MEDICAL BOARD OF CALIFORNIA
Licensing Program

MIDWIFERY ADVISORY COUNCIL

MEMBERS OF THE COUNCIL

Carrie Sparrevohn, L.M., Chair
Faith Gibson, L.M.
Karen Ehrlich, L.M.
James Byrne, M.D.
Monique Webster
Barbara Yaroslavsky

August 30, 2012

Medical Board of California
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815
(916) 263-2382

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

AGENDA

1:00 p.m. – 4:00 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 Council 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 whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

3. **Approval of Minutes from the March 29, 2012 Meeting**

4. **Consideration of Revised Regulations; Possible Recommendation to Full Board– Ms. Lowe**
   A. 1379.23 - Physician Supervision Requirement
   B. 1379.24 - Practice of Midwifery; Drugs and Devices

5. **Program Update – Ms. Morrish**
   A. Licensing Statistics
   B. 2011 Licensed Midwife Annual Report
   C. Enforcement Statistics Report

6. **Update on Task Force for Midwifery Students/Midwife Assistants – Ms. Lowe**

7. **Consideration of Nizhoni Institute Advanced Placement and Transfer of Credit Proposal – Mr. Worden**

8. **Discussion and Possible Recommendation to Full Board on MAC Term Limits – Ms. Sparrevohn**

9. **Agenda Items for the December 6, 2012 Midwifery Advisory Council Meeting - Sacramento**

10. **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 accommodation or modification in order to participate in the meeting may make a request by contacting Susan Morrish at (916) 263-2393 or sending a written request to that person at the Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.
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
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815

March 29, 2012
MINUTES

DRAFT

Agenda Item 1 Call to Order/Roll Call
The Midwifery Advisory Council (MAC) of the Medical Board of California (MBC) was called to order by Chair Carrie Sparrevohn, at 1:43 p.m. A quorum was present and Ms. Morrish provided roll call.

Members Present:
Carrie Sparrevohn, L.M., Chair
Faith Gibson, L.M.
Karen Ehrlich, L.M.
Barbara Yaroslavsky

Staff Present:
Diane Dobbs, Staff Counsel, DCA
Kurt Heppler, Legal Counsel
Susan Morrish, Analyst, Licensing Program
Anthony Salgado, Manager, Licensing Program
Anita Scuri, Legal Counsel
Kathryn Taylor, Manager, Licensing Program
Christina Thomas, Analyst, Licensing Program
Cheryl Thompson, Analyst, Licensing Program
Linda Whitney, Executive Director
Curt Worden, Chief of Licensing

Members of the Audience:
Janelle Bo, Future Midwives Alliance
Kate Bowland, Midwives of Santa Cruz
Molly Burke
James Byrne, M.D.
Brooke Casey, L.M.
Hollis Clark, California Assoc. of Midwives
Laurel Coates, Nova Midwifery
Mason Cornelius, Nova Midwifery
Frank Cuny, California Citizens for Health Freedom (CCHF)
Rosanna Davis, L.M.
Sarah Davis, California Assoc. of Midwives

Joanna Galvez, Birthroots MSP
Autum Gibson
Joscelyn Grote, C.M.
Corina Hall, Student Midwife
Edana Hall, L.M.
Renee Hanevold, C.N.M.
Rachel Hansen
Laurel Holmes, CPFL
Diane Holzer, L.M., M.A.N.A./I.C.M.
Jessica Johnson, L.M., CA Assoc. of Midwives
Tosi Marceline, LM
Param Matharu, public member
Todd Mathews, public member
Laura Maxson, L.M.
Laura Monroe, California Assoc. of Midwives
Kanita Noble, C.N.M.A.
Kelly Olmstead, L.M.
John Pecone, public member
Laura Perez, Sacred Birth Place
Cindy Pond, C.A.M.
Celesfa Ranvisi, L.M., Celebration of Birth
Gerri Ryan, Nizhoni Institute of Midwifery
Ronda Sherley, Nizhoni Institute of Midwifery
Vanessa Simmons, CA Assoc. of Midwives
Sonia Singhal, Nizhoni Institute of Midwifery
Lauren Slak, Nizhoni Institute of Midwifery
Jennifer Stover, Birth & Baby Resource Network
Racha Tahani Lawler, CA Assoc. of Midwives
Tiffany Talbott, public member
John Toth, M.D., CA Citizens for Health Freedom
Amy Tredway, Nizhoni Institute of Midwifery

(The above list identifies attendees who signed the meeting sign-in sheet.)

