WAC 246-329 Considerations

WAC 246-329-010
Definitions
(18) “Low risk maternal client” means an individual who:
(b) Has no previous major uterine wall surgery, cesarean section, or obstetrical complications likely to recur;

Licensed midwives, who only care for low-risk individuals, attend and manage Vaginal Births After Cesarean (VBAC) in Washington state. This definition is problematic. There are instances that can increase risk with a previous cesarean, and correcting the definition can address this. An example would be: “having a history of more than one cesarean section or a cesarean section with an incision other than low and transverse”. But WARM argues that a cesarean section, in and of itself, does not take a client out of a low-risk category. An argument can also be made that having such a birth in a licensed facility, which is located near a hospital can, in fact, decrease risk if the hospital is closer for transport.*

(c) Has no significant signs of symptoms of anemia, …

The inclusion of anemia is curious and problematic. There is no definition of significant signs or symptoms for anemia so this is vague and problematic. Physiologically, pregnant individuals have lower hematocrit and hemoglobin due to hemodilution. If the concern is for increased risk of hemorrhage, or shock as a result, there are other factors to consider such as clotting factors, not necessarily anemia. One example of clotting issue indicators are platelet counts, which don’t have anything to do with Anemia, necessarily. Additionally, community birth providers abide by standards that include deviations from normal of any type of bloodwork, which makes the inclusion of this particular condition unnecessary.

(c) … known noncephalic presentation during active labor, … known multiple gestation

Again, WARM would like these reconsidered as licensed midwives are not prohibited from attending breech or twin births, and licensed midwives attend and manage both breech and twin births. WARM argues that these definitions, in and of themselves, do not take a client out of a low-risk category. WARM defines these as variations of normal pregnancies, which occur naturally. An argument can also be made that having such births in a licensed facility, which is located near a hospital can, in fact, decrease risk if the hospital is closer for transport.*

**if malpractice is a consideration for allowing VBAC, Twin or Breech births, in birth centers, consideration can be given to the addition of malpractice coverage for such births, which WARM confirmed exists, or an*

informed consent document for such births that includes the client acknowledging that malpractice is not available for such type of birth much like is done in any out of hospital birth situation.

WAC 246-329-085
Client bill of rights

This section is flagged as it seems unnecessary. Providers must comply with the Uniform Disciplinary Act, specifically RCW 18.130.180 which addresses most of the items outlined here. Providers must remain professional (provide informed consent, be respectful, ethical, acknowledge patient rights, have proper training in equipment and techniques, etc.). The regulating credential authority already oversees such areas, therefore we question the need for the facility regulating authority to do the same.

WAC 246-329-120
Birth center policies and procedure

(1) An applicant or licensee must establish and implement policy and procedures which include, but are not limited to:

(h) Rapid HIV testing using the opt out approach for women who have undocumented HIV test results when presenting to the birth center in labor

The way this reads is a concern because clients who were offered HIV testing prenatally and declined would need to be offered testing again, as there wouldn't be documented test results because a test was never performed. Having to offer a client HIV testing while in active labor when we already know the client's decision is a misuse of time in a time-sensitive situation.

WAC 246-329-130
Birth Center Equipment and supplies.

(1) The applicant or licensee shall assure the birth center has the adequate, appropriate size and type of equipment and supplies maintained for the maternal client and the newborn to include:

(j) Glucose meter appropriately calibrated to screen glucose level in newborn;

The inclusion of such a glucometer has been identified as a barrier to licensing due initial cost of the equipment and its maintenance. Barriers for midwives obtaining licensure for birth centers include those midwives from marginalized communities who wish to serve such communities. With the absence of a birth center, there is decreased access to communities and the public. Blood glucose instability in a newborn is not something that is managed out of the hospital. A newborn experiencing blood glucose instability will show other signs and symptoms which indicate the need for hospital transfer. This is likely the reason such equipment isn't required of licensed midwives in out-of-hospital birth

settings. Additionally, because care is only given to low-risk individuals, the need for such a specific glucometer is highly unlikely.

WAC 246-329-150
Pharmaceuticals.
(1) The licensee shall maintain written prescriptions or orders signed by a practitioner legally authorized to prescribe for all drugs administered to client within the birth center.

This is problematic wording as licensed midwives do not have prescriptive authority, only administrative authority. Perhaps changing this to read, "The licensee as applicable .." or "The licensee as authorized …".

(5) The licensee shall ensure:
(h) Schedule II-IV controlled substances are:

Similar to what is mentioned above, licensed midwives cannot obtain schedule II-IV drugs, and there's uncertainty around the use of controlled substances out of the hospital in general from our organization. We would defer to the department of health for consideration of permitting controlled substance use in an out-of-hospital setting. Perhaps in (5), it could read "The licensee shall ensure, as they are authorized, …" or similar.

WAC 246-329-160
Birth center – Physical Environment
(2) The licensee shall provide at least one birthing room that is a minimum of three hundred square feet and has a minimum dimension of fifteen feet. The room shall be adequate and appropriate to provide for the equipment, staff, supplies, and emergency procedures required for the physical and emotional care of a maternal client, her support person or persons, and the newborn during birth, labor, and the recovery period.

This is perhaps the biggest barrier identified by our members. Having such a large room presents as costly and difficult. Section 2(a) says that "additional birthing rooms shall have a gross floor space of one hundred fifty-six square feet or fourteen and one-half square meters and a room dimension of eleven feet.". If section 2(a) dimensions are adequate otherwise or as well, we question the need for a room identified in section (2). Additionally, the Facility Guidelines Institute only requires 160 square feet and most standard hospital birth rooms do not meet the required (one) room of three hundred square feet and a minimum dimension of fifteen feet. We strongly question this need and ask for consideration of modification.