Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
1434 Howe Avenue, Suite 92
Sacramento, CA 95825-3236
(916) 263-2389 FAX (916) 263-2387
www.mbc.ca.gov

MEMBERS OF THE COUNCIL

Karen Ehrlich, L.M.
Faith Gibson, L.M.
Ruth Haskins, M.D.
Carrie Sparrevohn, L.M.
Guillermo Valenzuela, M.D.
Barbara Yaroslavsky

MIDWIFERY ADVISORY COUNCIL

March 9, 2007

Medical Board of California
Greg Gorges Conference Room
1424 Howe Avenue
Sacramento, CA 95825
(916) 263-2382

Action may be taken on any item listed on the agenda.

AGENDA

10:00 a.m. – 12:00 p.m.

Members of the Board who are not members of the Council may be attending the meeting as observers.

1. Call to Order/Roll Call
2. Bagley-Keene Open Meeting Act – Ms. Scuri
3. Election of Officers
4. Role, Responsibility, Mission and Vision of Council
5. Midwife Annual Report Coding System (Business and Profession Code § 2516)
6. Schedule of Future Meetings
7. Public Comment on Items not on the Agenda
8. Adjournment

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.
NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Teresa Schaeffer at (916) 263-2389 or sending a written request to Ms. Schaeffer at the Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.
Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the Chair may apportion available time among those who wish to speak. ********** ***For additional information, contact the Licensing Program at (916) 263-2382.***

BAGLEY-KEENE OPEN MEETING ACT
12 RULES FOR STATE BOARD MEETINGS
(October 2006)

[NOTE: GC § = Government Code Section; AG = Opinions of the California Attorney General.]

1. All meetings are public. (GC §11123.)

2. Meetings require 10 calendar days advance notice—must also be posted on the Internet. (GC §11125(a).)

3. Agenda required—must include a general description of items to be discussed (specific items of business—GC §§ 11125 & 11125.1).

   a. No item may be added to the agenda unless it meets emergency criteria. (GC §11125(b).)

4. Meeting is any meeting of a committee of 3 or more persons or any "gathering" of a quorum of the board where board business will be discussed. Includes telephone & e-mail communications. (GC § 11122.5; Stockton Newspapers Inc. v. Members of the Redevelopoment Agency of the City of Stockton (1985) 171 Cal.App.3d 95.)

5. Law applies to committees, subcommittees, and task forces that consist of 3 or more persons. (GC §11121)

6. Public comment must be allowed on agenda items before or during discussion of the items and before a vote, unless: (GC §11125.7.)

   a. The public was provided an opportunity to comment at a previous committee meeting of the board. If the item has been substantially changed, another opportunity for comment must be provided.

   b. The subject matter is appropriate for closed session.

7. Closed sessions (GC §11126.) At least one staff member must be present. (GC § 11126.1).

Closed session allowed to:

   a. Discuss and vote on disciplinary matters under the Administrative Procedure Act (APA). (subd. (c)(3).)
   b. Prepare, approve or grade examinations. (subd. (c)(1).)
   c. Discuss pending litigation. (subd. (e)(1).)

d. Discuss appointment, employment, or dismissal of Executive Officer (EO) unless EO requests such action to be held in public. (subd. (a), (b).)

No closed session allowed for:

a. Election of board officers. (68 AG 65.)
b. Discussion of controversial regulations or issues.

8. Emergency Items and Meetings (GC §11125.5.)
   a. Work stoppage (subd. (b)(1).)
   b. Crippling disaster (subd. (b)(2).)

9. Special Meetings (GC § 11125.4.)
   a. At least 48 hours notice. (subd.(b).)
   b. "Pending litigation" (subd.(a)(1).)
   c. Proposed legislation (subd.(a)(2).)
   d. Issuance of a legal opinion (subd.(a)(3).)
   e. Disciplinary action involving state officer or employee (subd.(a)(4).)
   f. License examinations & applications (subd.(a)(6).)