Agenda Item 2 Public Comments on Items Not on the Agenda
Note: The Council 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 whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a)]

Ms. Sparrvohn provided guidelines for the Midwifery Advisory Council, (MAC) meeting:

- Ms. Sparrvohn welcomed public comment on the posted agenda items.
- She introduced Susan Morrish as the new Midwifery Analyst, and requested meeting attendees to route speaker slips to Ms. Morrish for public comment.
- Attendees were reminded to stay on agenda topic(s) and to limit speaking time to three minutes or less.

Ms. Scuri mentioned she will be retiring in June, 2012 and indicated this will be the last MAC meeting she attends. She pointed out that Ms. Whitney, as well as herself, are the only two original staff

members left since the inception of Midwifery licensing at the MBC. She sees public safety while providing the least number of barriers for midwives to practice, as an important goal of the Council. Ms. Scuri thanked the council members for listening to the recommendations she has made over the years, and for remaining open to the legal advice she has provided. Her hopes are that Licensed Midwives will be integrated into the health care system.

Ms. Scuri introduced her successor, Diane Dobbs, DCA Legal Counsel, to the MAC members and meeting attendees. Ms. Dobbs brings a wealth of experience to the position based on her legal experience. She has been the Senior Staff Counsel with the Department of Consumer Affairs (DCA) since 2007. Prior to her employment at DCA, she was a family probate and juvenile law trial attorney. Going forward, Ms. Dobbs and Mr. Heppler will provide legal counsel for the Midwifery Program.

Ms. Sparrevohn attributed the advancement of the midwifery profession to the invaluable advice and legal services Ms. Scuri has provided over the years.

Ms. Sparrevohn requested public comment on items not on the agenda. There were no comments from public members or staff.

Agenda Item 3 Midwifery Advisory Council Membership

A. Ms. Sparrevohn asked Mr. Worden to outline the processes involved in filling the vacancies and to seat new members on the MAC.

Mr. Worden provided the following information. At the February 2012 full Board Meeting, there was a call to fill MAC vacancies. The Licensing Unit solicited applications for (3) vacant MAC positions;

- Licensed midwife, 3-Year Term (expires June 30, 2015).
- Public Member, to be filled by a California licensed physician practicing in obstetrics, to a 3-Year Term (expires June 30, 2015).
- Public member, to be filled by a non-licensee, to a 3-Year Term (expires June 30, 2015).

Three applications were received for the public member, Physician/Ob-gyn vacancy, seven applications were received for the public member, non-licensee vacancy, and three applications were received to fill the licensed midwife vacancy on the MAC.

Council recommendations were made from the list of applications submitted. The names of the nominees will be voted on and approved/disapproved at the May 3-4, 2012 full Board meeting.

Ms. Sparrevohn asked for a motion to consider a late application from Ashley Weinert, M.D., who showed interest in serving on the Advisory Council.

Ms. Yaroslavsky made a motion to consider approving Dr. Weinert's application; s/ Sparrevohn; carried.

Ms. Sparrevohn asked if there were any public comments; none were provided. She requested a vote be taken to consider the late application.

Mr. Heppler clarified, that the vote is to consider whether to add the late application as an eligible candidate. Ms. Yaraslovsky explained that it was her attempt to be inclusive by allowing the acceptance of the late application from someone who has identified an interest in serving on the MAC. She invited comment from Council members to discuss whether to move forward on the recommendation, or not. Another MAC member suggested the Council consider outlining guidelines on the acceptance of late applications.

Council members and public attendees did not oppose the consideration of Dr. Weinert's application.

1. Ms. Sparrevohn asked each applicant applying to individually address the council;

(a) Tosi Marseline, L.M., indicated she did not have additional information to add since her application outlined her midwifery experience and her interest in the field of midwifery.

(b) Karen Ehrlich, L.M., informed the Council that she is committed to continuing the work that is necessary to make improvements in the field, and is committed to improving the process. She added she will not apply again after this term.

(c) Deborah Bartle, the third applicant applying for the licensed midwife position, was not present at this meeting.

