of North America (MANA) Core Competencies, and is used with permission of MANA. The MANA Core Competencies are not copyrighted.

Guiding Principles of Practice

The midwife provides care according to the following principles:

- A. Midwives work in partnership with women and their chosen support community throughout the caregiving relationship.
- B. Midwives respect the dignity, rights and the ability of the women they serve to act responsibly throughout the caregiving relationship.
- C. Midwives work as autonomous practitioners, collaborating with other health and social service providers when appropriate.
- D. Midwives understand that physical, emotional, psychosocial and spiritual factors synergistically comprise the health of individuals and affect the childbearing process.
- E. Midwives understand that female physiology and childbearing are normal processes, and work to optimize the well-being of mothers and their developing babies as the foundation of caregiving.
- F. Midwives understand that the childbearing experience is primarily a personal, social and community event.
- G. Midwives recognize that a woman is the only direct care provider for herself and her unborn baby; thus the most important determinant of a healthy pregnancy is the mother herself.
- H. Midwives recognize the empowerment inherent in the childbearing experience and strive to support women to make informed decisions and take responsibility for their own well being.
- I. Midwives strive to ensure vaginal birth and provide guidance and support when appropriate to facilitate the spontaneous processes of pregnancy, labor and birth, utilizing medical intervention only as necessary.
- J. Midwives synthesize clinical observations, theoretical knowledge, intuitive assessment and spiritual awareness as components of a competent decision making process.
- K. Midwives value continuity of care throughout the childbearing cycle and strive to maintain continuous care within realistic limits.

L. Midwives understand that the parameters of "normal" vary widely and recognize that each pregnancy and birth is unique.

General Knowledge and Skills

I. The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences, including but not limited to:

- A. Communication, counseling and teaching skills.
- B. Human anatomy and physiology relevant to childbearing
- C. Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitation of such standards
- D. Health and social resources in her community.
- E. Significance of and methods for documentation of care through the childbearing cycle.
- F. Informed decision making.
- G. The principles and appropriate application of clean and aseptic technique and universal precautions.
- H. Human sexuality, including indication of common problems and indications for counseling.
- I. Ethical considerations relevant to reproductive health.
- J. The grieving process.
- K. Knowledge of cultural variations.
- L. Knowledge of common medical terms.
- M. The ability to develop, implement and evaluate an individualized plan for midwifery care.
- N. Woman-centered care, including the relationship between the mother, infant and their larger support community.
- O. Knowledge of various health care modalities as they apply to the childbearing cycle.

Care During Pregnancy

II. The midwife provides health care, support and information to women throughout pregnancy. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. Identification, evaluation and support of maternal and fetal well-being throughout the process of pregnancy.
- B. Education and counseling for the childbearing cycle.
- C. Pre-existing conditions in a woman's health history, which are likely to influence her well being when she becomes pregnant.
- D. Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.
- E. Changes in emotional, psychosocial and sexual variations that may occur during pregnancy.
- F. Environmental and occupational hazards for pregnant women.
- G. Methods of diagnosing pregnancy.
- H. Basic understanding of genetic factors, which may indicate the need for counseling, testing or referral.
- I. Basic understanding of the growth and development of the unborn baby.
- J. Indications for, risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.
- K. Anatomy, physiology and evaluation of the soft and bony structures of the pelvis.
- L. Palpation skills for evaluation of the fetus and uterus.
- M. The causes, assessment and treatment of the common discomforts of pregnancy.
- N. Identification of, implications of and appropriate treatment for various infections, disease conditions and other problems which may affect pregnancy.
- O. Special needs of the Rh- women.

Care During Labor, Birth and Immediately Thereafter

III. The midwife provides health care, support and information to women throughout labor, birth and the hours immediately thereafter. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

- A. The normal processes of labor and birth.
- B. Parameters and methods for evaluating maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data.

- C. Assessment of the birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.
- D. Emotional responses and their impact during labor, birth and immediately thereafter.
- E. Comfort and support measures during labor, birth and immediately thereafter.
- F. Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.
- G. Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.
- H. Fluid and nutritional requirements during labor, birth and immediately thereafter.
- I. Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter.
- J. Causes of, evaluation of and appropriate treatment for variations which occur during the course of labor, birth and immediately thereafter.
- K. Emergency measures and transport procedures for critical problems arising during labor, birth or immediately thereafter.
- L. Understanding of and appropriate support for the newborn's transition during the first minutes and hours following birth.
- M. Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.
- N. Evaluation and care of the perineum and surrounding tissues.

Postpartum Care

- IV. The midwife provides health care, support and information to women throughout the postpartum period. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes but is not limited to the following:
- A. Anatomy and physiology of the mother during the postpartum period.
 - B. Lactation support and appropriate breast care including evaluation of, identification of and treatments for problems with nursing.
 - C. Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.

D. Causes of, evaluation of and treatment for maternal discomforts during the postpartum period.

E. Emotional, psychosocial and sexual variations during the postpartum period.

F. Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.

G. Causes of, evaluation of and treatments for problems arising during the postpartum period.

H. Support, information and referral for family planning methods as the individual woman desires.

Newborn Care

V. The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. She determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life.

B. Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.

C. Nutritional needs of the newborn.

D. Community standards and state laws regarding indications for, administration of and the risks and benefits of prophylactic bio-technical treatments and screening tests commonly used during the neonatal period.

E. Causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities.

Professional, Legal and Other Aspects

VI. The entry-level midwife assumes responsibility for practicing in accord with the principles outlined in this document. The midwife uses a foundation of knowledge and/or skill which includes the following:

A. Laws governing the practice of midwifery in her local jurisdiction.

B. The purpose and goal of MANA and local (state or provincial) midwifery associations.

C. The principles of data collection as relevant to midwifery practice.

D. Various sites, styles and modes of practice within the larger midwifery community.

E. A basic understanding of maternal/child health care delivery systems in her local jurisdiction.

F. Awareness of the need for midwives to share their knowledge and experience.

Well-Woman Care and Family Planning

VII. The entry-level midwife provides care, support and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

A. Understanding of the normal life cycle of women.

B. Evaluation of the woman's well-being including relevant historical data.

C. Causes of, evaluation of and treatments for problems associated with the female reproductive system and breasts.

D. Information on, provision of or referral for various methods of contraception.

E. Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

This rule was filed as 16 NMAC 11.3.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 11 MIDWIVES
PART 3 LICENSED MIDWIVES

16.11.3.1 ISSUING AGENCY: New Mexico Department of Health Public Health Division Maternal Health Program
[10-31-96; Recompiled 12/31/01]

16.11.3.2 SCOPE: These regulations apply to any Licensed Midwives practicing in the State of New Mexico or licensed by the New Mexico Department of Health, Public Health Division
[10-31-96; Recompiled 12/31/01].

16.11.3.3 STATUTORY AUTHORITY: The regulations set forth herein are promulgated by the Secretary of the Department of Health by authority of Section 9-7-6 (F) NMSA 1978 and Section 24-1- 21 NMSA 1978. The Public Health Division of the Department of Health shall administer and enforce these regulations

A. **GUIDELINES:** In the absence of specific direction in these regulations as to standard of practice or ethics, the *Standards and Core Competencies of Practice for Licensed Midwives in New Mexico*, the *New Mexico Midwives Association: Practice Guidelines* or equivalent approved by the NMMA and the Division, and the procedures and policies of the Department of Health and Public Health Division are adopted as standards of practice and are incorporated by reference herein.

B. **OTHER LAW AND REGULATIONS:** These regulations are subject to the provisions of the Department of Health's Regulations Governing Promulgation of Regulations and Regulations Governing Public Access to Department Records. In addition, Department regulations on related subjects include: registration of nurse-midwives; prevention of infant blindness; newborn screening for certain congenital diseases and other inborn metabolic errors; registration of births, deaths and fetal deaths, and control of diseases and conditions of public health significance. Copies of regulations may be obtained by writing to the Public Health Division, P.O. Box 26110, 1190 St. Francis Dr., Santa Fe, NM 87502-6110

C. **AUTHORITY OF THE DEPARTMENT OF HEALTH AND THE PUBLIC HEALTH DIVISION:** The Department of Health through its Public Health Division may deny, revoke or suspend any license held or applied for or reprimand or place a license on probation on the grounds stated in these regulations pursuant to 24-1-3R NMSA 1978
[2-5-80...10-31-96; Recompiled 12/31/01].

16.11.3.4 DURATION: Permanent.
[10-31-96; Recompiled 12/31/01]

16.11.3.5 EFFECTIVE DATE: October 31, 1996 unless a later date is cited at the end of a section or paragraph.
[10-31-96; Recompiled 12/31/01]
[Compiler's note: The term "*or paragraph*," above, is no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

16.11.3.6 OBJECTIVE: The regulations establish policies, standards and criteria relating to the educational and examination requirements, issuing of permits and licenses, practice, and continuing education of persons who practice licensed midwifery
[12-12-67...10-31-96; Recompiled 12/31/01].

16.11.3.7 DEFINITIONS:

A. "Apprentice" means a person holding a high school diploma or a GED who 1) wishes to make application for basic education in the art and science of midwifery by apprenticeship, 2) has a formal preceptor relationship defined in writing with a midwifery instructor who is in good standing with the Midwife Licensing Authority of the Public Health Division and who meets the requirements of 16.11.3.7.13 and agrees in writing to fulfill the basic educational and clinical experience requirements described in 16.11.3.9.1 and 11.3.9.2