10. No secret ballots or votes except mail votes on APA enforcement matters. (68 AG 65; GC §11526.)

11. No proxy votes. (68 AG 65.)

12. Meetings by teleconferencing (GC §11123.)

    a. Suitable audio or video must be audible to those present at designated location(s). (subd. (b)(1)(B).)
    b. Notice and agenda required. (subd. (b)(1)(A).)
    c. Every location open to the public and at least one member of board physically present at the specified location. All members must attend at a public location. (subds. (b)(1) (C), and (F).)
    e. Rollcall vote required. (subd. (b)(1)(D).)
    f. Emergency meeting closed sessions <u>not</u> allowed. (subd. (b)(1)(E).)

Reference: January 2006 "Public Meetings" Memorandum & Attached Guide to the Bagley-Keene Open Meeting Act
http://www.dca.ca.gov/r_r/bagleykeene_meetingact.pdf

ELECTION OF OFFICERS

There are no specific official positions that are required to be established for the Midwifery Advisory Council; however, in the interest of being able to run an organized meeting it is suggested that a chairperson and vice-chairperson be selected to facilitate the order and running of the meetings.

Positions for Consideration of Being Established and Elected

- **Chairperson**
- **Vice-Chairperson**

DISCUSSION DOCUMENT

Role, Responsibility, Mission and Vision of Council

Role *(definition: position or function, characteristic and behavior)*

The Midwifery Advisory Council shall meet in public from time to time to discuss topics of importance related to the practice of midwifery in order to make recommendations to and advise the Division of Licensing.

Responsibility *(definition: what the MAC is accountable for, answerable for one's behavior, capable of being trusted or depended on, marked by good judgment)*

The Midwifery Advisory Council shall provide sound and reliable advice to the Division of Licensing to facilitate the safe and sound practice of midwifery.

Mission *(definition: the business with which a body is charged)*

The Midwifery Advisory Council shall make recommendations on matters specified by the Division of Licensing of the Medical Board of California that include, but are not limited to, the practice of midwifery and home births, and the development of a coding system for gathering annual practice data of licensed midwives in California.

Vision *(definition: foresight, aspirational yet achievable, inspirational, imaginable in your lifetime or tenure of office)*

In promoting the Medical Board of California's consumer protection interests, the Midwifery Advisory Council will provide excellent advice in serving as a vehicle for further positive discussion on the practice of midwifery and home births in the state of California.

DRAFT as of 3/9/07

Agenda Item #5

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT **YEAR** _____

This report is due on or before March 31 in the year following the year of reporting.

First Name		Last Name
Address		
City	State	ZIP Code

License Number LM - _____

1 Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of care was an out-of-hospital setting? Yes____ No____

If you answered no, skip items 2 - 13, sign and date the report, and mail it to OSHPD at the address provided in the instructions.

2 Total number of clients served as primary caregiver at the onset of care _____

3 Total number of clients served with collaborative care available through, or given by, a licensed physician and surgeon _____

4 Total number of clients served under supervision of a licensed physician and surgeon _____

5 Number of live births attended as the primary caregiver by county
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

County Code	Number	County Code	Number

6 Number of cases of fetal demise attended as primary caregiver at the discovery of the demise by county
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

County Code	Number	County Code	Number

DRAFT as of 3/9/07

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT **YEAR** _____

First Name	Last Name

License Number LM - _____

7 Number of women whose primary care was transferred to another care practitioner during the antepartum period, and the reason for each transfer
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason Code	Number	Reason Code	Number

8 Number, reason, and outcome for each elective hospital transfer during the intrapartum or postpartum period
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason Code	Number	Outcome Code	Number

9 Number, reason, and outcome for each urgent or emergency transport of an expectant mother in the antepartum period
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason Code	Number	Outcome Code	Number

10 Number, reason, and outcome for each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period
(If additional space is needed use a separate Supplemental Reporting Form and reference this item number)

Reason Code	Number	Outcome Code	Number

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT **YEAR** _____

First Name	Last Name

License Number LM - _____

11 a Number of planned out-of-hospital births at the onset of labor _____

11 b Number of births completed in an out-of-hospital setting _____

12 Number of planned out-of-hospital births completed in an out-of-hospital setting that were any of the following:

a Twin births _____

b Multiple births other than twin births _____

c Breech births _____

d Vaginal births after the performance of a caesarian section (VBAC) _____

13 Did the result of service to any client or infant result in the mortality of the mother or infant? Yes___ No___

If you answered no, skip this item sign and date the report, and mail it to OSHPD at the address provided in the instructions.