Ms. Sparrevohn asked if there were public comments; none were provided. She recommended future discussion should occur regarding MAC term limits. Additional comments were not provided by other Council members.

Ms. Sparrvohn motioned to nominate Karen Ehrlich for the licensed midwife position on the MAC; s/Yaroslavsky; Ms. Yaroslavsky nominated Tosi Marseline for the licensed midwife MAC position;

Ms. Scuri clarified that only one person can be nominated for a position, at which point, Ms. Marseline withdrew her application.

Ms. Sparrvohn motioned to nominate Karen Ehrlich to the licensed midwife position on the MAC; s/ Yaroslavsky; carried.

Ms. Sparrevohn asked for public comments; none were provided.

2. Two applicants for the public member, physician position were present at this meeting: James Byrne, M.D., and Ashley Weinhart, M.D. Due to a prior commitment, Dr. Klikoff was unable to attend the MAC meeting.

Dr. Byrne was asked to speak to the Advisory Council. He touched upon his experience working to improve public policy, his work with midwives and his efforts to improve discourse between lay midwives and administrators. He expressed interest in contributing his expertise to this endeavor. When asked by Ms. Gibson, Dr. Byrne confirmed that the time commitment to serve on the MAC was not an issue for him.

Dr. Weinhert, was also provided an opportunity to speak to Council Members. She is a Board certified physician and works with midwives at a Santa Rosa birthing center. Dr. Weinhert sits on the State

Legislative ACOG Committee. She apologized for the late submittal of her application, explaining she did not receive notification concerning the MAC vacancy until just after the March 15, 2012 deadline. Dr. Weinhert mentioned, Dr. Haskins asked her to apply for the physician member position.

Dr. Klikoff, the third applicant, previously notified the MBC she was unable to attend the March 29, 2012 MAC meeting, due to an earlier commitment.

Ms. Sparrevohn asked for public member comments; none were provided.

Ms. Gibson made a motion to nominate James Byrne, M.D., to fill the Ob-gyn position on the MAC.; s/Sparrevohn; carried.

Ms. Sparrevohn made a motion to accept and appoint Dr. Byrne; s/Yaroslavsky; carried.

Council Members invited Dr. Byrne to sit on the panel for the remainder of the meeting. Appointment confirmations will occur at the next full Board meeting, on May 3-4, 2012.

3. Ms. Sparrevohn asked the Public Member, non-licensed applicants present to address the Council.

Ms. Corina Hall was the first applicant to speak. She disclosed that she lives locally in Sacramento and has experienced her own home birth deliveries with midwives in attendance. When asked about her strengths, she noted her ability to see both sides of a situation, and feels she can provide representation for other women in the State of California. She is also a student midwife.

The attorney's were posed the question, "If a student midwife were appointed to the non-licensee position, would this create a problem?" Ms. Scuri provided clarification; Ms. Hall could serve as a non-licensee member while a student midwife but once licensed as a midwife, can no longer serve unless the MAC decided to add another midwife position to the advisory council.

Mr. John Pecora was the next applicant invited to speak to Council members. Mr. Pecora outlined his experience attending Utility Board Meetings and said he understands the regulatory processes. He would like to bring to midwifery, the respect and security that is necessary. He supported his wife's endeavor in obtaining her midwifery license. Mr. Pecora was asked about his availability to attend the MAC meetings. He indicated he may have a problem serving on the Council if his wife were involved in the birth of a baby. Ms. Ehrlich followed up by asking, "Would you be able to attend the meeting if your wife is unavailable?" He clarified that he may need to watch his children if his wife had to attend multiple births.

Ms. Gibson asked Mr. Pecora what his experience was in interfacing with government agencies. He explained that he started attending meetings as a consumer, based on issues that affected his property. He is currently an intervener for a public utilities project, which he explained, is a non-appointed position that can be granted to someone with an interest in a project. If the intervener does not agree with the decisions made by a regulatory agency, he has the right to oppose and take action on a decision at his or her own financial expense. An intervener has the right to ask regulatory questions and provide correspondence to approve or disapprove the scope of a project.

The following applicants for the public member vacancy were not present at the MAC meeting: Jennifer Pope, Suchada Eickemeyer, Dean Bartle, and Monique Webster. Peter Schlezkas was unable to attend since he was out of the country on the day of the MAC meeting.