- B. "Board" means the Licensed Midwifery Advisory Board established under these regulations
- C. "Certified Nurse-Midwife" means a graduate of a midwifery education program accredited by the American College of Nurse-Midwives Division of Accreditation who, has been certified and licensed pursuant to laws, regulations, and procedures of her/his jurisdiction
- D. Certified Professional Midwife (CPM) means an independent practitioner who has met the standards for certification set by the North American Registry of Midwives (NARM). A CPM may not practice in New Mexico unless she/he holds a New Mexico license to practice midwifery.
- E. "Contact hour" means a unit of 1) 50 to 60 minutes of a formal learning experience that directly relates to maternal, infant, and well-woman health and related professional, ethical, legal, or business topics or 2) 2 hours of clinical practice in maternal, infant, and well-woman health care that is supervised and documented in writing.
- F. "Continuing education" means 1) participation in a formal learning experience presented by an instructor who has credentials in the educational areas set out in 16.11.3.10 and for which written certification is given by the instructor, and/or 2) a self-study program that has been pre-approved by the Division.
- G. "Department" means the Department of Health.
- H. "Division" means the Public Health Division of the Department of Health.
- I. "Incompetence" is defined as follows: In performing midwifery functions, a midwife is under a legal duty to possess and to apply the knowledge, skill and care that is ordinarily possessed and exercised by other midwives of the same licensure status and required by the generally accepted standards of the profession including those standards set forth in these regulations and their referenced documents. The failure to possess or to apply to a substantial degree such knowledge, skill and care constitutes incompetence for purposes of disciplinary proceedings.
- J. "License" means a document issued by the Department to a person meeting the professional requirements described in these Regulations.
- K. "Licensed Midwife" means a person who has successfully completed all the requirements of 16.11.3.8.3 and is in good standing with the Division.
- L. "Licensed Midwifery" means the provision of health care and management of women in the antepartum, intrapartum, postpartum, and interconceptual periods and infants up to 6 weeks of age. This care occurs within a health care system which provides for midwifery protocols, medical consultation, co-management or referral and is in accord with the *"Standards and Core Competencies of Practice for Licensed Midwives in New Mexico"* and the *"New Mexico Midwives Association: Practice Guidelines"*.
- M. "Licensing Period" means a two year period for which permits or licenses are issued. Licenses may be issued at any time but shall expire on March 31 of the second year.
- N. "Midwifery Instructor" means a qualified licensed midwife, certified nurse-midwife, or licensed physician who 1) practices obstetrics, 2) who has at least one (1) year of clinical practice after completing their education and licensing process, 3) who has a formal training and supervisory relationship with an apprentice midwife that is documented in writing, and 4) who is listed with the Division.
- O. *"New Mexico Midwifery Student Workbook (Student Workbook)"* means an instrument approved by the Division, in which the preceptor documents the successful completion of the student's theoretical and clinical education and attainment of safe beginning practice of core competencies.
- P. "Peer Review" means the review of the practice standards and outcomes of a Licensed Midwife by a group of her or his peers according to the NMMA or other Division recognized institutional criteria; and as governed by NM Review Organization on Indemnity Act. NM Stat. ANN. Little SS. 41-9-1 to 7 1978.
- Q. "Permit" means documentation issued by the Department to a person meeting the professional requirements described in these Regulations authorizing the practice of midwifery at the apprentice level described in 16.11.3.8.2.
- R. "Physician" means a person who is currently practicing obstetrics and is licensed and in good standing in their jurisdiction to practice medicine or osteopathy.
- S. "Preceptor" means the same as "midwifery instructor".
- T. "Supervision" means the instruction, guidance, and continued evaluation of an apprentice midwife in the art and science of midwifery by a midwifery instructor or preceptor with whom the apprentice has a formal relationship defined in writing and who retains ultimate responsibility for clients seen by apprentices.
- [2-5-80...10-31-96; Rn, 16.11.3.7.19, 12-31-97; 12-31-97; Recompiled 12/31/01]

16.11.3.8 PERMITS AND LICENSES:

A. *GENERAL PROVISIONS:*

(1) A licensed midwife may provide any care or services allowed by these regulations
(2) An apprentice midwife may provide any care or services allowed by these regulations as set out in 16.11.3.12.1 only under the supervision of a midwifery instructor. The midwifery instructor reviews and evaluates all care provided by and attends every labor and delivery managed by the apprentice. The midwifery instructor retains the responsibility for clients seen by apprentices

(3) The Division requires full disclosure of past midwifery licensure, suspensions, and revocations which will be considered before granting any license or permit

B. APPRENTICE MIDWIFE PERMITS:

(1) Application for apprentice midwife permit must include all of the following:
(a) Proof of high school diploma or GED
(b) A completed agreement by the midwifery instructor to the preceptor relationship on the Division's form

(c) A completed apprentice application on the Divisions form

(d) Payment of fifty dollars (\$50) to the Division

(2) Upon proof of successful completion, the Division will supply to qualifying apprentice applicants an apprentice midwife permit and necessary regulatory information applicable to apprenticeship.

(a) An apprentice midwife permit

(b) "The New Mexico Midwifery Educational Standards and Requirements"

(c) "Standards and Core Competencies for the Practice of Licensed Midwifery in New Mexico"

(d) "New Mexico Midwives Association: Policies and Procedures"

(e) A copy of Licensed Midwives Regulations, NMAC 16.11.3

(3) An apprentice must have successfully completed basic education requirements in midwifery and the requisite examination process no later than the end of the fourth year after the initial apprentice permit is issued. Before taking the written examination for licensure, an apprentice must successfully complete the following:

(a) A minimum of twelve (12) months of theoretical and clinical education described in 16.11.3.10

(b) Submit to the Division a completed Student Workbook or its Division-approved equivalent, or transcripts showing successful completion of a midwifery education program licensed by the New Mexico Commission for Higher Education or accredited by the Midwifery Education Accreditation Council or other United States Department of Education-recognized accrediting agency.

(c) Submit to the Division an application to licensed midwifery examination on the Division's form

(d) Payment to the Division of the examination fee designated by the Division.

(4) **RENEWAL OF PERMITS:** An apprentice midwifery permit may be renewed once after the initial two years permit period. An applicant for renewal shall submit to the Department:

(a) A completed renewal application on the Division's form

(b) Renewal payment of fifty dollars (\$50)

C. MIDWIFE LICENSURE:

(1) An applicant for midwifery licensure must meet the following requirements

(a) Complete the Division-approved examination with a passing score no more than one year before applying for licensure, or submit proof of CPM certification and complete an abbreviated Division-approved examination with a passing score.