If you answered yes, enter the number of mother and/or infant fatalities below:

Mother fatalities _____ Infant fatalities _____

Provide a brief description of any complications resulting in the mortality of a mother or an infant
(If additional space is needed attach additional pages as needed and reference this item number)

1 _____

2 _____

3 _____

4 _____

(DESIGN NOTE: OR A CODING METHOD OF REPORTING COMPLICATIONS COULD BE USED)

Complication Code	Number	Complication Code	Number

Signature _____ Date _____

DRAFT as of 3/9/07

Supplemental Reporting Form County Code Form

Item 5 - Report any additional county amounts here that were not already reported on page 1.

Number of live births attended as the primary caregiver by county.

County Code	County Name	Number	County Code	County Name	Number	County Code	County Name	Number
1	Alameda		21	Marin		40	San Luis Obispo	
2	Alpine		22	Mariposa		41	San Mateo	
3	Amador		23	Mendocino		42	Santa Barbara	
4	Butte		24	Merced		43	Santa Clara	
5	Calaveras		25	Modoc		44	Santa Cruz	
6	Colusa		26	Mono		45	Shasta	
7	Contra Costa		27	Monterey		46	Sierra	
8	Del Norte		28	Napa		47	Siskiyou	
9	El Dorado		29	Nevada		48	Solano	
10	Fresno		30	Orange		49	Sonoma	
11	Glenn		31	Placer		50	Stanislaus	
12	Humbolt		32	Plumas		51	Sutter	
13	Imperial		33	Riverside		52	Tehama	
14	Inyo		34	Sacramento		53	Trinity	
15	Kern		35	San Benito		54	Tuolumne	
16	Kings		36	San Bernardino		55	Tulare	
17	Lake		37	San Diego		56	Ventura	
18	Lassen		38	San Francisco		57	Yolo	
19	Los Angeles		39	San Joaquin		58	Yuba	
20	Madera							

Item 6 - Report any additional county amounts here that were not already reported on page 1.

Number of cases of fetal demise attended as primary caregiver at the discovery of the demise by county.

County Code	County Name	Number	County Code	County Name	Number	County Code	County Name	Number
1	Alameda		21	Marin		40	San Luis Obispo	
2	Alpine		22	Mariposa		41	San Mateo	
3	Amador		23	Mendocino		42	Santa Barbara	
4	Butte		24	Merced		43	Santa Clara	
5	Calaveras		25	Modoc		44	Santa Cruz	
6	Colusa		26	Mono		45	Shasta	
7	Contra Costa		27	Monterey		46	Sierra	
8	Del Norte		28	Napa		47	Siskiyou	
9	El Dorado		29	Nevada		48	Solano	
10	Fresno		30	Orange		49	Sonoma	
11	Glenn		31	Placer		50	Stanislaus	
12	Humbolt		32	Plumas		51	Sutter	
13	Imperial		33	Riverside		52	Tehama	
14	Inyo		34	Sacramento		53	Trinity	
15	Kern		35	San Benito		54	Tuolumne	
16	Kings		36	San Bernardino		55	Tulare	
17	Lake		37	San Diego		56	Ventura	
18	Lassen		38	San Francisco		57	Yolo	
19	Los Angeles		39	San Joaquin		58	Yuba	
20	Madera							

DRAFT as of 3/9/07

DRAFT as of 3/9/07

Supplemental Reporting Form
for Item Number _____

Refer to the reason code table included in the instructions that provides direction in completing the California Licensed Midwife Annual Report.

