

State of California
State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA



MIDWIFERY ADVISORY COUNCIL

August 11, 2010



MEDICAL BOARD OF CALIFORNIA
Licensing Operations



**MIDWIFERY ADVISORY
COUNCIL**

August 11, 2010

Medical Board of California
Lake Tahoe Room
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382

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

MEMBERS OF THE COUNCIL

Karen Ehrlich, L.M., Chair
Ruth Haskins, M.D., Vice Chair
Faith Gibson, L.M.
Barbara Yaroslavsky
Carrie Sparrevohn, L.M.
William Frumovitz, M.D.

AGENDA

12:30 p.m. – 3:00 p.m.
(or until conclusion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

- 1. Call to Order/Roll Call**
- 2. Public Comment on Items not on the Agenda**
Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]
- 3. Approval of Minutes from the April 8, 2010 Meeting**
- 4. Licensed Midwife Annual Report – Ms. Ingram and Ms. Thompson**
 - A. OSHPD / MBC Memorandum of Understanding
 - B. 2009 Report
 - C. Discussion and Consideration of 2010 Report Survey Suggestions
- 5. Program Update – Ms. Thompson**
- 6. Licensed Midwife Disciplinary Action Statistical Data – Ms. Carrasco**
- 7. Update on Proposed Legislation – Ms. Simoes**
 - A. SB 1489

8. **Terms and Conditions of Probation – Ms. Whitney and Ms. Simoes**
9. **Formation of Work Group to Determine Whether Regulations Are Needed to Define What Constitutes “Failure to Comply” for Purposes of B&P Section 2516 – Ms. Whitney**
10. **Presentation on Barriers to Care and Potential Formation of Task Force – Ms. Breglia and Ms. Simoes**
11. **Proposed Meeting Dates for the Remainder of 2010 and 2011**
12. **Agenda Items for the next MAC meeting**
13. **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, and to promote access to quality medical care through the Board’s licensing and regulatory functions.

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Cheryl Thompson at (916) 263-2393 or sending a written request to Ms. Thompson at the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. 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 Meeting 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 call (916) 263-2393.



MEDICAL BOARD OF CALIFORNIA
Licensing Operations



Midwifery Advisory Council
Lake Tahoe Room
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

April 8, 2010

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Midwifery Advisory Council (MAC) of the Medical Board of California was called to order by Chair Faith Gibson at 1:05 p.m. A quorum was present and due notice had been mailed to all interested parties.

Members Present:

Faith Gibson, L.M., Chair
Ruth Haskins, M.D., Vice Chair
Barbara Yaroslavsky
Carrie Sparrevohn, L.M.
Karen Ehrlich, L.M.
William Frumovitz, M.D.

Staff Present:

Abbie French, Staff Services Manager, Licensing Operations
Anita Scuri, Supervising Senior Counsel, Department of Consumer Affairs (DCA)
Billie Baldo, Management Services Technician, Licensing Operations
Deborah Pellegrini, Chief, Licensing Program
Linda Whitney, Interim Executive Director
Robin Jones, Analyst, Licensing Operations
Cheryl Thompson, Executive Assistant

Members of the Audience:

Claudia Breglia, L.M., California Association of Midwives (CAM)
Cristal Schoenfelder, Staff Services Manager II, Patient Data Section, Office of Statewide Health Planning & Development (OSHPD)
Deborah Bartle, L.M., C.P.M.
Edana Hall, L.M.
Megan Bochum, Student Midwife
Robyn Strong, Staff Services Manager I, Patient Data Section, Healthcare Information Division, OSHPD

Agenda Item 2 Approval of Minutes of the January 7, 2010, Meeting

It was M/S/C (Yaroslavsky/Sparrevohn) to approve the January 7, 2010, meeting minutes with minor amendments.

Agenda Item 3 Election of Officers

Robin Jones, Program Analyst, distributed a list of the current terms of the existing council members. Nominations were made for Chair and Vice Chair.

It was M/S/C (Gibson/Sparrevohn) to approve Karen Ehrlich, L.M., as Chair of the Midwifery Advisory Council, effective at the August 2010 meeting.

It was M/S/C (Yaroslavsky/Gibson) to approve Ruth Haskins, M.D., as Vice Chair of the Midwifery Advisory Council, effective at the August 2010 meeting.

Agenda Item 4 Licensed Midwife Annual Report

A. 2008 Report – Update on Activities

Deborah Pellegrini, Chief of Licensing, reminded the Council that there was questionable data in the 2008 Licensed Midwife Annual Report. After re-surveying the midwives that reported the questionable data, OSHPD revised the report. The updated 2008 report is posted on the Medical Board's website.

Claudia Breglia, L.M., California Association of Midwives (CAM), asked if the Board planned on publishing the revised report in its quarterly newsletter or in a notice to the Legislature. Ms. Pellegrini indicated there were no plans to do so since a note indicating the information may not be accurate was included at the end of the original report. Abbie French, Licensing Operations Manager, reported the Board sent an email to the interested parties on its subscription list indicating the updated report has been posted on the website. In addition, information on the revised report will appear in the next Medical Board quarterly newsletter.

B. 2009 Report – Update on Activities

Ms. Pellegrini reported the training classes that Ms. Jones conducted throughout the state on completing the Annual Report were very successful. Many midwives had questions regarding the wording of the survey questions and made suggestions. It is not an option to change the wording for the 2009 report, but changes may be made to the 2010 report.

