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## **BUSINESS AND PROFESSIONS CODE**

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### **NURSE-MIDWIVES: LAWS & REGULATIONS**

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#### **Division 2. Healing Arts; Chapter 6. Nursing; Article 2.5. Nurse-Midwives**

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##### **2746. Issuance of Certificate to Practice**

The board shall issue a certificate to practice nurse-midwifery to any person who qualifies under this article and is licensed pursuant to the provisions of this chapter. (Added by Stats. 1974, c. 1407, p. 3081, § 1.)

##### **2746.1. Compliance**

Every applicant for a certificate to practice nurse-midwifery shall comply with all the provisions of this article in addition to the provisions of this chapter. (Added by Stats. 1974, c. 1407, p. 3081, § 1.)

##### **2746.2. Educational Standards**

Each applicant shall show by evidence satisfactory to the board that he has met the educational standards established by the board or has at least the equivalent thereof. The board is authorized to appoint a committee of qualified physicians and nurses, including, but not limited to, obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters.

(Added by Stats. 1974, c. 1407, p. 3081, § 1.)

##### **2746.3. Renewal of Midwife's Certificate**

Midwife's certificates issued by the Medical Board of California prior to the effective date of this article shall be renewable only by such board. (Amended by Stats. 1989, c. 886, § 53.)

##### **2746.4. Continued Practice by Holder of Midwife's Certificate**

Nothing in this article shall be construed to prevent the practice of midwifery by a person possessing a midwife's certificate issued by the Medical Board of California on the effective date of this article. (Amended by Stats. 1989, c. 886, § 54.)

##### **2746.5. Practice of Nurse-Midwifery**

(a) The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

(b) As used in this chapter, the practice of nurse-midwifery constitutes the furthering or undertaking by any certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred

to a physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.

(c) As used in this article, "supervision" shall not be construed to require the physical presence of the supervising physician.

(d) A certified nurse-midwife is not authorized to practice medicine and surgery by the provisions of this chapter.

(e) Any regulations promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the board.

#### **2746.51. Furnishing Drugs and Devices**

(a) Neither this chapter nor any other provision of law shall be construed to prohibit a certified nurse-midwife from furnishing or ordering drugs or devices, including controlled substances classified in Schedule II, III, IV, or V under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code), when all of the following apply:

(1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following:

(A) Family planning services, as defined in Section 14503 of the Welfare and Institutions Code.

(B) Routine health care or perinatal care, as defined in subdivision (d) of Section 123485 of the Health and Safety Code.

(C) Care rendered, consistent with the certified nurse-midwife's educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(2) The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols. For purposes of this section, standardized procedure means a document, including protocols, developed and approved by the supervising physician and surgeon, the certified nurse-midwife, and the facility administrator or his or her designee. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices.

(B) Which drugs or devices may be furnished or ordered and under what circumstances.

(C) The extent of physician and surgeon supervision.

(D) The method of periodic review of the certified nurse-midwife's competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. For purposes of this section, no physician and surgeon shall supervise more than four certified nurse-midwives at one time. Physician

and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

(A) Collaboration on the development of the standardized procedure or protocol.

(B) Approval of the standardized procedure or protocol.

(C) Availability by telephonic contact at the time of patient examination by the certified nurse-midwife.

(b) (1) The furnishing or ordering of drugs or devices by a certified nurse-midwife is conditional on the issuance by the board of a number to the applicant who has successfully completed the requirements of paragraph (2). The number shall be included on all transmittals of orders for drugs or devices by the certified nurse-midwife. The board shall maintain a list of the certified nurse-midwives that it has certified pursuant to this paragraph and the number it has issued to each one. The board shall make the list available to the California State Board of Pharmacy upon its request. Every certified nurse-midwife who is authorized pursuant to this section to furnish or issue a drug order for a controlled substance shall register with the United States Drug Enforcement Administration.

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section. The board shall establish the requirements for satisfactory completion of this paragraph.

(3) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(4) A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse-midwife to perform these functions.

(5) Certified nurse-midwives who are certified by the board and hold an active furnishing number, who are currently authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) under the following conditions:

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in paragraphs (2) to (4), inclusive, of subdivision (a) and in paragraphs (1) to (3), inclusive, of subdivision (b).