Ms. Sparrevohn asked if there were any public members who would like to speak on behalf of applicants not present. Public member Laurel Holmes asked if the applicants were notified to attend and whether they were asked to speak at the MAC meeting. Ms. Sparrevohn indicated the "Call for Applications," letter addressed attendance. Ms. Morrish confirmed she spoke to applicants about attending the meeting and also referenced the letter that was sent to midwives.

Ms. Yaroslavsky made a motion to nominate applicant Monique Webster, to fill the MAC non-licensee, public member position; s/Sparrevohn; carried.

Ms. Sparrevohn asked if there were other nominations; none were provided. Ms. Yaroslavsky motioned to appoint Ms. Webster; Ms. Sparrevohn asked for public comment; none were provided.

Ms. Yaroslavsky called for a vote to seat Monique Webster as the non-licensee, public member on the MAC; s/Sparrevohn; carried.

Agenda Item 4 Approvals of Minutes from the December 13, 2011 Meeting

The following change recommendations to the December 13, 2011 minutes were requested:

- Agenda Item 4: Recommendation to change the word "Congress" in the title, American Congress of Obstetrics and Gynecology. The title is correct, and a revision is not necessary.

- References in the minutes to an April meeting should be changed to March since the MAC meeting took place on March 29, 2012.

Ms. Yaroslavsky made a motion to approve the minutes from the December 13, 2011 meeting; s/Sparrevohn; carried. Ms. Sparrevohn asked to accept the minutes with the changes that were offered.

Agenda Item 5 Midwifery Program Update

A. Update on Licensing Statistics

Ms. Morrish reported during the third quarter of FY 2011/12, 10 midwifery applications were received and 10 licenses were issued. To date, the total number of midwifery licenses issued for FY 2011/12 was 22. As of March 23, 2012, there were 283 licensed midwives in California, with 31 in delinquent status. Ms. Sparrevohn asked that the MBC provide reasons for the delinquent renewals at the next MAC meeting.

B. 2011 Annual Report Survey Update

As of March 23, 2012, there were 132 Licensed Midwife Annual Reports (LMAR), submitted to the Office of Statewide Health Planning & Development (OSHPD). Currently, there are 151 licensed midwives who have not submitted their 2011 LMAR.

The Board hosted the NARM exam on February 15, 2012. Fifteen women took the exam. The next NARM exam is scheduled for August 15, 2012 at the Medical Board.

C. Interested Parties Workshop-Update

Mr. Worden provided an update on the March 29, 2012 Interested Parties Workshop. He informed the group that the Medical Board received suggestions and feedback from workshop attendees to proposed new regulations: Physician Supervision Requirement, 1379.23 and the Practice of Midwifery, 1379.24. Mr. Worden mentioned that the Board will consider all suggestions and provide feasible recommendations to the MAC at the August 30, 2012 meeting.

D. Enforcement Statistics Report

During the December 13, 2011 MAC meeting, a request had been made for the Board to provide a breakdown of the complaints received between licensed and unlicensed midwives. During FY 2010/11, there were a total of ten complaints received. Eight of the complaints were against licensed midwives, with the remaining two involving unlicensed midwives. To date, the total number of complaints received for FY 2011/12, were 20. There were 17 complaints against licensed midwives and 3 complaints against unlicensed midwives. Of those complaints, 14 are closed.

Council members asked if multiple complaints could be made against a midwife, and if so, they recommended counting the complaints based on the individual midwife rather than the number of overall complaints received. Ms. Gibson noted there have been twice as many complaints this year, compared to last year. Ms. Yaroslavsky recommended the Medical Board capture complaint information based on the individual midwife versus the number of overall complaints received.

Ms. Sparrevohn asked for public comment. Jerod Killow, a public member, asked whether the MBC could track licensed and unlicensed midwives. Mr. Worden indicated he would check whether statistics are available or not. Mr. Heppler offered that it is not the function of the Council to track unlicensed midwives. Another public member reiterated that it would be beneficial to track licensed and unlicensed midwives.

No additional comments were provided.

Agenda Item 6 Discussion and Consideration of a Proposal to Create a Task Force on the Use of Midwifery Students and Midwife Assistants

Council members recommended organizing a task force to assist in determining regulations for midwife assistants/student midwives. Business & Professions Code, Section 2515 speaks to membership opportunities on pg. 13, of the Interested Parties Workshop meeting packet. A question was asked, whether the regulation addresses student/mentorship opportunities.