As of March 15, 2010, very few midwives had completed their report. A letter was mailed to all midwives thanking those who have already completed their reports and reminding the other midwives to submit theirs by the March 31, 2010 deadline. Effective April 1, 2010, the system would no longer allow the midwives access to the survey; this problem has been corrected. Although the midwives may still report their data, the cut off for the raw data to be collected for inclusion in the Annual Report to the Legislature is March 31, 2010. OSHPD will submit a report to the Board advising which licensed midwives *have* submitted their reports. Staff will determine who has *not* submitted their report and will notify the licensees individually. Midwives that do not submit their annual report will not be allowed to renew their license. Robin Strong, OSHPD, informed the Council that as of April 8, 2010, 144 of the 222 licensed midwives have submitted their reports.

Karen Ehrlich, L.M., stated there are several midwives on the website that are listed as either current

or delinquent when in fact they are deceased. Billie Baldo, Licensing Operations, advised the Council that the families of the decedent must send a letter and a copy of the death certificate to the Board in order for their records to be updated.

Ms. Breglia stated she was contacted by several midwives who were unaware that the 2009 Licensed Midwife Annual Report was electronic only; they thought they would be receiving paper copies to complete. There was no link to the report on the Medical Board website until very late. Several of the midwives reported difficulty logging into the report. Ms. Breglia suggested the Board notice the due date and other pertinent information related to the Annual Report on the website in the future.

C. 2010 Report – Report Survey Suggestions

Ms. French requested that any suggestions for changes to the 2010 Licensed Midwife Annual Report be submitted in writing to her. She will review all requests and bring the suggested changes to the August 2010 meeting for discussion by the council. Ms. Strong is working on extracting the suggested changes from the 2009 report and will forward them to Ms. French.

Ms. French reported that she has received calls from midwives stating they do not have computers and are unable to complete the report. It was suggested that midwives who do not have access to a computer or the internet be allowed to print and mail in a paper version of the report to OSHPD. Staff was directed to inform the midwives who have not submitted their report of this option.

Ms. Ehrlich suggested that Section P – Complications Leading to Maternal And/Or Infant Mortality- be deleted from the survey, only appearing as a “pop up” window to be completed when a licensee reports a death. She believes this will eliminate duplicative reporting of mortalities. Ms. Sparrevohn noted this pop up feature would not be available in a paper version of the survey.

D. Update of Proposed Legislation

Linda Whitney, Interim Executive Director, distributed the proposed revisions to Business and Professions Code §2516 relating to the collection of information on the Midwife Annual Report. The proposed language has been submitted to Legislative Council but has not yet been placed into SB 1489. A hearing to request the inclusion of these revisions is scheduled for April 19, 2010. Although no problems are expected, Ms. Whitney will report back to the council if any issues arise from the hearing.

Midwives are currently required to submit their report by March 31. State offices are closed on this date in observance of Cesar Chavez Day.

It was M/S/C (Ehrlich/Frumovitz) to amend the reporting deadline to March 30 in order to ensure staff availability for questions arising from the report.

There was lengthy discussion among members on the value of collecting data on morbidity (obstetrical complications resulting from the delivery that do not result in death but indicate the necessity for transfer) in addition to the data already collected on mortality in the Annual Report.

Agenda Item 5 Program Update

Ms. French reported there are currently 212 licensed midwives that are renewed and current; there are no pending applications. The Board has met the Governor’s job creation initiative. The next

NARM exam, scheduled for August 2010, will generate additional applications.

Ms. Jones has accepted a position with another state agency; Cheryl Thompson will replace her as the new midwifery analyst.

Ms. French requested that discussion surrounding the regulatory language that would define “failure to comply” be tabled until the August 2010 meeting.

Agenda Item 6 Licensed Midwife Remedial/Re-entry to Practice

The task force came forward with a broad plan for remediation that the Board approved at its January 2010 meeting. It was determined that the task force does not need an additional meeting. Staff was directed to develop language for the terms and conditions of probation and bring forward to the August 2010 meeting.

Agenda Item 7 Midwives Practicing without Licensure

Ms. Breglia reported she attended the CAM board meeting and asked the board members (who represent ten regions of California) for an estimate of the number of unlicensed midwives working in their region. There is no viable way to accurately determine the number of unlicensed midwives in the State since they usually are not members of CAM or any other group or organization. An unlicensed midwife who performs an obstetrical delivery could be charged with a misdemeanor; if there is great harm, this charge would become a felony.

Agenda Item 8 Future Matters for Consideration by the Council

Dr. Haskins requested permission to form a task force to work with liability insurance carriers in order to resolve issues in California for physicians and surgeons who wish to supervise midwives. As an example, she noted if a physician or surgeon wants to hire a licensed midwife for their practice it currently would cost them \$18,000 a year for liability coverage vs. \$1,800 a year to hire a nurse practitioner.

Ms. Ehrlich requested permission to form a task force to change the process to register live births. SB 1479 requires a professionally licensed midwife in attendance at a live birth outside the hospitals, where no physician is present, to prepare and register a birth certificate. The Bureau of Vital Records in most counties does not allow a midwife to fulfill this requirement. For example, in the past, Santa Cruz County allowed midwives to fill out a birth certificate and send it in to register the birth of a baby. Santa Cruz County now requires the midwife, parents, and baby to physically come into the vital records office to show proof of residence. In addition, the registrar must be present to witness the signing of the birth certificate by the midwife, prior to filing the birth certificate. The birth registration requirements (which are set by each county’s registrar) vary considerably.