(2) When Schedule II controlled substances, as defined in Section 11055 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon.

(d) Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure or protocol. Use of the term "furnishing" in this section shall include the following:

(1) The ordering of a drug or device in accordance with the standardized procedure or protocol.

(2) Transmitting an order of a supervising physician and surgeon.

(e) "Drug order" or "order" for purposes of this section means an order for medication or for

a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by certified nurse-midwives; and (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

### **2725.1 Dispensing Drugs or Devices; Registered Nurses; Limitations**

Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs

(1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety **Code**.

No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety **Code**). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

### **2746.52. Episiotomies; Repair of Lacerations of the Perineum**

Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, and a licensed alternate birth center, as defined in paragraph (4) of subdivision (b) of Section 1204 of the Health and Safety Code, but only if all of the following conditions are met:

- (a) The supervising physician and surgeon and any backup physician and surgeon is credentialed to perform obstetrical care in the facility.
- (b) The episiotomies are performed pursuant to protocols developed and approved by all of the following:
  - (1) The supervising physician and surgeon.
  - (2) The certified nurse-midwife.
  - (3) The director of the obstetrics department of the director of the family practice department, or both, if a physician and surgeon in obstetrics department or the family practice department is a supervising physician and surgeon, or an equivalent person if there is no specifically identified obstetrics department or family practice department.
  - (4) The interdisciplinary practices committee, if applicable.
  - (5) The facility administrator is his or her designee.
- (c) The protocols, and the procedures which shall be developed pursuant to the protocols, shall relate to the performance and repair of episiotomies and the repair of first-degree

and second-degree lacerations of the perineum, and shall do all of the following:

- (1) Ensure that all complications are referred to a physician and surgeon immediately.
- (2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse midwife, or emergency care for times when the supervising physician and surgeon is not on the premises.
- (3) Establish the number of certified nurse-midwives that a supervising physician and surgeon may supervise. (Added to Stats. 1996, c. 158 (SB 1738), § 1, eff. July 12, 1996.)

#### **2746.7. Application Fee**

An applicant for certification pursuant to this article shall submit a written application in the form prescribed by the board, accompanied by the fee prescribed by Section 2815.5.

(Added by Stats. 1974, c. 1407, p. 3082, § 1.)

#### **2746.8. Renewal; Expiration and Reinstatement**

Each certificate issued pursuant to this article shall be renewable biennially, and each person holding a certificate under this article shall apply for a renewal of his certificate and pay the biennial renewal fee required by Section 2815.5 every two years on or before the last day of the month following the month in which his birthday occurs, beginning with the second birthday following the date on which the certificate was issued, whereupon the board shall renew the certificate.

Each such certificate not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the biennial renewal fee and penalty fee required by Section 2815.5 and upon submission of such proof of the applicant's qualifications as may be required by the board, except that during such eight-year period no examination shall be required as a condition for the reinstatement of any such expired certificate which has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of such eight-year period the board may require as a condition of reinstatement that the applicant pass such examination as it deems necessary to determine his present fitness to resume the practice of nurse-midwifery.

(Added by Stats. 1974, c. 1407, p. 3082, § 1.)

## **BUSINESS AND PROFESSIONS CODE PHARMACY LAW PERTAINING TO NURSE-MIDWIVES**

### **Division 2. Healing Arts; Chapter 9. Pharmacy**

#### **Amendments January 1, 2003**

#### **4040. Pharmacy Law Requirements**

(a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, or physician assistant who issues a drug order pursuant to Section 2746.51, 2836.1, or 3502.1.

(2) Issued by a physician, dentist, optometrist, podiatrist, or veterinarian or, if a drug order is issued pursuant to Section 2746.51, 2836.1, or 3502.1, by a certified nurse-midwife, nurse practitioner, or physician assistant licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (3) of subdivision (b) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) "Electronic transmission prescription" includes both image and data prescriptions. "Electronic image transmission prescription" means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. "Electronic data transmission prescription" means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

(d) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

#### **4060. Controlled Substances**

No person shall possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a physician assistant pursuant to Section 3502.1. This section shall not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, physician, podiatrist, dentist, veterinarian, certified nurse-midwife, nurse practitioner, or physician assistant, when in stock in containers correctly labeled with the name and address of the supplier or producer. Nothing in this section authorizes a certified nurse-midwife, a nurse practitioner, or a physician assistant to order his or her own stock of dangerous drugs and devices.

