



**REVISION
OF THE
MIDWIFERY FORMULARY**

Virginia Board of Medicine
August 25, 2025
10:00 a.m.

Revision of the Midwifery Formulary
Virginia Board of Medicine
Monday, August 25, 2025, 10:00 a.m.
9960 Mayland Drive, Suite 200, Board Room 4
Henrico, VA 23233

	Page
Call to Order – Blanton Marchese, Chair	
Emergency Egress Instructions	i
Roll Call/Introduction of Members	
Approval of the Minutes from July 20, 2023	1
Adoption of Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business:	
1. Code of Virginia Section 54.1-2957.9 regarding the practice of midwifery	4
2. Current Midwifery Formulary established in 2023	5
3. 2024 NARM Job Analysis	8
4. Updating the Formulary	---
Next Steps	
Announcements/Reminder	
Adjournment	

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EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
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**VIRGINIA BOARD OF MEDICINE
AD HOC COMMITTEE ON MEDICATIONS FOR MIDWIVES**

Thursday, July 20, 2023

Department of Health Professions

Henrico, VA

CALL TO ORDER: Mr. Marchese called the meeting to order at 1:09 p.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT: Blanton Marchese, Chair
Ildiko Baugus
Christian Chisholm, MD
Erin Hammer, CPM
Jordan Hylton, MD
Ami Keatts, MD
Kim Pekin, CPM

MEMBERS ABSENT: Rebecca Banks, CPM – unable to join remotely due to technical difficulties

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD – Deputy Exec. Director for Discipline
Colanthia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Erin Barrett, JD – Director for DHP Legislative and Regulatory Affairs
Matthew Novak – Policy and Economic Analyst
Deirdre Brown – Executive Assistant

OTHERS PRESENT: Marinda Shindler – Virginia Midwives Alliance
Becky Bowers-Lanier – Virginia Midwives Alliance

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese provided the emergency egress instructions.

CHARGE OF THE AD HOC COMMITTEE

Ms. Deschenes stated the charge of the Ad Hoc Committee was to address medications for midwives as directed in SB1275. She said that the Committee needed to develop a formulary and best practices for midwives for using the medications with their patients. She emphasized that the work be done with the Board's mission to protect the public in mind. The document derived from today's meeting will be presented to the Executive Committee on August 4, 2023 for consideration, revision, and approval.

ADOPTION OF AGENDA

Dr. Keatts moved to adopt the agenda as presented. The motion was seconded by Ms. Baugus and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DISCUSSION

Mr. Marchese reiterated the purpose of the meeting. Ms. Baugus suggested that the Committee members review the "Excerpt of NARM Job Analysis (2016)". Ms. Barrett noted that a drug formulary is a formal list of medications and that the Board of Medicine will need to adopt such a list. She indicated that the document would be in the form of a protocol, not a guidance document or regulation. The protocol can be presented to the August 4th Executive Committee for approval, as it can act on behalf of the Full Board when it is not in session. Dr. Chisholm asked how often the NARM Job Analysis was updated. Ms. Pekin said that the Job Analysis is updated every 6 to 8 years.

Mr. Marchese then referred the Committee to the "Virginia Licensed Midwives Drug Formulary" prepared by Ms. Pekin. He pointed out that with the authority to possess and administer medications comes responsibilities for proper storage and transportation. Ms. Pekin stated that the meds will most likely be stored at home and brought to the births. Dr. Harp asked Ms. Pekin if some of the medications were powders that need to be mixed. Ms. Pekin replied that there are antibiotics that need to be reconstituted. Ms. Barrett asked Ms. Pekin when an updated NARM Job Analysis will be published. Ms. Pekin said that it will be drafted in September or October this year with the final version available likely early next year.

Dr. Hylton asked Ms. Pekin if there were certain regulated temperatures for storage of the medicines, to which she replied "yes." Ms. Pekin explained that midwives follow the guidelines of the manufacturers for the storage of each medication. Dr. Chisholm stated that ampicillin, although perhaps not a first-line drug for midwives, should be kept on hand in case of shortages of other antibiotics. Dr. Chisholm shared his concerns about RhoGAM and also suggested that Narcan be added to the formulary. Dr. Keatts agreed with the addition of an opioid reversal agent.

BREAK

Mr. Marchese called for a break at 2:09 p.m. The meeting resumed at 2:24 p.m.

FURTHER DISCUSSION

Ms. Barrett asked the Committee if anyone had any objections to the "Virginia Licensed Midwives Drug Formulary" document in the agenda packet. Ms. Baugus said the list of references in the document should be removed. Ms. Barrett said she will draft a chart that includes the medications and best practices, to include indications, appropriate dose, and duration of treatment for review

---FINAL - APPROVED---

by the Executive Committee on August 4th. Mr. Marchese then asked each of the Committee members to weigh in with any other thoughts, and all said they were good with the proposed protocol as discussed. Mr. Marchese concluded by noting that the work done today will be beneficial to Virginia midwives in their work with mothers and infants.

ANNOUNCEMENTS

Mr. Marchese reminded Committee members to submit their travel reimbursement vouchers within 30 days.

ADJOURNMENT

With no additional business, the meeting adjourned at 2:34 p.m.