(b) Submit to the Division evidence of current certification in cardiopulmonary resuscitation of the adult and IV therapy and current recognition by the Neonatal Resuscitation Program of the American Academy of Pediatrics.

(c) Submit a complete application on the Divisions form which shall include the applicants licensing and disciplinary history

(d) Submit to the Division a fee of fifty dollars (\$50)

(2) After reviewing and approving duly submitted applications, the Division shall issue to qualifying applicants a license and a wallet-size card. Practicing licensed midwives must display a current license prominently in their main practice location

(3) **RENEWAL OF LICENSURE:** A midwifery license must be renewed by March 31st of the second year after it is issued. The completed application must be received by the Division at least two weeks before the expiration date of the current license. To be considered for relicensure, a midwife must have duly made quarterly reports to the Division as described in 16.11.3.12.12. Practicing midwifery for compensation or using the initials LM

after ones name without a current midwifery license is grounds for disciplinary action. An applicant for renewal shall submit to the Division:

- (a) A completed renewal application on the Divisions form
- (b) Evidence of successful completion of thirty (30) contact hours of continuing education that conforms with the definitions of "contact hour" and of "continuing education" in 16.11.3.7.
- (c) Evidence of current certification in cardiopulmonary resuscitation of the adult and IV therapy, and current recognition by the Neonnatal Resuscitation Program of the American Academy of Pediatrics.
- (d) Evidence of peer review participation within the four (4) years preceeding application and submission of quarterly reports described in 16.11.3.12.12.
- (e) Renewal payment of fifty dollars (\$50)

(4) Reinstatement of licenses lapsed no longer than four (4) years may be allowed by the Division, upon fulfillment of all the requirements of Sections 8.3.3.1, 8.3.3.2, 8.3.3.3, 8.3.3.4. and 8.3.3.5. Besides the usual renewal payment, there will be an additional fee of twenty dollars (\$20) for reinstatement of license. Practicing without a current license is grounds for disciplinary or legal action

D. *RECIPROCITY*: There is no reciprocity with other jurisdictions

E. *FEES*: All fees are non-refundable and shall be made by certified check or money order

(1) Applications for apprenticeship must be accompanied by payment by check or money order to the Division in the amount of fifty dollars (\$50)

(2) Applications for licensure must be accompanied by payment by check or money order to the Division in the amount of fifty dollars (\$50)

(3) Application for renewal of permits/licenses shall be accompanied by a payment of fifty dollars (\$50)

(4) Application for examination shall be accompanied by the fee designated by the Division. This amount does not include the licensing fee.

[2-5-80...10-31-96; 12-31-97; Recompiled 12/31/01]

16.11.3.9 DISCIPLINARY ACTION:

A. *GROUND FOR ACTION:*

(1) Charges of incompetence may be based upon a single act of incompetence or upon a course of conduct or series of acts or omissions which extend over a period of time and which, taken as a whole, demonstrate incompetence. It shall not be necessary to show that actual harm resulted from the act or omission or series of acts or omissions so long as the conduct is of such a character that harm could have resulted to the patient/client or to the public from the act or omission or series of acts or omissions

(2) For purposes of these regulations "unprofessional conduct" includes, but is not limited to, the following

(a) Dissemination of a patient's/client's health information and/or treatment plan acquired during the course of employment to individuals not entitled to such information and where such information is protected by law and/or hospital/agency policy from disclosure

(b) Falsifying or altering patient/client records or personnel records for the purpose of reflecting incorrect or incomplete information

(c) Misappropriation of money, drugs or property

(d) Obtaining or attempting to obtain any fee for patient/client services for one's self or for another through fraud, misrepresentation, or deceit

(e) Aiding, abetting, assisting or hiring an individual to violate any duly promulgated regulation of the Departments Midwife Licensing Authority

(f) Obtaining, possessing, administering or furnishing prescription drugs to any person, including but not limited to ones self, except as directed by a person authorized by law to prescribe

(g) Failure to make or keep accurate, intelligible entries in records as required by law, policy and standards for the practice of midwifery

(h) Obtaining or attempting to obtain a license to practice midwifery ones self or for another through fraud, deceit, misrepresentation or any other act of dishonesty in any phase of the licensure by examination or endorsement process, or relicensure process

(i) Practicing midwifery in New Mexico without a valid, current New Mexico license or permit, or aiding, abetting or assisting another to practice midwifery without a valid, current New Mexico license

- (j) Failure to report a midwife who appears to have violated regulations for the practice of licensed or certified nurse midwifery. Anyone reporting an alleged violation of these regulations shall be immune from liability unless the person acted in bad faith or with malicious purpose
- (k) Intentionally engaging in sexual contact with and/or toward a patient/client in a manner that is commonly recognized as outside the scope of the individual midwives practice
- (l) Abandoning a patient(s)/client(s) when the abandonment results or may result in potential or actual harm or danger to the patient(s)/client(s)
- (m) Engaging in the practice of midwifery when judgment or physical ability is impaired by alcohol or drugs or controlled substances
- (n) Practice which is beyond the scope of licensure
- (o) Delegation of medication administration, assessment, evaluation and judgment to non-licensed persons
- (p) As required by the New Mexico Parental Responsibility Act (Section 40-5A-1 *et seq.*, NMSA 1978)
- (q) Submitting false or altered documents for the purpose of obtaining licensure or permits
- (r) Failure to meet the requirements of the Bureau of Vital Records and Health Statistics regulations
- (s) Violation of the Departments regulations governing the practice of licensed midwifery
- (t) Failure to provide the Division in a timely manner with requested information.