Mr. Heppler pointed out, there has been concern over the definition of "enrollment" and what defines the apprenticeship model. Related questions have been posed previously during other meetings. He suggested organizing a task force since this has become an increasing concern for women who have been assistants for years, and whose role is now under scrutiny.

Several public members agreed a task force is needed to address concerns midwives have in maintaining the apprenticeship model and to provide women with hands on experience. Also mentioned, there are many midwifery students who go through a non-official program, opting for a more traditional approach in acquiring their midwifery education by apprenticing rather than enrolling in a school program.

Janell Lacido, a member of the audience, recommended a student should be on the task force. She has collaborated on a newly published document called, "The Student Midwife Bill of Rights." She will

e-mail a copy to Mr. Heppler or Mr. Worden.

Faith Gibson clarified, "The issue is, whether or not the student assistant is making decisions on care." She mentioned that it is not illegal for a woman to assist at a birth, but asked, "Is he or she taking responsibility in providing treatment?" She suggested the taskforce can outline the guidelines.

Ms. Sparrevohn asked if a task force is warranted and requested input from public members in the audience. Tiffany Talbot, a student/apprentice midwife, asked how interested members could be part of the task force. Mr. Worden indicated an interested party's letter would be sent out to those on the mailing list. Ms. Sparrevohn mentioned that addresses for licensed midwives need to be up to date.

When asked for participation, the following people offered to be involved with the Midwife Assistants/Student Midwife Task Force:

- Council members: Faith Gibson and Karen Ehrlich.
- Public members: Celeste Duranesi, Amica, and Sarah Davis from the California Association of Midwives (CAM)

Comments were expressed by several members of the audience:
Celeste Duranesi mentioned she has several students who apprentice through her practice, even though there are midwifery schools in California. She expressed interest in participating on the task force.

Public member Rochelle Molard voiced her concern that there are many women who do not have the financial resources to attend midwifery school and asks how women without financial means can obtain the training to become midwives?

Sarah Davis, a member from CAM, also expressed interest in participating on the task force. She wanted to know what time frames are involved to implement regulatory changes. She asked for a public call for representation.

Jennifer Stover, another public member, agreed with creating a task force and also recommended it should include a "non-interested party" consumer. She believes it is important to have representation from someone who is a little more removed from the situation and can look at the regulations from the consumer's standpoint.

Ms. Sparrevohn recommended the Midwifery Student/Assistant Task Force should get underway before the August 30, 2012 MAC meeting.

No additional comments were made from the Council or public members.

Agenda 7 Update on Consideration of Nizhoni Institute Advanced Placement and Transfer of Credit Proposal

Mr. Worden confirmed that the proposal submitted by the Nizhoni Institute is under review by the Board, and sections of the proposal require further clarification by the Institute.

Ms. Sparrevohn mentioned that the Nizhoni Institute is the only midwifery school in California that is recognized by the Medical Board that offers a challenge mechanism for internationally trained midwives.

Public member Jerry Rhiner commented, that there are internationally trained midwives who are also registered nurses, and licensed vocational nurses who are interested in offering services in women's health, but their international training is not recognized in California.

No additional public comment was provided.

Agenda 8 Discussion to Webcast Future Midwifery Advisory Council Meetings; Recommendation to Full Board

Council members agreed to make a recommendation to the Board to webcast future MAC meetings. Mr. Worden verified that with advanced planning, meetings that are webcast can be saved and will be available to view at a later date. Individuals can watch remotely, but cannot directly participate in the meetings. When asked if public comments would be accepted before the meeting and read during the meeting, Ms. Yaroslavsky agreed that public comments would be accepted.

Ms. Yaroslavsky made a motion to recommend to the full Board webcasting future MAC meetings; s/Sparrevohn; carried.

Agenda 9 Agenda Items for the August 30, 2012 Meeting in Sacramento

The following Agenda items will be discussed at the next MAC meeting:

- Results of the Interested Parties Meeting; Proposed Regulations
- Midwifery Student/Assistant Task Force Update
- Midwifery Program Update
- Discussion on MAC Term Limits
- Statistical Reporting-Task Force (MANA)

Ms. Yaroslavsky commented that she would like to review the membership/structure of the MAC at the next meeting. Ms. Yaroslavsky also mentioned that she was pleased to see the meeting go so well with such a large group of attendees.