William L. Harp, MD
Executive Director

Code of Virginia

Title 54.1. Professions and Occupations

Chapter 29. Medicine and Other Healing Arts

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North America Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. A licensed midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of Medicine shall develop and publish best practice and standards of care guidance for all such drugs. The formulary shall not include any drug, as defined in § 54.1-3401 in Schedule I through V of the Drug Control Act. A licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's scope of practice from entities including a pharmacy, defined in § 54.1-3300, or a manufacturer, medical equipment supplier, outsourcing facility, warehouse or wholesale distributor, as these terms are defined in § 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section, and who relies in good faith upon the license information provided by the licensed midwife, is not subject to liability for providing the medication.

Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains, possesses, and administers drugs and devices within the scope of his practice.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

2005, cc. 719, 917; 2009, c. 646; 2016, c. 495; 2023, cc. 673, 674.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

8/20/20

**Virginia Board of Medicine
Formulary and Best Practices
Midwifery Administration of Drugs**

Medication listed in this document should be stored as directed by the manufacturer and should not be administered to any person after the expiration date listed.

Drug	Indication	Dose/Route of Administration	Duration of Treatment
Rh(D) immune globulin (Rhig) (RhoGAM/WinRho/Rhophylac)	Prevention of isoimmunization	300 mcg IM	After SAB, third trimester, and within 72 hours postpartum.
Lidocaine HCl (1% or 2%)	Local anesthetic for suturing	Maximum 50 mL (1%) Maximum 15 mL (2%) Administered percutaneously	Completion of repair
Medical Oxygen	Maternal hemorrhage or fetal distress	4-15 L/min by mask or bag/mask as needed to keep SpO ₂ >93% or for fetal distress	Until maternal/fetal stabilization is achieved or transfer to the hospital is complete.
Oxytocin (Pitocin)	Postpartum uterine atony	10 units IM per dose, 20-40 units in 500-1000 mL IV NS or LR	PRN during immediate postpartum care
Misoprostol (Cytotec)	Postpartum hemorrhage	<u>Prevention</u> <ul style="list-style-type: none"> Buccal or sublingual 200-400 mcg single dose immediately after delivery Oral: 600 mcg single dose after delivery <u>Treatment</u> <ul style="list-style-type: none"> Oral or rectal 600 to 1000 mcg single dose Sublingual 800 mcg single dose 	PRN during immediate postpartum care

Maternal

Methylergonovine Maleate (Methergine)	Postpartum hemorrhage	0.2 mg IM or PO	Single dose IM or every six hours PO, may repeat 3 times. Contraindicated in hypertension and Raynaud's Disease.
IV Fluids: ➤ Normal Saline (0.9%) ➤ Ringers Lactate ➤ Ringers Lactate with 5% Dextrose	Dehydration, exhaustion, volume replacement	1000 mL or 500 mL bolus as needed for dehydration, maternal exhaustion, inability to tolerate PO hydration and/or food, postpartum hemorrhage	Antepartum, intrapartum, and postpartum, as indicated.
Penicillin G (Pfizerpen) (Recommended)	GBS prophylaxis	5 million units IV in >=100 mL LR, NS, or D5LR initial dose, then 2.5 million units IV in >=100 mL LR, NS, or D5LR every 4 hours until birth	Throughout labor until birth of baby
Ampicillin Sodium (Alternative)	GBS prophylaxis	2 grams IV in >=100 mL NS or D5LR initial dose, then 1 gram IV in NS >=100 mL every 4 hours until birth	Until birth of baby
Cefazolin Sodium (Ancef) (Alternative if allergic to PCN, high risk for anaphylaxis, and GBS is susceptible)	GBS prophylaxis	2 grams initial dose IV in >=100 mL LR, NS, or D5LR, then 1 gram IV in >=100 mL LR, NS, or D5LR every 8 hours	Until birth of baby
Clindamycin Phosphate (Cleocin) (Alternative if allergic to PCN, high risk for anaphylaxis, and GBS is susceptible)	GBS prophylaxis	900 mg IV in >=100 mL LR, NS, or D5LR every 8 hours	Until birth of baby
Epinephrine HCl 1:1000	Allergic reaction	0.3 mL IM	Every 20 minutes or until emergency medical services arrive. Administer the first dose then

				immediately request emergency services.
Opioid reversal agent	Suspected opioid overdose: unresponsive patient (not following commands but has a pulse) AND hypoventilating (respiratory rate of 8 or below and/or presence of gasping or agonal respirations) OR apneic	4mg/0.1mL nasal spray single spray intranasally into one nostril. If no response after initial treatment, give additional dose in opposite nostril.		Additional doses may be administered every 2-3 minutes until emergency medical services arrives.

Drug	Indication	Dose/Route of Administration	Duration of Treatment
Vitamin K1 (Phytonadione/Phylloquinone)	Prevention of vitamin K deficiency bleeding (hemorrhagic disease of the newborn)	1 mg IM	Once, soon after birth
Erythromycin ophthalmic ointment (0.5%) Medical Oxygen	Prevention of ophthalmia neonatorum Neonatal resuscitation	1 cm strip ophthalmic administration inside each eyelid 2-8 L/min mask, bag and mask, and/or laryngeal mask airway as needed to keep SpO2 within NRP guidelines	Once, soon after birth Until neonatal stabilization is achieved or transfer to the hospital is complete
Epinephrine HCl 1:10,000	Neonatal resuscitation	0.01 mg/kg umbilical vein catheter or introsseous injection (0.1 ml/kg of 1:10,000 concentration)	Every 20 minutes or until emergency medical services arrive. Administer the first dose then immediately request emergency services.