Ms. Sparrevohn requested permission to form a task force to identify key legislative and regulatory areas that need to be addressed to ensure the Licensed Midwife Practice Act (LMPA) is implemented in the way the legislature envisioned. For example, the LMPA authorizes licensees, under the supervision of a licensed physician and surgeon in active practice, to attend cases of normal childbirth in a home, clinic, or hospital environment. All clinics in the state run a Comprehensive Perinatal Services Program (CPSP), but licensed midwives are not on the list of providers. Therefore, licensed midwives are unable to be hired by the clinics because the clinics are unable to bill for their services.

The Council members requested permission from the Board to form a task force that would collectively address the aforementioned barriers to care experienced by licensed midwives.

Agenda Item 9 Agenda Items for the August 12, 2010 Meeting

In addition to the normal agenda items the council requested the following items to be included in the agenda for the August 2010 meeting:

1. Enforcement update
2. Formation of task force for items approved by the Board
3. Access to care barriers
4. Update on 2009 Annual Report data

Agenda Item 10 Public Comments on Items Not on the Agenda

Ms. Breglia noted she received a letter from a licensed midwife who reported receiving notification from St. Elizabeth Community Hospital that they will no longer have an OB/GYN doctor on call for unassigned patients and will not allow her bring transfers to this hospital. The nearest maternity hospitals are in Redding which is 32 miles away and Chico which is 47 miles away. Ms. Yaroslavsky suggested the midwife file a complaint through the Department of Public Health.

Ms. Breglia reported licensed midwives face difficulties in obtaining laboratory services. The midwives cannot get lab accounts unless they have a supervising physician's name on file with the lab. This barrier will be added to those to be addressed by the requested task force. It was also suggested that Ms. Breglia contact the Department of Health Services to see if they can offer any suggestions to resolve this issue.

Megan Bochum, student midwife, indicated she is also having difficulty requesting ultrasounds and lab work. In addition, she noted that midwives are unable to bill MediCal or the Access for Infants and Mothers Program (AIM); these present additional barriers to care. Ms. Jones reported midwives may apply to MediCal to become a service provider, but they must have a supervising physician and malpractice insurance. Midwives were directed to submit these and other barrier to care issues to Ms. French. Ms. French will collect the issues and bring them forward to a future meeting for discussion.

Due to scheduling conflicts, some of the MAC members are unable to attend the August 12, 2010 meeting. Staff was directed to poll the council members and select a new date for the next meeting. Staff was also requested to send out a reminder for upcoming meetings two to three weeks in advance of the meeting.

Agenda Item 11 Adjournment

Meeting adjourned at 3:22 p.m.

AGENDA ITEM 4A

**OSHPD / MBC Memorandum of Understanding
is currently being drafted and will be provided at the
meeting if completed.**

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT Summary

as of 6/3/2010 1:30:54 PM

SECTION A - Submission Summary

Number of Midwives Expected to Report	223
Number Reported	180
Number Unreported	43

Note: Report Field Numbers 1 through 10 are specific to each midwife report submitted and are not included in this aggregation.

SECTION B - REPORTING PERIOD

Line No. Report Year

11 **2009**

SECTION C - SERVICES PROVIDED - **This report should reflect services provided in California only.**

Line No.		Total # Yes	Total # No
12	Did you or a student midwife supervised by you perform midwife services in the State of California during the year when the intended place of birth at the onset of your care was an out-of-hospital setting?	126	54

SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served.	3023
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	116
15	Total number of clients served whose births were still pending on the last day of this reporting year.	678
16	Enter the number of clients served who also received collaborative care. <u>IMPORTANT:</u> SEE DEFINITION OF COLLABORATIVE CARE!	1461
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. <u>IMPORTANT:</u> SEE DEFINITION OF SUPERVISION!	285

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH OCCURRED

(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise
01	Alameda	191	0	30	Orange	71	0
02	Alpine	0	0	31	Placer	28	1
03	Amador	3	0	32	Plumas	1	0
04	Butte	0	0	33	Riverside	76	0
05	Calaveras	6	0	34	Sacramento	72	0
06	Colusa	0	0	35	San Benito	1	0
07	Contra Costa	26	0	36	San Bernardino	74	3
08	Del Norte	2	0	37	San Diego	119	0
09	El Dorado	23	0	38	San Francisco	173	0
10	Fresno	19	0	39	San Joaquin	5	0
11	Glenn	0	0	40	San Luis Obispo	37	0
12	Humboldt	29	0	41	San Mateo	22	0
13	Imperial	0	0	42	Santa Barbara	17	0
14	Inyo	0	0	43	Santa Clara	37	0
15	Kern	42	0	44	Santa Cruz	25	0
16	Kings	2	0	45	Shasta	48	0
17	Lake	2	0	46	Sierra	1	0
18	Lassen	5	0	47	Siskiyou	0	1
19	Los Angeles	310	0	48	Solano	10	0
20	Madera	0	0	49	Sonoma	49	0
21	Marin	49	1	50	Stanislaus	9	0
22	Mariposa	0	0	51	Sutter	5	0
23	Mendocino	19	0	52	Tehama	2	0
24	Merced	3	0	53	Trinity	0	0
25	Modoc	0	0	54	Tulare	7	0
26	Mono	0	0	55	Tuolumne	21	0
27	Monterey	34	0	56	Ventura	100	1
28	Napa	32	0	57	Yolo	8	1
29	Nevada	52	0	58	Yuba	8	0
				59	OUT_OF_STATE	20	0