Before the meeting ended, Ms. Ehrlich informed attendees that copies of the 2007-2010 LMAR statistics (in summary format) were available on the back table for those who were interested.

Agenda Item 10 Adjournment

Ms. Yaroslavsky made a motion to adjourn the meeting; s/Sparrevohn; carried.

MEDICAL BOARD STAFF REPORT

REPORT DATE:	August 16, 2012
ATTENTION:	Midwifery Advisory Committee
SUBJECT:	Revisions to Proposed Regulation - Physician Supervision Requirement 1379.23 in Article 3.5 in Chapter 4 of Division 13, Title 16, California Code of Regulations
REFERRED BY:	Curtis Worden, Chief of Licensing

REQUESTED ACTION:

Revisions to the regulations pertaining to physician supervision of licensed midwives, Section 1379.23, of Title 16 of the California Code of Regulations are respectfully submitted to the Midwifery Advisory Council (MAC) for review and approval. The revised proposal is based on collaborative information provided by members of the public and the midwifery community during the March 29, 2012 Interested Parties Workshop. Recommendations made at the Interested Parties meeting were reviewed by Legal Counsel and other Medical Board staff and the proposed regulation was revised accordingly. The proposed Physician Supervision Requirement regulation dated April 5, 2012, is attached. Upon approval, staff requests that the MAC recommend to the Board, that this matter be set for hearing.

BACKGROUND:

Business and Professions Code 2507(f) requires the Board to adopt regulations defining the appropriate standard of care and level of supervision required for the practice of midwifery by July 1, 2003. Due to the inability to reach consensus on the supervision issue, the Board identified separately this requirement in 2006, by adopting Standards of Care for Midwifery (16 CCR, 1379.19). Three previous attempts to resolve the physician supervision issue via legislation and/or regulation have been unsuccessful.

The proposed regulation sets forth a collaborative approach to the issue of physician supervision by providing that the supervision requirement in law is met if the licensee established a collaborative relationship with a physician who agrees to provide guidance and instructions in the specified circumstances.

The proposed regulation also provides that a business relationship is not created solely by a physician providing consultative services, or by accepting a referral from a licensed midwife.

MEDICAL BOARD OF CALIFORNIA
Physician Supervision of Licensed Midwives
Specific Language of Proposed Changes
Draft—4/5/12

Adopt new section 1379.23 in Article 3.5 in Chapter 4 of Division 13, Title 16 Cal. Code Regs. to read as follows:

1379.23. Physician Supervision Requirement.

(a) The requirement for physician supervision contained in Section 2507 of the Code is deemed to have been met if the licensed midwife has established a collaborative relationship with one or more physicians, who meet the requirements of section 1379.22, for the purpose of providing guidance and instructions regarding the care of women and/or newborns or consulting with the licensed midwife after the care of a patient has been transferred to the physician.

(b) A physician and surgeon shall not be deemed to have established a business relationship or relationship of agency, employment, partnership, or joint venture with a licensed midwife solely by consulting with or accepting a referral from the licensed midwife.

NOTE: Authority cited: Sections 2018 and 2507(f), Business and Professions Code. Reference: Section 2507, Business and Professions Code.

MEDICAL BOARD STAFF REPORT

REPORT DATE:	August 16, 2012
ATTENTION:	Midwifery Advisory Committee
SUBJECT:	Revisions to Proposed Regulation - Practice of Midwifery 1379.24 in Article 3.5 in Chapter 4 of Division 13, Title 16 California Code of Regulations
REFERRED BY:	Curtis Worden, Chief of Licensing

REQUESTED ACTION:

The proposed regulation pertaining to the Practice of Midwifery, Section 1379.24 of Title 16 of the California Code of Regulations, (CCR) is respectfully submitted to the Midwifery Advisory Council for review and approval. The revised regulation is based on collaborative information provided by members of the public and the midwifery community during the March 29, 2012 Interested Parties Workshop. Legal Counsel and other Board staff reviewed the recommendations and revised the proposed regulation, accordingly. The proposed Practice of Midwifery regulation dated April 5, 2012, is attached. Upon approval, staff requests that the MAC recommend to the Board, that this matter be set for hearing.