#### **4061. Request and Receipt Complimentary Sample**

(a) No manufacturer's sales representative shall distribute any dangerous drug or dangerous device as a complimentary sample without the written request of a physician, dentist, podiatrist, or veterinarian. However, a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, or a physician assistant who functions pursuant to a protocol described in Section 3502.1, may sign for the request and receipt of complimentary samples of a

dangerous drug or dangerous device that has been identified in the standardized procedure, protocol, or practice agreement. Standardized procedures, protocols, and practice agreements shall include specific approval by a physician. A review process, consistent with the requirements of Section 2725 or 3502.1, of the complimentary samples requested and received by a nurse practitioner, certified nurse-midwife, or physician assistant shall be defined within the standardized procedure, protocol, or practice agreement.

(b) Each written request shall contain the names and addresses of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the certified nurse-midwife, nurse practitioner, or physician assistant, if applicable, receiving the samples pursuant to this section, the date of receipt, and the name and quantity of the dangerous drugs or dangerous devices provided. These records shall be preserved by the supplier with the records required by Section 4059.

(c) Nothing in this section is intended to expand the scope of practice of a certified nurse-midwife, nurse practitioner, or physician assistant.

#### **4174.**

Notwithstanding any other provision of law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1, or the order of a pharmacist acting under Section 4052.

## **HEALTH AND SAFETY CODE**

### **AMENDED TO INCLUDE NURSE-MIDWIVES**

#### **11026.**

"Practitioner" means any of the following:

(a) A physician, dentist, veterinarian, podiatrist, or pharmacist acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions Code, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions Code, or a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions Code, or an optometrist acting within the scope of Section 3041 of the Business and Professions Code.

(b) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer, a controlled substance in the course of professional practice or research in this state.

(c) A scientific investigator, or other person licensed, registered, or otherwise permitted, to distribute, dispense, conduct research with respect to, or administer, a controlled substance in the course of professional practice or research in this state.

#### **11150.**

No person other than a physician, dentist, podiatrist, or veterinarian, or pharmacist acting

within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a registered nurse acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of Section 2746.51 of the Business and Professions **Code**, a nurse practitioner acting within the scope of Section 2836.1 of the Business and Professions **Code**, a physician assistant acting within the scope of a project authorized under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or Section 3502.1 of the Business and Professions **Code**, or an optometrist acting within the scope of Section 3041 of the Business and Professions **Code**, or an out-of-state prescriber acting pursuant to Section 4005 of the Business and Professions **Code** shall write or issue a prescription.

## **SEC. 9.**

This act is intended solely to conform state law to the federal Controlled Substances Act, and nothing in this act is intended to increase the scope of practice of physician assistants or nurse practitioners.

## **TITLE 16. CALIFORNIA CODE OF REGULATIONS**

### **Article 6. Nurse-Midwives**

#### **1460. Qualifications for Certification.**

(a) Initial certification.

(1) An applicant for certification to practice midwifery must meet the following conditions:

(A) Be licensed as a registered nurse under the Nursing Practice Act, Business and Professions Code, Section 2700, et seq. , and

(B) Be a graduate of a Board approved program in nurse-midwifery.

(2) Equivalency. A registered nurse applicant not meeting the above requirements shall be eligible for certification, providing one of the following conditions exists:

(A) A graduate of a nurse-midwifery program not meeting Board of Registered Nursing standards who shows evidence satisfactory to the Board that deficiencies have been corrected in a Board approved nurse-midwifery program, or have been corrected through successful completion of specific courses which have been approved by the Board.

(B) Certification as a nurse-midwife by a national or state organization whose standards are satisfactory to the Board.

