

## **BOARDS AND COMMISSIONS**

### **Board of Nursing**

**(Amended at ARRS Committee)**

#### **201 KAR 20:650. Licensed certified professional midwives permitted medical tests and formulary.**

RELATES TO: KRS 314.400 – 314.416

STATUTORY AUTHORITY: KRS 314.131(1), 314.404

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.404(7) requires the board to promulgate an administrative regulation to establish a list of medical tests that a licensed certified professional midwife may order when providing certified professional midwifery services that is limited to only those tests that are indicated and approved for the safe conduct of pregnancy, labor or birth, and care of a client and not intended for the diagnosis or management of any acute condition unrelated to pregnancy. This administrative regulation establishes the medical tests and formulary for licensed certified professional midwives.

Section 1. An LCPM may independently order the following medical tests:

- (1) Complete blood count (CBC);
- (2) Blood type, Rh, and antibody screen;
- (3) Screening for gestational diabetes;
- (4) Hepatitis B and C panels for immunity or infection;
- (5) HIV test;
- (6) HPV test;
- (7) Pap smear;
- (8) Screen tests for syphilis, chlamydia, gonorrhea, and herpes;
- (9) Rubella titers;
- (10) Urine or serum HCG;
- (11) Urinalysis;
- (12) Urine culture including Group B strep;
- (13) Vaginal culture for Group B strep;
- (14) Varicella titers;
- (15) Ultrasound for fetal viability, confirmation of singleton intrauterine pregnancy, gestational age, fetal position, placental localization, anatomy scan, amniotic fluid index, or nuchal translucency;
- (16) Standard state newborn screening for metabolic disorders;
- (17) Newborn hearing screening;
- (18) Critical congenital heart disease screening (pulse oximetry);
- (19) Maternal prenatal genetic screening for errors of metabolism;
- (20) Hemoglobin A1C;
- (21) Standard screening tests for fetal genetic abnormalities including Quad Screen and cell-free DNA testing;
- (22) TSH screening;
- (23) Non-stress tests;
- (24) Neo-Bilirubin or Total-Bilirubin;
- (25) Coombs and blood type test of the newborn; and
- (26) The fetal screen and Rhogam tests of the client.

Section 2. An LCPM may order any other test which is determined as necessary after consultation with a physician or other appropriate licensed healthcare provider.

Section 3.

(1) An LCPM may obtain, transport, and administer the following legend medications:

- (a) Vitamin K;
- (b) Rho D immune globulin;
- (c) Erythromycin ophthalmic ointment USP, five-tenths (0.5) percent;
- (d) Oxygen;
- (e) Hepatitis B vaccine;
- (f) Antibiotics which shall be administered pursuant to United States Centers for Disease Control (CDC) Guidelines for Prophylaxis:
  - 1. Penicillin;
  - 2. Ampicillin;
  - 3. Cefazolin;
  - 4. Clindamycin; and
  - 5. Vancomycin;
- (g) Topical anesthetics:
  - 1. Procaine HCl;
  - 2. Novacaine;
  - 3. Benzocaine;
  - 4. Cetacaine; and
  - 5. Generic equivalents;
- (h) Lidocaine, one (1) percent up to twenty (20) milliliters per patient;
- (i) Epinephrine;
- (j) Glucose gel to be administered orally for neonatal hypoglycemia;
- (k) Tranexamic acid;
- (l) Oxytocin;
- (m) Lactated ringer's;
- (n) Normal saline; and
- (o) Medical supplies needed to administer the medications listed in this administrative regulation.

(2)

- (a) An LCPM shall obtain and transport for emergencies Oxytocin for prevention of postpartum hemorrhage and Lactated Ringer's or Normal Saline for intravenous infusion.
- (b) The LCPM shall obtain and transport at least one (1) of the following to be used in the event of postpartum hemorrhage and if Oxytocin is not successful:
  - 1. Methylergonovine (Methergine);
  - 2. Hemabate; or
  - 3. Misoprostal (Cytotec).

(46 Ky.R. 2171, 2794, 2901; 47 Ky.R. 529; eff. 7-29-2020; 49 Ky.R. 423, 1058; eff. 11-15-2022.)

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