SECTION F - OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

Line No.		Total #
19	Number of planned out-of-hospital births at the onset of labor	1974
20	Number of completed births in an out-of-hospital setting	1621
21	Breech deliveries	11
22	Successful VBAC's	90
23	Twins both delivered out-of-hospital	8
24	Multiples - all delivered out-of-hospital	2

SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions <i>unrelated</i> to pregnancy	7
26	G2	Hypertension developed in pregnancy	12
27	G3	Blood coagulation disorders, including phlebitis	0
28	G4	Anemia	3
29	G5	Persistent vomiting with dehydration	0
30	G6	Nutritional & weight loss issues, failure to gain weight	0
31	G7	Gestational diabetes	6
32	G8	Vaginal bleeding	2
33	G9	Suspected or known placental anomalies or implantation abnormalities	8
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	27
35	G11	HIV test positive	0
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	7
37	G12.1	Fetal anomalies	4
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	12
39	G14	Fetal heart irregularities	4
40	G15	Non vertex lie at term	29
41	G16	Multiple gestation	10
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	26
43	G18	Client request	32
44	G19	Other	20

SECTION H - ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
45	H1	Non pregnancy-related medical condition	1
46	H2	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	10
47	H3	Isoimmunization, severe anemia, or other blood related issues	0
48	H4	Significant infection	0
49	H5	Significant vaginal bleeding	0
50	H6	Preterm labor or preterm rupture of membranes	26
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	7
52	H8	Fetal demise	6
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	5
54	H10	Other	1

SECTION I - INTRAPARTUM TRANSFER OF CARE, ELECTIVE

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	3
56	I2	Active herpes lesion	0
57	I3	Abnormal bleeding	2
58	I4	Signs of infection	4
59	I5	Prolonged rupture of membranes	23
60	I6	Lack of progress; maternal exhaustion; dehydration	164
61	I7	Thick meconium in the absence of fetal distress	10
62	I8	Non-vertex presentation	16
63	I9	Unstable lie or mal-position of the vertex	11
64	I10	Multiple gestation (NO BABIES DELIVERED PRIOR TO TRANSFER)	0
65	I11	Clinical judgment of the midwife (where a single other condition above does not apply)	8
66	I12	Client request; request for medical methods of pain relief	38
67	I13	Other	3

SECTION J - INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
68	J1	Suspected preeclampsia, eclampsia, seizures	1
69	J2	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	3
70	J3	Suspected uterine rupture	0
71	J4	Maternal shock, loss of consciousness	0
72	J5	Prolapsed umbilical cord	0
73	J6	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	16
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	21
75	J8	Other life threatening conditions or symptoms	1
76	J9	Multiple gestation (AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	0

SECTION K - POSTPARTUM TRANSFER OF CARE - MOTHER, ELECTIVE

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	7
78	K2	Repair of laceration beyond level of midwife's expertise	14
79	K3	Postpartum depression	2
80	K4	Social, emotional or physical conditions outside of scope of practice	0
81	K5	Excessive or prolonged bleeding in later postpartum period	1
82	K6	Signs of infection	5
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	0
84	K8	Client request	3
85	K9	Other	0

SECTION L - POSTPARTUM TRANSFER OF CARE - MOTHER, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	1
87	L2	Uterine inversion, rupture or prolapse	0
88	L3	Uncontrolled hemorrhage	5
89	L4	Seizures or unconsciousness, shock	3
90	L5	Adherent or retained placenta with significant bleeding	8
91	L6	Suspected postpartum psychosis	3
92	L7	Signs of significant infection	1
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	4
94	L9	Other	2

SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE

Line No.	Code	Reason	Total #
95	M1	Low birth weight	1
96	M2	Congenital anomalies	0
97	M2.1	Birth injury	1
98	M3	Poor transition to extrauterine life	6
99	M4	Insufficient passage of urine or meconium	2
100	M5	Parental request	3
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	7
102	M7	Other	1

SECTION N - TRANSFER OF CARE - INFANT, URGENT/EMERGENCY

Line No.	Code	Reason	Total #
103	N1	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	8
104	N2	Signs or symptoms of infection	2
105	N3	Abnormal cry, seizures or loss of consciousness	0
106	N4	Significant jaundice at birth or within 30 hours	2
107	N5	Evidence of clinically significant prematurity	0
108	N6	Congenital anomalies	1
109	N6.1	Birth injury	0
110	N7	Significant dehydration or depression of fontanelles	2
111	N8	Significant cardiac or respiratory issues	8
112	N9	Ten minute APGAR score of six (6) or less	0
113	N10	Abnormal bulging of fontanelles	0
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	0
115	N12	Other	1