Reason Code	Number

Reason Code	Number

Reason Code	Number

DRAFT as of 3/9/07

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Supplemental Reporting Form
for Item Number _____

Refer to the reason and outcome code tables included in the instructions that provides direction in completing the California Licensed Midwife Annual Report.

Reason Code	Number

Outcome Code	Number

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County Codes:

1	Alameda	21	Marin	40	San Luis Obispo
2	Alpine	22	Mariposa	41	San Mateo
3	Amador	23	Mendocino	42	Santa Barbara
4	Butte	24	Merced	43	Santa Clara
5	Calaveras	25	Modoc	44	Santa Cruz
6	Colusa	26	Mono	45	Shasta
7	Contra Costa	27	Monterey	46	Sierra
8	Del Norte	28	Napa	47	Siskiyou
9	El Dorado	29	Nevada	48	Solano
10	Fresno	30	Orange	49	Sonoma
11	Glenn	31	Placer	50	Stanislaus
12	Humbolt	32	Plumas	51	Sutter
13	Imperial	33	Riverside	52	Tehama
14	Inyo	34	Sacramento	53	Trinity
15	Kern	35	San Benito	54	Tuolumne
16	Kings	36	San Bernardino	55	Tulare
17	Lake	37	San Diego	56	Ventura
18	Lassen	38	San Francisco	57	Yolo
19	Los Angeles	39	San Joaquin	58	Yuba
20	Madera				

Reason Codes:

R1 – Pain relief	R2 – Failure to progress	R3 – Sustained fetal distress
R4 – Malpresentation	R5 – Thick meconium	R6 – Abruptio/previa
R7 – Hemorrhage	R8 – Retained placenta	R9 – Maternal exhaustion
R10 – Multiple birth	R11 – Baby's position	R12 – Chronic medical condition
R13 – Birth defect	R14 – Eclampsia/Pre-eclampsia	R15 – Hypertension
R16 – Diabetes	R17 – Persistent anemia	R18 – Preterm labor
R19 – Blood pressure	R20 – Infection	R21 – Shock
R22 – Requested by client		

Outcome Codes:

O1 – Live birth	O2 – Infant death	O3 – Mother death
O4 – Birth defect	O5 – Mother injury	O6 – Infant injury

Complication Codes:

C1 – Failure to progress	C2 – Sustained fetal distress	C3 – Malpresentation
C4 – Thick meconium	C5 – Abruptio/previa	C5 – Hemorrhage
C6 – Retained placenta	C7 – Maternal exhaustion	C8 – Baby's position
C9 – Chronic medical condition	C10– Birth defect	C11 – Eclampsia/Pre-eclampsia
C12 – Hypertension	C13 – Diabetes	C14 – Persistent anemia
C15 – Preterm labor	C16 – Jaundice	C17 – Sepsis/infection
C18 – Respiratory distress	C19 – Failure to thrive	C20 – Seizure
C21 – Prematurity	C22 – Birth injury	C23 – Cervical/uterine prolapse
C24 – Pulmonary embolism	C25 – Thrombophlebitis	C26 – Mec aspiration
C27 – RDA/Hyaline Membrane Disease		C28 – IUGR
C29 – Metabolic hypoglycemia or hypocalcaemia		

SCHEDULE OF FUTURE MEETINGS

It is expected that the Midwifery Advisory Council (MAC) will meet at a minimum of four (4) times per year. These meetings are expected to be approximately one (1) month after each meeting of the Division of Licensing (DOL) of the Medical Board of California (MBC). The MAC may meet more frequently if desired by the DOL.

Based upon the schedule of board meetings for the remainder of 2007, the following MAC meeting schedule is being proposed to members of the council for discussion and adoption. This proposed schedule can be changed at the meeting of March 9, 2007, and is subject to change in the future based on business needs of the DOL and MBC.

2007 MBC Meeting Schedule	**2007 MAC Meeting Schedule**
April 26 and 27	Friday, May 25
July 26 and 27	Friday, August 24
November 1 and 2	Friday, December 7
2008	**2008**
February TBD	Friday, March 7