Neonate

**Job Task Analysis
For the
Certified Professional Midwife (CPM)
Certification Program**

Final Report



Presented to:

**North American Registry of Midwives
(NARM)**

2024

By Professional Testing Corporation



TABLE OF CONTENTS

SURVEY BACKGROUND, PURPOSE, AND METHODOLOGY.....	1
The Job Task Analysis Study.....	1
DEMOGRAPHIC SUMMARY.....	4
Survey Respondents.....	4
<i>Distribution by CPM Certification Pathway.....</i>	4
<i>Distribution by Years Practicing Midwifery after Completing Training.....</i>	5
<i>Distribution by Highest Level of Education.....</i>	5
<i>Distribution by Whether the Respondent also is a Nurse.....</i>	6
<i>Distribution by Availability of Licensure or Legal Recognition in their Jurisdiction.....</i>	6
<i>Distribution by Whether the Respondent is Legally Recognized.....</i>	7
<i>Distribution by Whether the Respondent is Legally Recognized in Another Jurisdiction.....</i>	7
<i>Distribution by Attendance at Births.....</i>	8
<i>Distribution by Primary Place of Practice for Births.....</i>	8
<i>Distribution by Type of Practice.....</i>	9
<i>Distribution by Attendance at Births with Another Practitioner.....</i>	9
<i>Distribution by Whether Respondent Worked as a Doula.....</i>	10
<i>Distribution by Whether Respondent has a NARM Midwifery Bridge Certificate.....</i>	10
<i>Distribution by Whether Respondent is a NARM Registered Preceptor.....</i>	11
<i>Distribution by Whether Respondent is Registered as a Preceptor with a MEAC School.....</i>	11
<i>Distribution by Data Collection System.....</i>	12
<i>Distribution by Whether Respondent Uses Electronic Health Records.....</i>	12
<i>Distribution by Whether Respondent Bills Insurance.....</i>	13
<i>Distribution by Whether Respondent is Eligible to be a Medicaid Provider.....</i>	13
<i>Distribution by Whether Respondent has Malpractice Insurance.....</i>	14
<i>Distribution by the Percentage of Routine Visits Conducted through Telehealth.....</i>	14
<i>Distribution by Number of In-person Postpartum Visits.....</i>	15
<i>Distribution by Frequency of Preconception Counseling.....</i>	15
<i>Distribution by Frequency of Providing Well-woman Care within the Childbearing Years.....</i>	16
<i>Distribution by Frequency of Providing Well-woman Care Beyond the Childbearing Years.....</i>	16
<i>Distribution by Frequency of Providing Family Planning Consultations.....</i>	17
<i>Distribution by Frequency of Working with Pregnant Clients under 18 Years of Age.....</i>	17
<i>Distribution by Frequency of Working with Pregnant Clients Over 40 Years of Age.....</i>	18
<i>Distribution by Frequency of Working with Pregnancies Resulting from Assault.....</i>	18
<i>Distribution by Frequency of Providing Miscarriage/Pregnancy Loss Counseling Services.....</i>	19
<i>Distribution by Frequency of Attending Known Stillbirths Outside of a Hospital Setting.....</i>	19
<i>Distribution by Frequency of Providing Intrauterine Insemination.....</i>	20
<i>Distribution by Frequency of Providing Care for Individuals Undergoing Gender Transition.....</i>	20
<i>Distribution by Frequency of Providing Referral to People Considering Terminating a Pregnancy.....</i>	21
<i>Distribution by Membership in a State Association of Midwives.....</i>	21
<i>Distribution by Membership in a National Association of Midwives.....</i>	22
<i>Distribution by Membership in Other Associations of Midwives.....</i>	22
<i>Distribution by Whether Respondent had Participated in Previous NARM JTA.....</i>	23
<i>Distribution by Age.....</i>	23
<i>Distribution by Gender.....</i>	24
<i>Distribution by Ethnic Background.....</i>	24
ELIGIBILITY REQUIREMENTS AND RECERTIFICATION.....	25
TASK STATEMENT RATINGS.....	28
Average Ratings.....	28
Most Frequently Performed and Most Important Tasks.....	29
Least Frequently Performed and Least Important Tasks.....	34
Cross Tabulations.....	34
KNOWLEDGE AREAS.....	40
Least Important Knowledge Areas for Competent Performance.....	40

IMPORTANCE OF DOMAINS FOR COMPETENT PERFORMANCE.....	43
PERCENTAGE OF TIME SPENT IN EACH DOMAIN.....	43
DEVELOPMENT OF TEST SPECIFICATIONS.....	44
CONCLUSIONS	46
Certified Professional Midwife (CPM) Test Specifications and Content Outline	47
NARM Knowledge Areas	52
NARM-CPM Job Task Analysis - Appendices	
Appendix A – Survey Instrument	
Appendix B – Background and Demographic Information	
Appendix C – Background and Demographic Information – Open Text Response	
Appendix D – Analysis of Task Statements with SD	
Appendix E – Analysis of Subgroups - Tasks	
Appendix F – Analysis of Knowledge Statements with SD	
Appendix G – Analysis of Domains with SD	
Appendix H – Time Spent in Domains	