B. *DISCIPLINARY PROCEEDINGS*: Disciplinary proceedings are conducted in accordance with the Uniform Licensing Act, 61-1-1 *et seq.*, NMSA 1978 and Open Meetings Act 10-15-1 *et seq.*, NMSA 1978

(1) *FILING OF A COMPLAINT*:

- (a) A sworn notarized complaint must be filed with the Division before a disciplinary proceeding can be initiated
 - (i) A complaint is an allegation of a wrongful act(s) or an omission(s)
 - (ii) A complaint may include knowledge of a judgment or settlement against a licensee
- (b) A sworn complaint may be filed by any person, including a member of the Division's Midwifery Advisory Board

(2) *INVESTIGATION OF A COMPLAINT*:

- (a) All complaints alleging a violation of the regulations adopted by the Public Health Division will be investigated to determine whether a violation of applicable law or rule has occurred
- (b) The investigation may result in a Notice of Contemplated Action (NCA) being issued by the Division if a violation exists; or a dismissal of the complaint because no actionable violation exists

(3) *REQUEST FOR A HEARING, NOTICE OF HEARING, AND REQUEST FOR CONTINUANCE*:

- (a) A Notice of Hearing, designating the date, time and place of the hearing, shall be mailed to the licensee or applicant for licensure via certified mail upon the timely receipt of a written request for a hearing
- (b) The licensee or certificate holder may request to explore a settlement by negotiating a stipulation and agreement with the Administrative Prosecuting Attorney at any time prior to the hearing
 - (i) If a settlement is negotiated, the proposed stipulation and agreement shall be presented to the Public Health Division Director for final approval
 - (ii) The proposed stipulation and agreement does not divest the Public Health Division Director of the authority to require a formal hearing or final approval, amendment, or rejection
 - (iii) If a settlement is not reached, a hearing shall be held
- (c) Once a hearing has been scheduled, any requests for a continuance must be presented to the Divisions hearing officer, in writing, at least ten (10) days prior to the scheduled hearing. The hearing officer may approve or deny the request
- (d) If a person fails to appear after requesting a hearing, the Division may proceed to consider the matter as a default and make a decision
- (e) If no request for a hearing is made within the time and manner required by the ULA, the Division may take the action contemplated in the NCA. Such action shall be final

(4) *ADMINISTRATIVE HEARING*:

- (a) All hearings before the Division shall be conducted in the same manner as a hearing in a court of law with the exception that the rules of evidence may be relaxed in the hearing pursuant to the Uniform Licensing Act

(i) Hearsay evidence is admissible if it is of a kind commonly relied upon by reasonable prudent people in the conduct of serious affairs

(ii) Disciplinary action against midwifery license or certificate must not be based solely on hearsay evidence

(b) The hearing officer may take testimony, examine witnesses and direct a continuance of any case

(c) The hearing officer shall have the power to issue subpoenas to compel the attendance of witnesses or the production of books, documents or records pertinent to the matter of a case before the Divisions Licensing Authority

(d) The hearing officer shall issue a report and recommended finding to the Department Secretary in accordance with the Uniform Licensing Act.

(5) *DECISION OF THE DIVISIONS LICENSING AUTHORITY*: A copy of the written decision shall be mailed via certified mail to the applicant/licensee or certificate holder in accordance with the Uniform Licensing Act, Section 61-1-14 (NMSA 1978)

C. *PUBLIC NOTIFICATION OF DISCIPLINARY ACTION*: The following are means in which disciplinary actions are made available to the public.

(1) Information regarding disciplinary actions shall be entered into the license file or applicant's file

(2) Submission of disciplinary action to any appropriate disciplinary Data Bank and/or notification to each state in which the licensee holds a license or has been licensed

D. *REINSTATEMENT OF LICENSE OR CERTIFICATE*:

(1) Individuals who request reinstatement of their license or who request that their probation be lifted must be prepared to provide the Division with substantial evidence to support their request. This evidence must be in the form of notarized written reports or sworn written testimony from individuals who have personal knowledge of the licensees or certificate holders activities and progress during the period of probation, suspension or revocation

(2) Requests for reinstatement of a revoked license or certificate shall not be considered by the Division prior to the expiration of one year from the date of the order of revocation. The date at which time the Division Directors signature is affixed to the order of revocation or suspension is the controlling date, unless otherwise specified in the order

(3) Requests for reinstatement of a suspended license or certificate shall be considered at such time as provided by the Division in the order of suspension

(4) Reinstatement of a revoked or suspended license requires proof of meeting the renewal requirements as set forth in these regulations, any remedial education or supervised practice required by Division, and payment of the reinstatement of current or lapsed license fee
[10-31-96; Recompiled 12/31/01].