(C) An applicant who has successfully challenged the curriculum of the Nurse-Midwifery educational program which meets the standards of the Board of Registered Nursing and demonstrates clinical competency in management of normal labor and delivery as specified in Section 1462(4)(b); such demonstration of clinical competency shall consist of verification, satisfactory to the Board, by a certified nurse-midwife and by a physician, as specified in Section 1462(c)(2).

(D) A registered nurse whose post-licensure training and practice in maternal and child care partially fulfills requirements for certification, and

1. Remediates the deficiencies in a Board approved nurse-midwife program, or

2. Has successfully completed an examination satisfactory to the Board and

demonstrates clinical competency in management of normal labor and delivery as



specified in Section 1462(4)(b); such demonstration of clinical competency shall consist of verification, satisfactory to the Board, by a certified nurse-midwife and by a physician, as specified in Section 1462(c)(2).

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2746, 2746.2, 2746.5, Business and Professions Code. History

1. New Article 6 (S1460-1465, not consecutive) filed 10-10-75; effective thirtieth day thereafter (Register 75, No. 41).
2. New subsections (b) and (c) filed 1-9-76; effective thirtieth day thereafter (Register 76, No. 2).
3. Repealer and new section filed 4-7-79; effective thirtieth day thereafter (Register 79, No. 14).
4. Amendment of subsection (a)(2)(A) filed 5-29-81; effective thirtieth day thereafter (Register 81, No. 22).

#### **1461. Nurse-Midwifery Committee.**

The board shall appoint a committee comprised of at least one nurse-midwife and one physician, who have demonstrated familiarity with consumer needs, collegial practice and accompanied liability, and related educational standards in the delivery of maternal-child health care. This committee shall also include at least one public member and may include such other members as the board deems appropriate. The purpose of this committee is to advise the board on all matters pertaining to nurse-midwifery as established by the board, and, if necessary, to assist the board or its designated representatives in the evaluation of applications for nurse-midwifery certification.

Note: Authority cited: Section 2715, Business and Professions Code.  
Reference: Section 2746.2, Business and Professions Code.

#### History

1. Renumbering from Section 1461 to Section 1466 filed 4-6-79; effective thirtieth day thereafter (Register 79, No. 14).
2. New section filed 4-6-79; effective thirtieth day thereafter (Register 79, No. 14).
3. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

#### **1462. Standards for Nurse-Midwifery Programs.**

(a) Program of study. The program of study preparing a nurse-midwife shall:

- (1) Have as its primary purpose the preparation of nurse-midwives;
- (2) Have its philosophy clearly defined and available in written form;

(3) Have its objectives, reflective of the philosophy, stated in behavioral terms, which describe the theoretical knowledge base and clinical competencies expected of the graduates.

(b) Curriculum.

(1) The curriculum shall be no less than twelve(12) months in length, and shall be specifically designed to provide a knowledge and skills base necessary for nurse-midwifery management of women and neonates. Such content shall include, but not be

limited to, the following:

(A) Anatomy; physiology; genetics; obstetrics and gynecology; embryology and fetal development; neonatology; child growth and development; pharmacology; nutrition; laboratory and diagnostic tests and procedures; and physical assessment.

(B) Concepts in psycho-social, emotional, and cultural aspects of maternal/child care; human sexuality; counseling and teaching; maternal/infant/ family bonding process; breast feeding; family planning; principles of preventive health; and community health.

(C) All aspects of the management of normal pregnancy, labor and delivery, postpartum period, newborn care, family planning and/or routine gynecological care in alternative birth centers, homes and hospitals.

(2) The program shall provide concurrent theory and clinical practice in a setting in the United States.

(3) The program shall include the nurse-midwifery management process which includes the following steps:

(A) Obtains or updates a defined and relevant data base for assessment of the health status of the client.

(B) Identifies problems/diagnosis based upon correct interpretation of the data base.

(C) Prepares a defined needs/problem list with corroboration from the client.

(D) Consults and collaborates with and refers to, appropriate members of the health care team.

(E) Provides information to enable clients to make appropriate decisions and to assume appropriate responsibility for their own health.

(F) Assumes direct responsibility for the development of comprehensive, supportive care for the client and with the client.

(G) Assumes direct responsibility for implementing the plan of care.