NARM Knowledge Areas

1. Anatomy and physiology of pregnancy, labor, and birth (including relationship of maternal and fetal anatomy)
2. Social determinants of health (including income, literacy, education, sanitation, housing, environmental hazards, food security, common threats to health, profession/work environment, social discrimination, racism, violence, etc.)
3. Effect of human rights issues on health of individuals (including domestic partner violence, female genital cutting, circumcision, gender roles, cultural effect of religious beliefs, other cultural health practices, etc.)
4. Impact of direct and indirect causes of maternal and neonatal mortality and morbidity (including differences among population groups, etc.) and the role of peer review
5. Principles of research and evidence-based practices, and critical interpretation of professional literature, vital statistics, and research findings
6. National and local health services (including resources for social services, WIC, breastfeeding, substance abuse, mental health, bereavement, etc.)
7. Legal and regulatory framework governing reproductive health (including laws, policies, protocols, professional guidelines, etc.)
8. Benefits and risks of different birth sites (including requirements of the birth site, how to prepare and equip the birth site, etc.)
9. Principles of human rights; and professional ethics as described in NARM's Position Statement regarding Confidentiality, HIPAA Privacy and Security, and Informed Consent and Informed Disclosure as described in the Candidate Information Booklet
10. Universal precautions
11. Benefits and risks/contraindications of alternative healthcare practices/non-allopathic treatments and modalities [including herbs, hydrotherapy, waterbirth, fetal positioning, complementary alternative modalities (CAM), etc.]
12. Benefits and risks/contraindications of vitamin, and mineral supplements (including prenatal multivitamins, vitamins C, D, E, B-complex, B6, B9, B12, iron, calcium, magnesium, probiotics, etc.)
13. Nutritional needs to prepare body for and sustain body throughout pregnancy
14. Benefits, risks, and appropriate administration of pharmacological agents, such as:
 - a. local anesthetic used for suturing (including lidocaine/carbocaine, etc.)
 - b. medical oxygen
 - c. those used for postpartum hemorrhage or uterine atony (including tranexamic acid (TXA), prostaglandin F2 alpha (carboprost), methylergonovine maleate/Methergine® and oxytocin/Pitocin®, misoprostol/Cytotec®, etc.)
 - d. those used to treat Rh- mothers (including RhoGam®)
 - e. antibiotics (including for Group B Strep)
 - f. those used for prevention of maternal seizures, pending transport (including magnesium sulfate, etc.)
 - g. epinephrine for use in maternal anaphylaxis and resuscitation and neonatal resuscitation, pending transport
 - h. those used for vaccination against infectious disease (including Tdap, MMR, HBV, HBIG, influenza, COVID, etc.)
 - i. anti-tocolytic medications (including terbutaline) to temporarily decrease contractions pending emergent intrapartum transport
 - j. intravenous fluid replacement (including lactated ringers, 5% dextrose with lactated ringers, 0.9% sodium chloride, etc.)
 - k. sterile water for intradermal injections for pain relief

- l. nitrous oxide as a self-administered analgesic
 - m. over-the-counter (OTC) medications
 - n. anti-nausea medications (including Zofran, Meyer's cocktail, etc.)
 - o. iron infusions
 - p. oral or IM Vitamin K for newborn
 - q. antibiotic eye prophylaxis for newborn
15. Benefits, risks, and indications for ultrasounds/sonograms including for:
- a. pregnancy dating
 - b. anatomy scan
 - c. amniotic fluid index (AFI)
 - d. fetal wellbeing and growth
 - e. biophysical profile
 - f. fetal position
 - g. placental position
 - h. determination of multiple gestation
16. Appropriate use (when and how) and benefits and risks of instruments, devices and equipment, such as:
- a. amnihook/amnicot
 - b. suction devices [bulb syringe, tube/mouth suction device (including Delee®, etc.)]
 - c. nitrazine paper (Amnicator®)
 - d. hemostats
 - e. scissors of all kinds
 - f. suturing equipment
 - g. urinary catheters
 - h. injection equipment
 - i. phlebotomy equipment
 - j. IV equipment
 - k. single and multi-dose ampules/vials (check tasks to make sure included or put with injection equipment)
 - l. gestational wheel, calendar, or apps for determining due dates
 - m. scales (adult and newborn)
 - n. thermometer
 - o. urinalysis strips
 - p. umbilical cord clamps and cord bands
 - q. Doppler
 - r. fetoscope
 - s. stethoscope
 - t. vaginal speculum and vaginal collection swab
 - u. blood pressure cuff
 - v. oxygen tank with flow meter, cannula, and face mask
 - w. pulse oximeter
 - x. neonatal resuscitation equipment [including bag and mask resuscitator, laryngeal mask airway (LMA), umbilical vein catheter (UVC), intraosseous (IO) injection, etc.]
17. Laboratory and medical records/results, such as:
- a. hematology (including hematocrit/hemoglobin, complete blood count, blood type and Rh factor, Rh antibodies, ferritin, etc.)
 - b. glucose and HbA1c

