

**655—16.3(148I) Practice standards.** A CPM shall practice within the legal boundaries for certified professional midwifery as set forth in Iowa Code chapter 148I, this chapter, and any other pertinent law or regulation. A licensed CPM shall:

**16.3(1)** Comply with the practice standards accepted by the North American Registry of Midwives as defined by the National Association of Certified Professional Midwives (NACPM) or its successor organization, as of February 1, 2024, found at [nacpm.org](http://nacpm.org).

**16.3(2)** Demonstrate professionalism and accountability in the practice of certified professional midwifery, including:

- a. Demonstrating honesty and integrity in practice.
- b. Basing decisions in practice on knowledge, judgment, skills, and the needs of clients.
- c. Maintaining competence through completion of the continuing education requirements in subrule 16.2(2) and application of such education in practice.
- d. Reporting to appropriate authorities instances of unsafe practice by a CPM.
- e. Being accountable for judgments and individual actions as a CPM and competence, decisions, and behaviors in the practice of certified professional midwifery.

**16.3(3)** Maintain a record of, and provide to each client orally and by written consent form, all information and consents in accordance with Iowa Code section 148I.4(1) “h.”

**16.3(4)** Comply with Iowa Code sections 136A.6 and 136A.5A.

**16.3(5)** File a birth certificate for each birth in accordance with Iowa Code section 148I.4.

**16.3(6)** Consult with a licensed physician or certified nurse midwife for high-risk pregnancies and births.

a. A CPM shall consult with a licensed physician or a certified nurse midwife providing obstetrical care whenever there are significant deviations, including but not limited to abnormal laboratory results, relative to a client’s pregnancy or to a neonate. If a referral to a physician is needed, the CPM shall refer the client to a physician and, if possible, remain in consultation with the physician until resolution of the concern.

b. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any mother who presents with or develops the following risk factors or presents with or develops other risk factors that in the judgment of the CPM warrant consultation:

(1) Antepartum.

1. Pregnancy-induced hypertension, as evidenced by a blood pressure of at least 140/90 on two occasions greater than six hours apart.
2. Persistent, severe headaches; epigastric pain; or visual disturbances.
3. Persistent symptoms of urinary tract infection.
4. Significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion.
5. Rupture of membranes prior to the thirty-seventh week of gestation.
6. Noted abnormal decrease in or cessation of fetal movement.
7. Anemia resistant to supplemental therapy.
8. Fever of 102°F or 39°C or greater for more than 24 hours.
9. Nonvertex presentation after 38 weeks of gestation.
10. Hyperemesis or significant dehydration.
11. Isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer that may have a detrimental effect on mother or fetus.
12. Elevated blood glucose level unresponsive to dietary management.
13. Positive HIV antibody test.
14. Primary genital herpes infection in pregnancy.
15. Symptoms of malnutrition, anorexia, protracted weight loss or failure to gain weight.
16. Suspected deep vein thrombosis.
17. Documented placental anomaly or previa.
18. Documented low-lying placenta in a woman with a history of previous cesarean delivery.
19. Labor prior to the thirty-seventh week of gestation.

20. History of prior uterine incision.
  21. Lie other than vertex at term.
  22. Known fetal anomalies that may be affected by the site of birth.
  23. Marked abnormal fetal heart tones.
  24. Abnormal nonstress test or abnormal biophysical profile.
  25. Marked or severe polyhydramnios or oligohydramnios.
  26. Evidence of intrauterine growth restriction.
  27. Significant abnormal ultrasound findings.
  28. Gestation beyond 42 weeks by reliable confirmed dates.
- (2) Intrapartum.
    1. Rise in blood pressure above baseline, more than 30/15 points or greater than 140/90.
    2. Persistent, severe headaches; epigastric pain; or visual disturbances.
    3. Significant proteinuria or ketonuria.
    4. Fever over 100.6°F or 38°C in absence of environmental factors.
    5. Ruptured membranes without onset of established labor after 18 hours.
    6. Significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain; or evidence of placental abruption.
  7. Lie not compatible with spontaneous vaginal delivery or unstable fetal lie.
  8. Failure to progress after five hours of active labor or following two hours of active second-stage labor.
  9. Signs and symptoms of maternal infection.
  10. Active genital herpes at onset of labor.
  11. Fetal heart tones with nonreassuring patterns.
  12. Signs or symptoms of fetal distress.
  13. Thick meconium or frank bleeding with birth not imminent.
  14. Client or CPM desires physician consultation or transfer.
- (3) Postpartum.
    1. Failure to void within six hours of birth.
    2. Signs or symptoms of maternal shock.
    3. Febrile: 102°F or 39°C and unresponsive to therapy for 12 hours.
    4. Abnormal lochia or signs or symptoms of uterine sepsis.
    5. Suspected deep vein thrombosis.
    6. Signs of clinically significant depression.
- c. A CPM shall consult with a licensed physician or certified nurse midwife with regard to any neonate who is born with or develops the following risk factors:
- (1) Apgar score of six or less at five minutes without significant improvement by ten minutes.
  - (2) Persistent grunting respirations or retractions.
  - (3) Persistent cardiac irregularities.
  - (4) Persistent central cyanosis or pallor.
  - (5) Persistent lethargy or poor muscle tone.
  - (6) Abnormal cry.
  - (7) Birth weight less than 2,300 grams.
  - (8) Jitteriness or seizures.
  - (9) Jaundice occurring before 24 hours or outside of normal range.
  - (10) Failure to urinate within 24 hours of birth.
  - (11) Failure to pass meconium within 48 hours of birth.
  - (12) Edema.
  - (13) Prolonged temperature instability.
  - (14) Significant signs or symptoms of infection.
  - (15) Significant clinical evidence of glycemic instability.
  - (16) Abnormal, bulging, or depressed fontanel.
  - (17) Significant clinical evidence of prematurity.

- (18) Medically significant congenital anomalies.
- (19) Significant or suspected birth injury.
- (20) Persistent inability to suck.
- (21) Diminished consciousness.
- (22) Clinically significant abnormalities in vital signs, muscle tone or behavior.
- (23) Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.
- (24) Abdominal distension or projectile vomiting.
- (25) Signs of clinically significant dehydration or failure to thrive.

**16.3(7)** Not use forceps or a vacuum extractor in accordance with Iowa Code section 148I.4.

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