SECTION O - BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A)		(B)	
		Code	Total # of Vaginal Births	Code	Total # of Caesarean Deliveries
MOTHER					
116	Without complication	O1	318	O8	176
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	7	O9	10
118	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O3	1	O10	1
119	Death of mother	O4	0	O11	0
120	Unknown	O5	0	O12	0
121	Information not obtainable	O6	1	O13	0
122	Other	O7	1	O14	0
INFANT					
123	Healthy live born infant	O15	281	O24	165
124	With serious pregnancy/birth related medical complications resolved by 6 weeks	O16	11	O25	4
125	With serious pregnancy/birth related medical complications not resolved by 6 weeks	O17	4	O26	1
126	Fetal demise diagnosed prior to labor	O18	5	O27	1
127	Fetal demise diagnosed during labor or at delivery	O19	2	O28	1
128	Live born infant who subsequently died	O20	2	O29	0
129	Unknown	O21	0	O30	0
130	Information not obtainable	O22	1	O31	0
131	Other	O23	4	O32	2

SECTION P - COMPLICATIONS LEADING TO MATERNAL AND/OR INFANT MORTALITY

Line No.	Complication	Out-of-Hospital (A)		After Transfer (B)		Total # from (A) and (B) (C)	
		Code		Code		Code	
MOTHER							
132	Blood loss	P8	0	P15	0	P1	0
133	Sepsis	P9	0	P16	0	P2	0
134	Eclampsia/toxemia or HELLP syndrome	P10	0	P17	0	P3	0
135	Embolism (pulmonary or amniotic fluid)	P11	0	P18	0	P4	0
136	Unknown	P12	0	P19	1	P5	1
137	Information not obtainable	P13	0	P20	0	P6	0
138	Other	P14	0	P21	0	P7	0
INFANT							
139	Anomaly incompatible with life	P30	0	P38	1	P22	1
140	Infection	P31	0	P39	0	P23	0
141	Meconium aspiration, other respiratory	P32	0	P40	0	P24	0
142	Neurological issues/seizures	P33	1	P41	0	P25	1
143	Other medical issue	P34	0	P42	1	P26	1
144	Unknown	P35	0	P43	0	P27	0
145	Information not obtainable	P36	0	P44	0	P28	0
146	Other	P37	1	P45	0	P29	1

Agenda Item 4C

**Discussion and Consideration of 2010 Report
Survey Suggestions**

will be send under separate cover

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 29, 2010
 ATTENTION: Medical Board of California
 SUBJECT: Midwifery Program Update
 STAFF CONTACT: Cheryl Thompson, Licensing Analyst

SUMMARY:Licensing:

During FY 09/10, 19 new midwife licenses were issued and 74 licenses were renewed. As of August 1, 2010, there are 217 midwives licensed in California. Two applications are currently in pending status, awaiting additional documents for review.

Recognition of Bastyr University Department of Midwifery Program:

At the July 30, 2010 meeting of the Medical Board of California, the Bastyr University Department of Midwifery Program, formerly the Seattle Midwifery School (SMS), was granted recognition by the Board with retroactivity to June 2010 when the first class graduated from Bastyr instead of SMS.

The Bastyr University Department of Midwifery has submitted a substantive change in curriculum application which is currently being reviewed by MEAC. The proposed change is related to its plan to add graduate level research courses leading to a Masters Degree in Midwifery and does not impact the entry-level midwifery curriculum. The program is in the regular cycle for re-accreditation review by MEAC and the timeline for completing that review has been extended to accommodate the change in ownership, submission of updated self-evaluation materials, and completion of the requisite site visit. MEAC anticipates making a final accreditation decision no later than April 2011.

The Bastyr program remains in good standing and is fully accredited while the re-accreditation review is in process. Should MEAC have any issues with the curriculum change, staff might need to bring these to the Board for consideration in April/May 2011.

North American Registry of Midwives (NARM) Examination:

On Wednesday, August 18, 2010, approximately 16 midwifery candidates will sit for the NARM exam at the Medical Board's offices in Sacramento. The exam is offered twice per year and satisfies the Board's written examination requirement.

LICENSED MIDWIVES FY 09/10					
	Q1	Q2	Q3	Q4	FY
Applications Received	2	0	10	4	16
Applications Pending	n/a	1	0	2	
Licenses Issued	2	2	10	5	19
Licenses Renewed	18	4	29	23	74

Midwifery Program Enforcement Statistics	FY 09/10	FY 10/11 (07/01/10-07/29/10)
Complaints		
Complaints received	7	0
Complaints closed by Complaint Unit	5	0
Investigations		
Cases opened	5	0
Cases closed	3	0
Cases referred to the Attorney General (AG)	1	0
Cases referred for criminal action	1	0
Number of probation violation reports referred to the AG	0	0

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1489
Author: Senate Business, Professions and Economic Development
 Committee
Bill Date: June 17, 2010, amended
Subject: Omnibus
Sponsor: Committee
Board Position: Sponsor/Support

STATUS OF BILL:

This bill is in the Assembly Appropriations Committee.

DESCRIPTION OF CURRENT LEGISLATION:

This bill is the vehicle by which omnibus legislation has been carried by the Senate Business and Professions Committee. Some provisions, although non-substantive, impact statutes governing the Medical Practices Act.

The provision relating to the Medical Board Midwifery Licensing Program is in the Business and Professions Code (only this section of the bill is attached):

- **2516** – Clarifies provisions related to the reporting requirements for licensed midwives.

This bill was amended to include the reporting requirements for midwives.