- c. blood tests for infectious diseases [including HIV, Hepatitis B, Hepatitis C, toxoplasmosis, herpes complex, cytomegalovirus, varicella zoster, parvovirus B19, rubella, syphilis (VDRL or RPR), etc.]
 - d. vitamin deficiency
 - e. hormones (including thyroid, progesterone, hCG, etc.)
 - f. gynecological tests/screenings (including PAP, HPV, and for Group B Strep, gonorrhea, chlamydia, vaginitis, etc.)
 - g. urine culture and urinalysis (including color, density, odor, clarity, protein, glucose, ketones, pH, leukocytes, nitrites, blood, specific gravity, etc.)
 - h. complete metabolic panel [including hepatic (liver) function, renal (kidney) function (blood albumin, protein, creatinine), etc.]
 - i. genetic screening [including non-invasive prenatal testing (NIPT) and maternal genetic carrier screening, etc.]
 - j. neural tube defect screening [maternal serum alpha-fetoprotein (MSAFP)]
 - k. newborn dried bloodspot (metabolic) screening
 - l. newborn Rh factor (Eldoncard or cord blood sample)
 - m. additional laboratory testing as appropriate for risk assessment
18. Elements of maternal health history and their implications for current pregnancy, such as:
- a. personal information/demographics (including religion/religious beliefs, occupation, education, marital status and gender roles, economic status, etc.)
 - b. potential impact of chronic stress (due to racism, resource scarcity, trauma, etc.)
 - c. mental health/psychosocial and abuse/trauma history
 - d. client's evaluation of their health and nutrition and recent changes
 - e. potential exposure to teratogens, environmental toxins, or bloodborne pathogens
 - f. medical histories of client and other biological parent (including genetics, alcohol use, drug use, tobacco use, environmental and medical allergies, vasovagal response or fainting, foreign travel, vaccination status, etc.)
 - g. surgical history
 - h. reproductive history (including menstrual, gynecologic, sexual, childbearing, contraceptive practice, sexually transmitted infections and behavioral risk factors for such infections, Rh type and plan of care if negative, etc.)
 - i. family medical history
19. Elements of maternal physical examination, such as:
- a. weight and height
 - b. general appearance and skin condition
 - c. vital signs (including blood pressure, heart rate, SpO2, etc.)
 - d. Head Eyes Ears Nose Throat (HEENT), including palpation of thyroid
 - e. lymph glands (neck, chest, under arms)
 - f. color of mucus membranes
 - g. breasts and nipples (including client's knowledge of self-breast exam techniques, conditions that impact breastfeeding, types of nipples, etc.)
 - h. torso and extremities (for bruising, abrasions, moles, unusual growths, etc.)
 - i. reflexes (including deep tendon reflexes of the knee, clonus, etc.)
 - j. heart
 - k. respiratory assessment
 - l. abdomen (by palpation and observation for scars)
 - m. kidney pain (CVAT)
 - n. vascular system (including edema, varicosities, thrombophlebitis, etc.)

- o. clonus
 - p. vulva, vagina, cervix (by speculum exam), perineum, anus
 - q. size of uterus and ovaries by bimanual exam
20. Elements of prenatal care and ongoing assessment of maternal health, such as:
- a. maternal psychosocial, emotional health and wellbeing (including signs of abuse, etc.)
 - b. social support system
 - c. variations and changes in health indicators (including vital signs, status of membranes, elimination/urination patterns, sleep patterns, energy levels, nutritional patterns and pica, weight, exercise and movement, etc.)
 - d. vaginal discharge (including signs and symptoms of infection)
 - e. education about signs of labor
 - f. education about mechanisms of labor
21. Standard methods for estimating due date
22. Elements of fetal growth, health, and wellbeing assessment, such as:
- a. fetal heart rate/tones (auscultated with fetoscope or Doppler)
 - b. correlation of weeks gestation to fundal height
 - c. fetal activity and responsiveness to stimulation
 - d. fetal weight, size, lie, degree of head flexion, presentation, position, descent (during labor)
23. Common complaints of pregnancy, such as:
- a. sleep difficulties
 - b. nausea/vomiting
 - c. fatigue
 - d. inflammation of the sciatic nerve
 - e. breast tenderness
 - f. pruritus (skin itchiness)
 - g. vaginal discharge
 - h. anemia
 - i. digestive issues (including indigestion/heartburn, constipation, etc.)
 - j. carpal tunnel syndrome
 - k. round ligament pain
 - l. headache
 - m. leg cramps
 - n. backache
 - o. hemorrhoids
 - p. varicose veins
 - q. sexual changes
 - r. emotional changes
 - s. edema
24. Potential maternal prenatal complications/variations, such as:
- a. antepartum bleeding (in first, second, or third trimester)
 - b. hypertensive disorders (including pregnancy-induced hypertension, pre-eclampsia, etc.)
 - c. gestational diabetes
 - d. urinary tract infection
 - e. thrombophlebitis
 - f. cholestasis
 - g. conditions experienced during a previous pregnancy (including diastasis recti, prolapse, cystocele, rectocele, etc.)