16.11.3.10 COURSE OF EDUCATION: The Division will use the Standards and Core Competencies for the Practice of Licensed Midwifery in New Mexico as a guideline in determining the acceptability of an applicants educational experience. The midwifery instructor will conduct the course of education for the apprentice as set out in 16.11.3.7.13 and 16.11.3.8.1.2 as outlined below in 16.11.3.10.1 and 16.11.3.10.2

A. *THEORETICAL INSTRUCTION*: Theoretical instruction must include these areas of study

(1) **HUMAN LIFE SCIENCE**: Anatomy and physiology, fetal development, genetic screening, applied microbiology

(2) **PSYCHO/SOCIAL ISSUES**: Communication and counseling, cultural concerns, human sexuality, perinatal education

(3) **ANTEPARTUM MANAGEMENT**: History taking, physical assessment, risk screening, provision of care, normal course, complications, pharmacology, nutrition, diagnostic laboratory tests and procedures

(4) **INTRAPARTUM MANAGEMENT**: History taking, physical assessment, risk screening, provision of care, normal course, complications, pharmacology, diagnostic laboratory tests and procedures, and adult cardiopulmonary resuscitation;

(5) **POSTPARTUM MANAGEMENT**: History taking, physical assessment, risk screening, provision of care, normal course, complications, pharmacology, diagnostic laboratory tests and procedures, family planning

(6) **NEWBORN MANAGEMENT**: History taking, physical assessment, risk screening, provision of care, normal course, complications, diagnostic laboratory tests and procedures, and neonatal resuscitation;

(7) **WELL-WOMAN REPRODUCTIVE HEALTH CARE**: History taking, physical assessment, risk screening, provision of care, diagnostic laboratory tests and procedures, treatment, family planning

(8) PROFESSIONAL ISSUES: History of Midwifery, Division regulations regarding prevention of infant blindness; newborn screening for certain congenital diseases and other inborn metabolic errors; registration of births, deaths, and fetal deaths, and control of diseases and conditions of public health significance; ethics, laws and regulations, starting a small business

B. *CLINICAL EXPERIENCE*: Clinical experience for an apprentice must include the following:
License Requirements;

- (1) Complete well-woman health assessment: 25
 - (2) Prenatal visits of at least 15 different women: 100
 - (3) Labor observations and managements: 40
 - (4) Start an IV successfully: 1
 - (5) Delivery of newborn and placenta: 25
 - (6) Newborn examinations: 30
 - (7) Use of prophylactic eye medications: 15
 - (8) Postpartum visits to mother and baby within 36 hours of delivery: 30
 - (9) Blood collection for Newborn Metabolic Screening: 15
 - (10) Six week postpartum and/or yearly physical exams and pap smears: 15
 - (11) Family planning visits, consultations, and/or referrals: 30
 - (12) Neonatal intensive care nursery observation at UNM Hospital or equivalent high risk medical facility nursery experience: After at least 6 months of apprenticeship
 - (13) High risk obstetric care observation at UNM Hospital special OB clinic or equivalent medical facility experience: After at least 6 months of apprenticeship
 - (14) Provision of one complete series of prepared childbirth classes: After at least 6 months of apprenticeship
 - (15) Observation of one complete breast feeding information series: After at least 6 months of apprenticeship
- [2-5-80...10-31-96; 12-31-97; Recompiled 12/31/01]

16.11.3.11 EXAMINATION: The Division will administer an examination for licensure of midwives at least twice yearly. A candidate for examination who receives a failing score shall be eligible to retake the examination within four years of the start date of their initial apprentice permit by meeting the following requirements:

- A. Submitting another examination fee.
 - (1) Repealed.
 - (2) Repealed.
 - (3) Repealed.
 - (4) Repealed.
 - B. Holding a current midwifery apprentice permit. Applicants may retain their permits and renew them, provided that the four year limitation on holding an apprentice permit has not expired.
 - C. If an applicant fails the examination more than once, she or he must wait a period of not less than six (6) months before taking the examination again and during that time must be apprenticed to a preceptor or in a formal midwifery school, and must submit a new completed Student Workbook or new completed transcripts from a formal education program, and must submit another examination fee.
- [3-19-87...10-31-96; Rn, 16.11.3.11.2.3; 12-31-96; 12-31-97; Recompiled 12/31/01]

16.11.3.12 RESPONSIBILITIES AND SCOPE OF PRACTICE:

- A. *SCOPE OF PRACTICE*: The licensed midwife may provide care to women without general health or obstetrical complications as defined by the *Standards and Core Competencies of Practice for Licensed Midwives in New Mexico* and the *New Mexico Midwives Association: Policies and Procedures*, or equivalent approved by the NMMA and the Division. Such care includes:
 - (1) Prenatal care and counseling
 - (2) Intrapartum care and support
 - (3) Postpartum care and counseling
 - (4) Well-woman care
 - (5) Immediate newborn care
 - (6) Administration of specific drugs and medications as outlined in the New Mexico Midwives Association Policies and Procedures

B. *PHYSICIAN VISIT*: Each woman accepted for care must be referred at least once to a duly licensed physician within four (4) weeks of her initial midwifery visit. The referral must be documented in the chart

C. *RESPONSIBILITY TO CONSULT*: It shall be the responsibility of the midwife to develop a means for consultation with or referral/transfer to a physician or hospital if there are significant deviations from the normal in the health status of either mothers or infants as set out in the Standards and Core Competencies for the Practice of Licensed Midwifery in New Mexico