FISCAL: None to MBC

POSITION: Support MBC Provisions

July 15, 2010

Portions of the
bill related to
the medical Board

AMENDED IN ASSEMBLY JUNE 17, 2010

AMENDED IN SENATE APRIL 26, 2010

AMENDED IN SENATE APRIL 5, 2010

SENATE BILL

No. 1489

**Introduced by Committee on Business, Professions and Economic
Development (Senators Negrete McLeod (Chair), Aanestad,
Calderon, Correa, Florez, Oropeza, Walters, Wyland, and Yee)**

March 11, 2010

An act to amend Sections 2065, 2096, 2102, 2103, 2177, 2184, 2516, 2530.2, 2539.1, 2570.19, 3025.1, 3046, 3057.5, 3147, 3147.6, 3147.7, 3365.5, 4013, 4017, 4028, 4037, 4052.3, 4059, 4072, 4101, 4119, 4127.1, 4169, 4181, 4191, 4196, 4425, 4426, 4980.40.5, 4980.43, 4980.80, 4982.25, 4984.8, 4989.54, 4990.02, 4990.12, 4990.18, 4990.22, 4990.30, 4990.38, 4992.36, 4996.17, 4996.23, 4999.46, 4999.58, and 4999.90 of, to add Section 4200.1 to, to add and repeal Sections 4999.57 and 4999.59 of, to repeal Sections 2026, 4980.07, 4982.2, and 4984.6 of, and to repeal Article 3 (commencing with Section 4994) of Chapter 14 of Division 2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1489, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires an applicant for a physician's and surgeon's certificate whose professional instruction was acquired in a country other than the United States or Canada to provide evidence

satisfactory to the board of, among other things, satisfactory completion of at least one year of specified postgraduate training.

This bill would require the applicant to instead complete at least 2 years of that postgraduate training.

Existing law requires an applicant for a physician's and surgeon's certificate to obtain a passing score on the written examination designated by the board and makes passing scores on a written examination valid for 10 years from the month of the examination for purposes of qualification for a license. Existing law authorizes the board to extend this period of validity for good cause or for time spent in a postgraduate training program.

This bill would limit this 10-year period of validity to passing scores obtained on ~~Step 3~~ *each step* of the United States Medical Licensing Examination and would also authorize the board to extend that period for ~~applicants~~ *an applicant* who hold a valid, unlimited license as is a physician and surgeon in another state or a Canadian province and ~~have~~ *who is currently and actively practiced practicing* medicine in that state or province.

Existing law requires a licensed midwife who assists in childbirths that occur in out-of-hospital settings to annually report specified information to the Office of Statewide Health Planning and Development in March and requires the office to report to the Medical Board of California licensee compliance with that requirement every April and the aggregate information collected every July.

This bill would require those annual reports to be made by March 30, April 30, and July 30, respectively, and would make additional changes to the information required to be reported by a midwife with regard to cases in California.

(2) Existing law provides for the licensure and regulation of speech-language pathologists, audiologists, and hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Existing law requires a licensed audiologist who wishes to sell hearing aids to meet specified licensure and examination requirements, and to apply for a dispensing audiologist certificate, pay applicable fees, and pass a board-approved hearing aid examination, except as specified. Existing law authorizes a licensed audiologist with an expired hearing aid dispenser's license to continue to sell hearing aids pursuant to his or her audiology license.

This bill would require the board to issue a dispensing audiology license to a licensed audiologist who meets those requirements or whose

1 (2) The period of validity provided for in paragraph (1) may be
2 extended by the board for any of the following:

- 3 (A) For good cause.
- 4 (B) For time spent in a postgraduate training program, including,
5 but not limited to, residency training, fellowship training, remedial
6 or refresher training, or other training that is intended to maintain
7 or improve medical skills.
- 8 (C) For an applicant who holds a valid, unlimited license as a
9 physician and surgeon in another state or a Canadian province and
10 has actively practiced medicine in that state or province.

11 (3) Upon expiration of the 10-year period plus any extension
12 granted by the board under paragraph (2), the applicant shall pass
13 the Special Purpose Examination of the Federation of State Medical
14 Boards or a clinical competency written examination determined
15 by the board to be equivalent.

16 *SEC. 8. Section 2516 of the Business and Professions Code is*
17 *amended to read:*

18 2516. (a) Each licensed midwife who assists, or supervises a
19 student midwife in assisting, in childbirth that occurs in an
20 out-of-hospital setting shall annually report to the Office of
21 Statewide Health Planning and Development. The report shall be
22 submitted ~~in March~~ *no later than March 30*, with the first report
23 due in March 2008, for the prior calendar year, in a form specified
24 by the board and shall contain all of the following:

- 25 (1) The midwife's name and license number.
- 26 (2) The calendar year being reported.
- 27 (3) The following information with regard to cases *in California*
28 in which the midwife, or the student midwife supervised by the
29 midwife, assisted during the previous year when the intended place
30 of birth at the onset of care was an out-of-hospital setting:
 - 31 (A) The total number of clients served as primary caregiver at
32 the onset of care.
 - 33 (B) The total number of clients served with collaborative care
34 available through, or given by, a licensed physician and surgeon.
 - 35 (C) The total number of clients served under the supervision of
36 a licensed physician and surgeon.
 - 37 (D) The number by county of live births attended as primary
38 caregiver.