- h. problems related to the placenta (including placental abruption, low-lying placenta, placenta previa, etc.)
 - i. premature rupture of membranes (in full-term and pre-term pregnancy)
 - j. previous cesarean birth
 - k. uterine rupture (including signs, symptoms, and emergency treatment, etc.)
 - l. maternal dehydration
 - m. cervical insufficiency
 - n. pre-term birth
 - o. non-viable pregnancy (including molar, ectopic, etc.)
 - p. fetal loss
 - q. post-date pregnancy
25. Potential fetal prenatal complications/variations, such as:
- a. unusual size (small, large) for gestational age
 - b. intrauterine growth restriction
 - c. oligohydramnios or polyhydramnios
 - d. malpresentation (including identification, methods to turn, etc.)
 - e. multiple gestation (including identification, etc.)
26. Risk factors for uterine rupture after previous cesarean birth (including the type of uterine suturing, classical or transverse uterine incision, uterine wall thickness, inter-delivery interval, number of previous cesarean and vaginal births, implantation site of the placenta, etc.)
27. Risk factors for preterm birth (including smoking, substance use, vaginal or urinary tract infections, periodontal health, prior preterm birth, stress, emotional health, COVID, age, low BMI, etc.)
28. Potential variations of normal birth [including breech presentation, multiple gestations, vaginal birth after cesarean (VBAC, TOLAC), preterm labor, postdate pregnancy, other malpresentations, etc.]
29. Methods to turn breech presentation [including alternative positions (tilt board, exercises, etc.), external version, non-allopathic methods (including moxibustion, homeopathic, chiropractic, etc.)]
30. Considerations associated with vaginal birth after cesarean (VBAC, TOLAC), such as:
- a. identification of VBAC, TOLAC by history and physical
 - b. indications/contraindications for out-of-hospital births
 - c. management strategies for VBAC and TOLAC
31. Issues associated with preterm labor (including identification, referral, consultation, standard measures for treatment, etc.)
32. Considerations associated with postdate pregnancy, such as:
- a. monitoring/assessment (including fetal movement, growth, heart tone variability, maternal tracking of fetal movement, etc.)
 - b. reevaluation of due date calculations
 - c. previous birth patterns
 - d. amniotic fluid volume
 - e. consultations or referrals (including for ultrasound, non-stress test, biophysical profile, etc.)
 - f. standard measures for treating postdate pregnancy
33. Issues associated with premature rupture of membranes in pre-term pregnancy (including consultations, referrals, emergency contingency plans for mother/baby, etc.)
34. Considerations associated with premature rupture of membranes in full-term pregnancy, such as:

- a. monitoring fetal heart tones and movement
 - b. minimizing internal vaginal examinations
 - c. appropriate hygiene techniques
 - d. monitoring vital signs for infection
 - e. need to increase fluid intake
 - f. nutritional/non-allopathic treatment
 - g. ways to stimulate labor
 - h. consultation for prolonged rupture
 - i. review of Group B Strep status and consequent options
 - j. emergency contingency plans for mother/baby
35. Considerations associated with cesarean birth, such as:
- a. local options for cesarean birth
 - b. procedures for cesarean birth
 - c. support to mother and baby before, during (as permitted), and after cesarean birth
 - d. follow-ups for cesarean birth (including physical and emotional healing, breastfeeding and infant care, etc.)
36. Conditions that slow/stall labor, such as:
- a. anterior/swollen lip
 - b. fetal position
 - c. pendulous belly that inhibits descent
 - d. maternal exhaustion
 - e. maternal fears, emotions
 - f. abnormal labor patterns
 - g. deep transverse arrest
 - h. obstructed labor
37. Non-allopathic remedies in response to slowed or stalled labor (including nipple stimulation, herbs, positions, movement, etc.)
38. Emotional, psychological, and physical aspects of labor
39. Considerations associated with waterbirth, such as:
- a. benefits and risks of waterbirth
 - b. equipment needed at birth site for waterbirth
 - c. specific management of complications during waterbirth
40. Methods to assist maternal relaxation and comfort during labor
41. Potential complications or emergency situations during labor and birth, such as:
- a. abnormal fetal heart tones/patterns
 - b. cord prolapse
 - c. malpresentation (including breech, face, brow, military, compound presentation, etc.)
 - d. nuchal cord
 - e. multiple births
 - f. shoulder dystocia
 - g. indications for performing an episiotomy
 - h. meconium-stained fluids
 - i. maternal exhaustion
 - j. abnormal bleeding
 - k. uterine rupture
 - l. uterine inversion
 - m. amniotic fluid embolism
 - n. stillbirth