D. *LIMITATION OF PHYSICIAN LIABILITY*: Any consultative relationship with a physician shall not by itself provide the basis for finding a physician liable for any acts or omissions by a licensed midwife

E. *INFORMED CONSENT*: The licensed midwife must obtain written, informed consent regarding the care to be provided by the licensed midwife from the woman upon accepting her for care. At a minimum, the licensed midwife must first honestly explain the following to any woman seeking midwifery care to ensure that her choices are comprehensive and informed

- (1) Midwife's educational background
- (2) The risks and benefits of midwifery care
- (3) The nature and scope of the care to be given; and
- (4) The nature and terms of the financial agreement

F. The licensed midwife may not accept a woman as a client who does not meet the minimum criteria set out in the Standards and Core Competencies of Practice for Licensed Midwives in New Mexico

G. *BIRTH REGISTRATION*: The licensed midwife must complete a New Mexico Certificate of Live Birth Registration and file it with the Bureau of Vital Records and Health Statistics of the Department of Health within ten (10) days of the birth of any child in the State of New Mexico. No licensed midwife shall register nor enable any other party to register as a New Mexico birth any child not born in the state. Failure to meet the Vital Records regulations shall be grounds for disciplinary action

H. *RECORDS*: The licensed midwife will document and maintain clients' records according to current "Standards and Core Competencies for the Practice of Licensed Midwifery in New Mexico." Inactive records shall be maintained no less than ten (10) years

I. *MORTALITY: IMMEDIATE REPORTING*: The licensed midwife must report within 48 hours to the Division any neonatal or maternal mortality in patients for whom she has cared in the perinatal period

J. *REPORTABLE DISEASES*: The licensed midwife must report any reportable contagious disease to the public health officer pursuant to the Public Health Act, 24-1-15

K. The licensed midwife shall participate in peer review at least once every four (4) years in accordance with the requirements of the Division and Article XI of the New Mexico Midwifery Association.

L. *QUARTERLY REPORTS*: At the end of each quarter of a year each licensed midwife shall submit to the Division a report on the Divisions form of the disposition of each patient she or he has given care to. Quarters shall be January 1st to March 31st, April 1st to June 30th, July 1st to September 30th, and October 1st to December 31st. Reports shall be submitted by the tenth (10th) day after the end of each quarter

M. *CHANGES OF ADDRESS OR PHONE NUMBER*: A licensed midwife must report a change of her or his address or phone number within 30 days of the change.

[12-31-97; Recompiled 12/31/01]

16.11.3.13 ADVISORY BOARD: The Division shall appoint a Licensed Midwifery Advisory Board

A. The Boards activities will be:

(1) Review complaints against Licensed Midwives as requested by the Division and make recommendations to the Division

(2) Remain current in clinical practice and professional issues and advise the Division accordingly

(3) Recommend updates in the Standards and the Manual

(4) Conduct other relevant business as requested by the Division

B. *ADVISORY BOARD MEMBERSHIP*: The Licensed Midwifery Advisory Board shall be composed of nine (9) members and one (1) ex-officio member; the membership shall be as follows:

(1) Three (3) state licensed midwives, at least two of whom shall be actively practicing

(2) One state licensed certified nurse-midwife actively practicing midwifery

(3) Three (3) consumer members

(4) One (1) state licensed physician actively practicing obstetrics

(5) One (1) member from the Division; and

(6) A representative of the Maternal and Child Health Bureau in the Public Health Division will be an ex-officio member of the Board

C. *ADVISORY BOARD PROCEDURES:* Board members shall be appointed for staggered three year terms and not more than two consecutive terms, except for the member from the Division, who shall serve at the pleasure of the Division Director and who shall not be limited as to terms

(1) Board members shall serve without compensation; they may submit for reimbursement for in-state travel and per diem for Division-called Board meetings according to Department of Finance and Administration Regulations

(2) Any member failing to attend two (2) consecutive meetings without good cause and an excused absence prior to the meeting(s) shall be deemed to have resigned from the Board
[2-5-80...10-31-96; Recompiled 12/31/01].

16.11.3.14 SEVERABILITY: If any part or application of the Regulations Governing the Practice of Licensed Midwifery is held invalid, the remainder or its application to other situations or persons shall not be affected

[7-12-93...10-31-96; Recompiled 12/31/01].

HISTORY OF 16.11.3 NMAC: [RESERVED]

September 28, 2020

Dear Midwifery Student:

The New Mexico Licensed Midwifery Regulations require that you practice in accordance to the New Mexico Midwives Association: Practice Guidelines. You will need to have a copy of these guidelines.

You can download a copy from the NM Department of Health Website at: www.nmmidwife.org, under Table of Contents.