(H) Initiates appropriate measures for obstetrical and neonatal emergencies.

(I) Evaluates, with corroboration from the client, the achievement of health care goals and modifies plan of care appropriately.

(4) The program shall prepare the nurse-midwife to practice as follows:

(A) Management of the normal pregnancy.

(B) Management of normal labor and delivery in all birth settings, including the following when indicated:

— Administration of intravenous fluids, analgesics, and postpartum oxytocics.

— Amniotome during labor.

— Application of external or internal monitoring devices.

— Administration of local anesthesia: paracervical blocks, pudendal blocks, and local infiltration.

— Episiotomy.

— Repair of episiotomies and lacerations.

— Resuscitation of the newborn.

— (C) Management of the normal postpartum period.

— (D) Management of the normal newborn care.

— (E) Management of family planning and/or routine gynecological care including: fitting vaginal diaphragms, insertion of intrauterine devices, selection of contraceptive agents from approved formulary.

— (c) Faculty. Faculty of the nurse-midwifery educational program shall comply with the following requirements:

— (1) Faculty shall include one or more nurse-midwives and one or more physicians with current training and practice in obstetrics.

— (2) Faculty teaching in the program shall be current in knowledge and practice in the

specialty being taught.

— (3) Nurse-midwives, clinical instructors, and physicians who participate in teaching, supervising and evaluating students shall show evidence of current practice.

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— Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2746, 2746.2 and 2746.5, Business and Professions Code.

#### History

1. New section filed 4-6-79; effective thirtieth day thereafter (Register 79, No. 14).
2. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

#### **1463. Scope of Practice.**

The scope of nurse-midwifery practice includes:

(a) Providing necessary supervision, care and advice in a variety of settings to women during the antepartal, intrapartal, postpartal, interconceptional periods, and family planning needs.

(b) Conducting deliveries on his or her own responsibility and caring for the newborn and the infant. This care includes preventive measures and the detection of abnormal conditions in mother and child.

(c) Obtaining physician assistance and consultation when indicated.

(d) Providing emergency care until physician assistance can be obtained.

(e) Other practices and procedures may be included when the nurse-midwife and the supervising physician deem appropriate by using the standardized procedures as specified in Section 2725 of the Code.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2746, 2746.2 and 2746.5, Business and Professions Code.

#### History

- 1 New section filed 4-6-79; effective thirtieth day thereafter (Register 79, No. 14).
- 2 Editorial correction to subsection designations (Register 79, No. 14).
- 3 Amendment of subsection (e) and repealer of subsection (f) filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

#### **1466. Renewal of Certificates.**

Certificates to practice nurse-midwifery may be renewed biennially by application for renewal on a form provided by the board and payment of the renewal fee.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2815.5, Business and Professions Code.

#### History

3. Renumbering from Section 1461 to Section 1466 filed 4-6-79; effective thirtieth day thereafter (Register 79, No. 14).
3. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

## **TITLE 16. CALIFORNIA CODE OF REGULATIONS**

## **Article 7. Standardized Procedure Guidelines**

### **1470. Purpose.**

The Board of Registered Nursing in conjunction with the Medical Board of California (see the regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:

- (a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.
- (b) To provide uniformity in development of standardized procedures.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2725 and 2811.5, Business and Professions Code.

### History

1. New Article 7 (Sections 1470-1474, inclusive) filed 9-8-76; effective thirtieth day thereafter (Register 76, No. 37).
2. Amendment filed 6-17-85; effective thirtieth day thereafter (Register 85, No. 25).
3. Amendment of first paragraph filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

### **1471. Definitions.**

For purposes of this article:

- (a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";
- (b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;
- (c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

### **1472. Standardized Procedure Functions.**

An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

### **1474. Standardized Procedure Guidelines.**

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
- (b) Each standardized procedure shall:
  - (1) Be in writing, dated and signed by the organized health care system personnel

authorized to approve it.

(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

(10) Specify patient record keeping requirements.

(11) Provide for a method of periodic review of the standardized procedures.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2725, Business and Professions Code.

#### History

1. Amendment of first paragraph and new Note filed 2-1-96; operative 3-2-96 (Register 96, No. 5).