- o. hemorrhage
 - p. placenta abruption
 - q. placenta previa
42. Techniques for delivery of baby in breech presentation (including mechanism of descent and rotation for complete, frank, or footling presentation, techniques for release of nuchal arms with breech, etc.)
 43. Techniques for delivery of baby with nuchal hand/arm presentation (including applying counter pressure to hand or arm and perineum, sweeping arm out)
 44. Techniques for delivery of baby with nuchal cord (including looping finger under cord and sliding over head or shoulder, clamping and cutting cord if necessary, pressing baby's head into perineum and somersaulting the baby out)
 45. Techniques for delivery of baby with shoulder dystocia [including repositioning fetal shoulders to oblique diameter by using maternal position changes (including Gaskin maneuver, McRobert's position and supra-pubic pressure, lunge or runner's pose), performing internal maneuvers for fetal repositioning (including extracting posterior arm, flexing shoulders of newborn, then performing Woods corkscrew maneuver), sweeping arm across newborn's face, fracturing newborn's clavicle]
 46. Techniques for delivery of baby in face and/or brow presentation (including mechanism of delivery for face or brow presentation, position of chin, management strategies, preparation for resuscitation, treatment of bruising/swelling, eye injury, etc.)
 47. Elements in management of maternal exhaustion, such as:
 - a. hydration and nutrition
 - b. rest/bath/removal of distractions
 - c. monitoring maternal and fetal vital signs (including urine ketones)
 - d. evaluation for consultation or referral or transfer
 - e. pharmacological therapeutic rest
 48. Normal and abnormal progression of second stage of labor and birth
 49. Pushing techniques and positions in second stage of labor and birth
 50. Hand techniques for perineal support and birth of baby
 51. Elements of immediate care/wellbeing of newborn, such as:
 - a. establishment of normal respirations at birth
 - b. recognition of abnormal respirations (including nasal flaring, grunting, chest retractions, circumoral cyanosis, central cyanosis, etc.)
 - c. response to abnormal respiration (including AAP/NRP recommendations for resuscitation/stimulating newborn respiration, etc.)
 - d. determination of APGAR score
 - e. evaluation of cardiac and respiratory function (including symmetry of chest, sound and rate of heart tones and respirations, etc.)
 - f. recognition of potential congenital abnormalities
 - g. recognition of meconium aspiration syndrome
 - h. assessment of gestational age
 - i. assessment for central nervous system disorders
 - j. management of umbilical cord (including physiologic clamping/cutting after pulsing stops, evaluating cord and number of vessels, collecting cord blood sample if needed, etc.)
 - k. maternal/newborn microbiome and adequate contact with microflora
 52. Physiological and active management strategies during third stage of labor and birth, such as:
 - a. breastfeeding/nipple stimulation

- b. changing maternal position
 - c. performing controlled cord traction
 - d. emptying the bladder
 - e. administering non-allopathic treatments
 - f. maternal awareness
 - g. manual removal
 - h. potential need for transport for removal
 - i. administration of uterotonic drugs
53. Signs of placental separation (including separation gush, contractions, lengthening of cord, urge to push, rise in fundus, etc.)
54. Normal and abnormal characteristics/condition of placenta and membranes
55. Postpartum blood loss (including trickle bleed, hemorrhage, etc.) and steps in management, such as:
- a. assessing origin
 - b. assessing fundal height and uterine size
 - c. performing fundal massage
 - d. assessing vital signs
 - e. emptying bladder (using catheter if necessary)
 - f. facilitating breastfeeding or nipple stimulation
 - g. expressing blood clots
 - h. providing allopathic and non-allopathic treatments
 - i. performing external and internal bimanual compression
 - j. administering medications and IV fluids
 - k. increasing maternal focus and participation
 - l. following emergency back-up plan
 - m. following standard recommendation/protocols for treating hypovolemic shock
 - n. performing external aortic compression
 - o. assisting removal of placenta
56. Elements of maternal postpartum health assessment, such as:
- a. bladder distension (including need to urinate or perform catheterization)
 - b. condition of vagina, cervix, and perineum (including cystocele, rectocele, hematoma, etc.)
 - c. hemorrhoids
 - d. bruising
 - e. prolapsed cervix or uterus
 - f. tears or lacerations
 - g. vital signs
 - h. adequate hydration and nutrition
57. Considerations with facilitating breastfeeding, such as:
- a. colostrum
 - b. positioning at the breast
 - c. skin-to-skin contact
 - d. newborn's ability to latch on
 - e. maternal hydration and nutrition
 - f. maternal rest
 - g. feeding patterns
 - h. maternal comfort measures related to engorgement
 - i. letdown reflex

- j. milk expression
 - k. normal newborn urine and stool output
 - l. types of nipples
 - m. evaluating ties (lip and tongue)
58. Elements of newborn health assessment, such as assessing newborn's:
- a. head (including for size/circumference, molding, hematoma, caput, suture lines, fontanelles, etc.)
 - b. eyes (including for jaundice, pupil condition, tracking, spacing, clarity, hemorrhage, discharge, red eye reflex, etc.)
 - c. ears (including for positioning, response to sound, patency, cartilage, etc.)
 - d. mouth (including for appearance/feel of palate, lip/mouth color, tongue, lip cleft, signs of dehydration, tongue and lip tie, etc.)
 - e. nose (including for patency, flaring nostrils, etc.)
 - f. neck (including for enlarged glands/thyroid/lymph, trachea placement, soft tissue swelling, unusual range of motion, etc.)
 - g. clavicle (including for integrity, symmetry, etc.)
 - h. chest (including for symmetry, nipples, breast enlargement or discharge, measurement/circumference, rate and irregularities in heart sounds, etc.)
 - i. lungs (front and back, including for breath sounds, equal bilateral expansion, etc.)
 - j. abdomen (including for enlarged organs, masses, hernias, bowel sounds, rigidity, measurement/circumference, etc.)
 - k. groin (including for femoral pulses, swollen glands, etc.)
 - l. genitalia (including for appearance, position of urethral opening, testes (including descent) and scrotum (including rugae) if present, patency of vagina if present, maturity of clitoris and labia if present, etc.)
 - m. rectum (including for patency, meconium, etc.)
 - n. abduct hips (for dislocation)
 - o. legs (including for symmetry of creases in the back of legs, equal length, ankle abnormality, etc.)
 - p. feet (including for abnormalities, number and webbing of digits, creases, etc.)
 - q. arms (including for structure, movement, etc.)
 - r. hands (including for number and webbing of digits, finger taper, palm creases, length of nails, etc.)
 - s. backside (including for symmetry of hips, range of motion of hips, spine for dimpling, holes, straightness, etc.)
 - t. flexion of extremities and muscle tone
 - u. reflexes (including sucking, moro, Babinski, plantar/palmar, stepping, grasping, rooting, blinking, etc.)
 - v. skin condition [including for color, lesions, birthmarks, milia, vernix, lanugo, peeling, rashes, bruising, slate grey nevus (formerly known as Mongolian spots), etc.]
 - w. temperature, length, and weight of baby
 - x. gestational age
59. Potential normal or abnormal conditions in newborn to six weeks old, such as:
- a. jaundice (in first 24 hours after birth, after 24 hours)
 - b. diaper and/or skin rash
 - c. cradle cap
 - d. colic
 - e. infections