Sincerely,

Katie Avery, MS, CFNP
Maternal Health Program Manager

Licensed Midwifery Educational Standards and Requirements Reading Lists for Student Midwives

This list is current and comprehensive as of 2015. It closely aligns with the North America Registry of Midwives (NARM), the certifying body for certified professional midwives. To note, there is essentially no way to include every relevant text, article, website, or reference on the practice of midwifery. As this list is being promulgated, new research and information is being brought forth by a myriad of experts in the field. Please use this as a reference and endeavor to always remain current in the art and science of midwifery care. As new editions of books/texts come out (and prior to next revision of this list), ***it is strongly recommended and benefits the student/apprentice to invest in the newest edition.***

REQUIRED

The following texts are required reading for many or all areas of midwifery learning and will be needed by all midwifery apprentices:

American Academy of Pediatrics. *Neonatal Resuscitation Textbook*, 6th edition, 2011

Bickley, L. *Bates' Guide to Physical Examination and History Taking*, 11th Edition, 2012

Coad, Jane. *Anatomy & Physiology for Midwives*, Churchill Livingstone, 3rd edition, 2011

Davis, Elizabeth. *Heart and Hands: A Midwife's Guide to Pregnancy and Birth*, 5th edition, Ten Speed Press, 2012

Foster, Illysa, & Lasser, Jon. *Professional Ethics in Midwifery Practice*, Jones and Bartlett, 2010

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol. 1, Care During Pregnancy*, Labrys Press, revised 2010

Frye, Anne. *Holistic Midwifery: A Comprehensive Textbook for Midwives and Home Birth Practice, Vol.II, Care During Labor and Birth*, Labrys Press, 2004

Frye, Anne. *Healing Passage*, 6th edition. Labrys Press, 2010

Frye, Anne. *Understanding Diagnostic Tests in the Childbearing Year*, 7th edition, Labrys Press, 2007

Gaskin, Ina May. *Spiritual Midwifery*, 4rd edition, The Book Publishing Company, 2002

Goer, Henci, & Romano, Amy. *Optimal Care in Childbirth*, Classic Day Publishing, 2012

Gruenberg, Bonnie. *Birth Emergency Skills Training*, Birth Guru Publications, 2009

Hall, Jennifer. *Midwifery Mind and Spirit*, Elsevier, 2001

Choose ONE pharmacology book from the 2 listed:

Jordan, Sue. *Pharmacology for Midwives: The Evidence Base for Safe Practice*, Palgrave Macmillan, 2nd edition, 2011

-OR-

King, T., & Brucker, M. *Pharmacology for Women's Health*, Jones & Bartlett Learning, 1st edition, 2011

La Leche League, International. *The Breastfeeding Answer Book*. Mohrbacker and Stock, 2003

Lammi-Keefe, C., Couch, S., Philipson, E., & Reese E. A. *Handbook of Nutrition and Pregnancy (Nutrition and Health)*, 2008

Marshall, J., & Raynor, M. *Myles Textbook for Midwives*, Elsevier, 16th edition, 2014

Oxhorn & Foote. *Human Labor and Birth*, 5th edition. McGraw Hill, 1986

Page, Lesley Ann. *The New Midwifery*, 2nd edition, Churchill Livingstone, 2006

Pritchard & McDonald. *William's Obstetrics*, 23rd edition. Prentiss Hall, 2009

Renfrew M., Fisher, C., & Arms, S. *Bestfeeding: Getting Breastfeeding Right*. Celestial Arts, 3rd edition, 2004

Simpkin & Ancheta. *Labor Progress Handbook*, 3rd edition, Blackwell, 2011

Sinclair, Constance. *A Midwife's Handbook*, Saunders, 2004

Thureen. *Assessment & Care of the Well Newborn*, 2nd edition Saunders, 2004

Varney, Helen. *Midwifery*, Jones and Bartlett., 4th edition, 2004

Weaver, Pam, & Evans, Sharon. *Practical Skills Guide for Midwives*, Morningstar Publishing, 4th edition, 2007

Wickham, Sarah. *Midwifery, Best Practice*, Vol 3, Elsevier, 2009

RECOMMENDED

The following texts are recommended reading for many or all areas of midwifery learning and should be acquired by all midwifery apprentices:

Boston Women's Health Collective & Norsigian, Judy. *Our Bodies, Ourselves: A New Edition for a New Era*. 4th edition, 2005

Boston Women's Health Collective & Norsigian, Judy. *Our Bodies, Ourselves: Pregnancy and Birth*. 1st edition, 2008

Everett, Suzanne. *Handbook of Contraception and Reproductive Sexual Health*, 3rd edition, 2014

Gaskin, Ina May. *Ina May's Guide to Breastfeeding*. 1st edition, 2009

Gaskin, Ina May. *Ina May's Guide to Childbirth*. 1st edition, 2003

Mander, Rosemary, & Fleming, Valerie. *Becoming a Midwife*. 2nd edition, 2014

Nilsson, Lennart. *A Child is Born*. 5th edition, 2010

Odent, Michel. *Birth and Breastfeeding: Rediscovering the Needs of Women During Pregnancy and Childbirth*. 2nd edition, 2008

Riordan, Jan, & Wambach, Karen. *Breastfeeding and Human Lactation*. 5th edition, 2014

Weed, Susan. *Wise Woman Herbal for the Childbearing Years*, 1996

REFERENCES

The following are reference texts for many or all areas of midwifery learning and should be acquired by all midwifery apprentices:

Briggs, Gerald, Freeman, Roger K., Yaffe, & Sumner J. *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*. 9th edition, 2011

Venes, Donald. *Taber's Cyclopedic Medical Dictionary*. 22nd edition, 2013

WEBSITES

Helpful websites for further research and information on midwifery topics:

www.nmmidwife.org

www.childbirthconnection.org

www.midwiferytoday.com

www.mothing.com

www.narm.org

www.mana.org

www.cfmidwifery.org

www.acnm.org

www.internationalmidwives.org