x

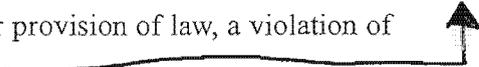
x

- 1 (E) The number, by county, of cases of fetal demise, *infant* X
2 *deaths, and maternal deaths* attended as primary caregiver at the X
3 discovery of the demise *or death*.
- 4 (F) The number of women whose primary care was transferred
5 to another health care practitioner during the antepartum period,
6 and the reason for each transfer.
- 7 (G) The number, reason, and outcome for each elective hospital
8 transfer during the intrapartum or postpartum period.
- 9 (H) The number, reason, and outcome for each urgent or
10 emergency transport of an expectant mother in the antepartum
11 period.
- 12 (I) The number, reason, and outcome for each urgent or
13 emergency transport of an infant or mother during the intrapartum
14 or immediate postpartum period.
- 15 (J) The number of planned out-of-hospital births at the onset of
16 labor and the number of births completed in an out-of-hospital
17 setting.
- 18 (K) The number of planned out-of-hospital births completed in
19 an out-of-hospital setting that were any of the following:
- 20 (i) Twin births.
 - 21 (ii) Multiple births other than twin births.
 - 22 (iii) Breech births.
 - 23 (iv) Vaginal births after the performance of a cesarean section.
- 24 (L) A brief description of any complications resulting in the X
25 *morbidity or mortality* of a mother or an infant.
- 26 (M) Any other information prescribed by the board in
27 regulations.
- 28 (b) The Office of Statewide Health Planning and Development
29 shall maintain the confidentiality of the information submitted
30 pursuant to this section, and shall not permit any law enforcement
31 or regulatory agency to inspect or have copies made of the contents
32 of any reports submitted pursuant to subdivision (a) for any
33 purpose, including, but not limited to, investigations for licensing,
34 certification, or regulatory purposes.
- 35 (c) The office shall report to the board, by April 30, those
36 licensees who have met the requirements of subdivision (a) for
37 that year.
- 38 (d) The board shall send a written notice of noncompliance to
39 each licensee who fails to meet the reporting requirement of
40 subdivision (a). Failure to comply with subdivision (a) will result

- 1 (G) The number, reason, and outcome for each elective hospital
2 transfer during the intrapartum or postpartum period.
- 3 (H) The number, reason, and outcome for each urgent or
4 emergency transport of an expectant mother in the antepartum
5 period.
- 6 (I) The number, reason, and outcome for each urgent or
7 emergency transport of an infant or mother during the intrapartum
8 or immediate postpartum period.
- 9 (J) The number of planned out-of-hospital births at the onset of
10 labor and the number of births completed in an out-of-hospital
11 setting.
- 12 (K) The number of planned out-of-hospital births completed in
13 an out-of-hospital setting that were any of the following:
- 14 (i) Twin births.
- 15 (ii) Multiple births other than twin births.
- 16 (iii) Breech births.
- 17 (iv) Vaginal births after the performance of a cesarean section.
- 18 (L) A brief description of any complications resulting in the
19 morbidity or mortality of a mother or an infant.
- 20 (M) Any other information prescribed by the board in
21 regulations.
- 22 (b) The Office of Statewide Health Planning and Development
23 shall maintain the confidentiality of the information submitted
24 pursuant to this section, and shall not permit any law enforcement
25 or regulatory agency to inspect or have copies made of the contents
26 of any reports submitted pursuant to subdivision (a) for any
27 purpose, including, but not limited to, investigations for licensing,
28 certification, or regulatory purposes.
- 29 (c) The office shall report to the board, by April 30, those
30 licensees who have met the requirements of subdivision (a) for
31 that year.
- 32 (d) The board shall send a written notice of noncompliance to
33 each licensee who fails to meet the reporting requirement of
34 subdivision (a). Failure to comply with subdivision (a) will result
35 in the midwife being unable to renew his or her license without
36 first submitting the requisite data to the Office of Statewide Health
37 Planning and Development for the year for which that data was
38 missing or incomplete. The board shall not take any other action
39 against the licensee for failure to comply with subdivision (a).

1 (e) The board, in consultation with the office and the Midwifery
2 Advisory Council, shall devise a coding system related to data
3 elements that require coding in order to assist in both effective
4 reporting and the aggregation of data pursuant to subdivision (f).
5 The office shall utilize this coding system in its processing of
6 information collected for purposes of subdivision (f).

7 (f) The office shall report the aggregate information collected
8 pursuant to this section to the board by July 30 of each year. The
9 board shall include this information in its annual report to the
10 Legislature.

11 (g) Notwithstanding any other provision of law, a violation of
12 this section shall not be a crime. 

13 *SEC. 9. Section 2530.2 of the Business and Professions Code*
14 *is amended to read:*

15 2530.2. As used in this chapter, unless the context otherwise
16 requires:

17 (a) "Board" means the Speech-Language Pathology and
18 Audiology and Hearing Aid Dispensers Board. As used in this
19 chapter or any other provision of law, "Speech-Language Pathology
20 and Audiology Board" shall be deemed to refer to the
21 Speech-Language Pathology and Audiology and Hearing Aid
22 Dispensers Board or any successor.

23 (b) "Person" means any individual, partnership, corporation,
24 limited liability company, or other organization or combination
25 thereof, except that only individuals can be licensed under this
26 chapter.

27 (c) A "speech-language pathologist" is a person who practices
28 speech-language pathology.

29 (d) The practice of speech-language pathology means all of the
30 following:

31 (1) The application of principles, methods, instrumental
32 procedures, and noninstrumental procedures for measurement,
33 testing, screening, evaluation, identification, prediction, and
34 counseling related to the development and disorders of speech,
35 voice, language, or swallowing.