- f. cardio-respiratory abnormalities
 - g. glucose disorders
 - h. congenital anomalies
 - i. failure to thrive
 - j. newborn hemorrhagic disease (early and late onset VKDB)
 - k. polycythemia
 - l. injuries (accidental and non-accidental)
 - m. dehydration
 - n. lethargy
60. Potential normal or abnormal changes in mother following childbirth, such as:
- a. involution
 - b. postpartum subjective history
 - c. return of menses
 - d. psychosocial adjustment (including screening for post-partum mood disorders, etc.)
61. Potential normal or abnormal conditions in mother following childbirth, such as:
- a. lochia vs. abnormal bleeding/delayed hemorrhage
 - b. vital signs, digestion, elimination patterns
 - c. muscle prolapse of vagina and rectum (including cystocele, rectocele, etc.)
 - d. condition and strength of pelvic floor
 - e. condition of uterus (including size and involution, etc.), ovaries, and cervix
 - f. condition of vulva, vagina, perineum, anus
 - g. uterine infection
 - h. urinary tract infection
 - i. infection of vaginal tear or incision
 - j. thrombophlebitis/Deep Vein Thrombosis
 - k. diastasis recti
 - l. separation of symphysis pubis
 - m. postpartum pre-eclampsia
 - n. pulmonary embolism
 - o. sepsis
62. Potential responses for physiological jaundice (including breastfeeding, exposure of newborn to indirect sunlight, phototherapy, consultation or referral for additional screening or treatment, etc.)
63. Elements of newborn transition to extrauterine life, such as:
- a. physiologic changes in cardiopulmonary system
 - b. basic needs (including breathing, warmth, nutrition, bonding, etc.)
 - c. normal/abnormal activity (including responses, vital signs, appearance, behavior, etc.)
 - d. normal growth and development
64. Elements of well-baby care (up to 6 weeks), such as assessment of:
- a. vital signs (including temperature, heart rate/rhythm/regularity, respirations, etc.)
 - b. appropriate weight loss and then gain
 - c. length
 - d. head circumference
 - e. neuro-muscular response
 - f. level of alertness
 - g. wake/sleep cycles
 - h. feeding patterns
 - i. urination and stool (including frequency, quantity, color, etc.)

- j. appearance of skin (including for indications of jaundice, etc.)
 - k. condition of cord stump
 - l. newborn dried blood spot (metabolic screening)
 - m. hearing screening
 - n. pulse oximetry newborn screening for congenital heart disease (CCHD)
 - o. care of the circumcised or intact penis
65. Potential healthcare practitioners for continued well-baby care (including integrative/complementary/alternative practitioners, pediatricians, family practitioners, etc.)
66. Issues associated with breastfeeding, such as:
- a. adverse factors affecting breastfeeding or breastmilk (including environmental, biological, occupational, pharmacological, etc.)
 - b. baby's ability to breastfeed (including sucking method, position of lips and tongue, if ties are present, etc.)
 - c. conditions of breasts and nipples (including inverted, sore nipples, thrush, mastitis, etc.)
67. Potential treatments for sore nipples (including exposure to air, alternating nursing positions, applying topical agents, applying expressed breastmilk, nipple shields, flange of lips, latching on, tongue tie, sucking, swallowing, etc.)
68. Potential treatments for thrush in the nursing dyad (including drying nipples after nursing, allopathic treatments, non-allopathic remedies, etc.)
69. Potential treatments for mastitis, such as:
- a. immune support (including nutrition/hydration, etc.)
 - b. allopathic and non-allopathic remedies (including herbal compresses, sunflower lecithin, probiotics, homeopathics, over-the-counter pain and fever relievers, antibiotics as needed, etc.)
 - c. multiple nursing positions
 - d. application of cold or warmth
 - e. adequate rest/relaxation
 - f. emptying of breasts at each feeding
 - g. gentle massage
 - h. consultations or referrals (including to breastfeeding support groups, lactation counselor, other healthcare providers)
70. Counseling on or referral for family planning/contraception
71. Counseling on or referral for unexpected outcomes

REMINDER

If you are not a state employee, you are eligible for a \$50.00 per diem.

The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting no later than

September 25, 2025