36 (2) The application of principles and methods for preventing,
37 planning, directing, conducting, and supervising programs for
38 habilitating, rehabilitating, ameliorating, managing, or modifying
39 disorders of speech, voice, language, or swallowing in individuals
40 or groups of individuals.

AGENDA ITEM 8

TERMS AND CONDITIONS OF PROBATION

**is currently being drafted and will be provided at the
meeting if completed.**

At the January 7, 2010 Meeting, staff was asked to come back with regulatory language that would define “failure to comply” within subdivision (a) of section 2516 with respect to three areas:

1. Definition of what a blank space in the survey means
2. The requirement for a signature
3. The need for internal data conflicts to be resolved

Staff would like to request the formation of a two person workgroup to determine whether regulations are needed to define what constitutes “failure to comply” for purposes of B&P Sections 2516.

Barriers to Care for Licensed Midwives

Supervision Issues

Many barriers are related to the supervision requirement in the Licensed Midwives Practice Act (LMPA). Midwives report that they would like to change the wording from “supervision” to “consultation” or “collaboration”. The barriers identified by licensed midwives (LMs) related to supervision are:

General Medical Care Issues

- **Liability:** This is the most important issue. Midwives are unable to access necessary medical care for clients because the law defines the relationship of physicians to licensed midwives as supervisory, which implies liability. Liability insurers will not provide insurance to any individual that attends a homebirth, supervises someone who attends homebirths, or backs up patients planning a homebirth.
- **Ultrasound:** Midwives report that they are unable to order ultrasounds on their own, and often the results will only be released to a physician.
- **Expert Reviewer:** When a complaint is investigated against a midwife, only midwives who have supervising physicians are allowed to provide an expert review. As a result, most expert reviewers work exclusively in doctor’s offices and clinics and do not attend home births, this puts investigated licensed midwives at a disadvantage.

Prescription Medication Issues (Related to Supervision)

- **Pharmaceutical suppliers** will not sell LMs emergency and other necessary injectible medications because the LMPA does not include a list of legend drugs that LMs are allowed to furnish or use without prescription.
- LMs are not always able to easily obtain devices needed to provide safe care, such as, syringes and IV equipment.
- LMs are unable to obtain oxygen without a prescription, and often are not able to obtain oxygen with a prescription since LMs are providers rather than users.
- Clinics and physician offices are often reluctant to hire LMs because the LMPA does not make allowance for LMs to order or furnish drugs in accordance with standard protocols under the supervision of a licensed physician.

Issues Under the Regulatory Authority of Other Government Agencies

California Department of Public Health (CDPH)

- **Birth Certificates:** Every county is allowed to create their own rules and worksheets for registering homebirths using the state directive as a guideline, as long as they follow existing law. Midwives are not allowed to possess or complete paper birth certificate forms, are not allowed to submit forms electronically, and are subject to requirements

that are not required by the State Office of Vital Records (i.e. home visit from county nurse, utility bill with parent's name and address from month of birth, etc.) LMs are unable to register births within the 10 days required in law due to county specific time schedules and restrictions. Social Security numbers are also not automatically given to homebirth clients as they are for hospital births. Parents must go in to a Social Security office and request one (and are often told that they don't have the appropriate paperwork to get a number for their baby).

- Alternative Birth Center Regulations: LMs are not included along with Certified Nurse Midwives and Physicians as one of the required attendants during birth, which prohibits the hiring of LMs as out of hospital birth attendants in licensed Alternative Birth Centers.
- Lab Accounts: LMs have difficulty opening accounts with diagnostic laboratories due to CDPH's Laboratory Field Services' determination that LMs must have the signature of the supervising physician on file in order to open or maintain an account.

Department of Motor Vehicles

- Carpool Lane Exemption: The majority of LMs provide home birth care, and often are called to births during heavy traffic times. LMs could use a carpool lane exemption decal to assist in getting to laboring mothers in a timely fashion. (Low Priority)

Payment Issues

Department of Health Care Services

- Medi-Cal: Medi-Cal will only cover services with the signature of the supervising physician.

California Department of Public Health

- Comprehensive Perinatal Services Program (CPSP) – This program provides midwifery care to low income women who are seen in clinics. LMs were never added to the list of CPSP providers or the list of providers authorized to receive payment from Medi-Cal for those services.

Managed Risk Medical Insurance Board

- Access for Infants and Mother's Program – LMs are not listed as qualified to certify pregnancy.

Insurers

- Being out of network providers, LMs are paid at a significantly lower rate. LMs are often told that homebirth and/or LMs are not covered even for women who have purchased maternity benefits. Section 10354 of the Insurance Code was originally added with the passage of the LMPA and allowed for direct payment to LMs. This Section of law has since been repealed from the Insurance Code, and as a result, many insurers will not pay LMs directly.



MEDICAL BOARD OF CALIFORNIA
Licensing Program



PROPOSED MIDWIFERY ADVISORY COUNCIL
MEETING DATES
FOR THE REMAINDER OF 2010
AND 2011

All meetings will be held at
Medical Board of California
2005 Evergreen Street
Sacramento, CA 95815
916-263-2393

Thursday, December 9, 2010

Thursday, April 7, 2011

Thursday, August 11, 2011

Thursday, December 8, 2011