BACKGROUND:

Current regulations address the requirements for midwifery education programs (16 CCR 1379.30). The education program must prepare the midwife for the management of a normal pregnancy, labor, and delivery. Midwives often face difficulty in securing supplies such as oxygen, anesthetics, and oxytocics in order to practice safely and effectively.

At the December 13, 2011 Midwifery Advisory Council (MAC) meeting, legal counsel presented language for the proposed regulation. The MAC members approved the proposed language with minor edits. At the March 29, 2012 Interested Parties Workshop, recommendations were made that language pertaining to diaphragms and cervical caps should be removed from the language of the regulation and requested adding, "family planning care" instead.

MEDICAL BOARD OF CALIFORNIA
Practice of Midwifery
Specific Language of Proposed Changes
Draft—4/5/12

Adopt new section 1379.24 in Article 3.5 in Chapter 4 of Division 13, Title 16 Cal. Code Regs. to read as follows:

1379.24. Practice of Midwifery

A licensed midwife shall have the authority, limited to the practice of midwifery as defined in section 2507 of the Code, to obtain and administer drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests. This authority includes, but is not limited to, obtaining and administering intravenous fluids, analgesics, postpartum oxytocics, RhoGAM, local anesthesia, oxygen, local infiltration, vitamin K, eye prophylaxis, and family-planning care.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2507, Business and Professions Code, and Title 16 Cal.Code Regs. 1379.30.

MIDWIFERY PROGRAM LICENSING STATISTICS

Licensed Midwives	FY 11/12	Q1	Q2	Q3	Q4
Applications Received	31	9	5	8	9
Applications Pending	0	6	3	3	0
Licenses Issued	31	4	8	10	9
Licenses Renewed	123	24	31	31	37
Licenses Cancelled	1	0	0	1	0

Licensed Midwives	FY 10/11	Q1	Q2	Q3	Q4
Applications Received	41	12	11	6	12
Applications Pending	2	4	1	2	2
Licenses Issued	40	9	13	5	13
Licenses Renewed	98	30	17	20	31
Licenses Cancelled	3	0	2	0	1

Licensed Midwives	FY 09/10	Q1	Q2	Q3	Q4
Applications Received	16	2	0	10	4
Applications Pending	N/A	N/A	1	0	2
Licenses Issued	19	2	2	10	5
Licenses Renewed	74	18	4	29	23
Licenses Cancelled	3	0	0	2	1

MBC Licensing Statistics	
Renewed / Current Status	267
Delinquent Status	30

OSHPD Annual Report Statistics	
2011 Annual Reports Submitted	241
2011 Annual Reports-Delinquent	42

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT
Summary

as of 7/3/2012 7:55:52 AM

SECTION A - Submission Summary

Number of Midwives Expected to Report	283
Number Reported	241
Number Unreported	42
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	**2011**

SECTION C - SERVICES PROVIDED IN CALIFORNIA - 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?	178	63

SECTION D - CLIENT SERVICES

Line No.		Total #
13	Total number of clients served as primary caregiver during this calendar year.	3934
14	Number of clients who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report)	133
15	Total number of clients served whose births were still pending on the last day of this reporting year.	908
16	Enter the number of clients served who also received collaborative care. **IMPORTANT**: SEE DEFINITION OF COLLABORATIVE CARE!	2288
17	Enter the number of clients served under the supervision of a licensed physician and surgeon. **IMPORTANT**: SEE DEFINITION OF SUPERVISION!	257

SECTION E - OUTCOMES PER COUNTY IN WHICH BIRTH, FETAL DEMISE, OR INFANT OR MATERNAL DEATH OCCURRED

(A1) County Code	(A2) County Name	(B) # of Live Births	(C) # of Cases Fetal Demise	(D) # of Infant Deaths	(E) # of Maternal Deaths
01	ALAMEDA	133	1	0	0
02	ALPINE	0	0	0	0
03	AMADOR	2	0	0	0
04	BUTTE	12	0	0	0
05	CALAVERAS	3	0	0	0
06	COLUSA	1	0	0	0
07	CONTRA COSTA	19	0	0	0
08	DEL NORTE	0	0	0	0
09	EL DORADO	14	0	0	0
10	FRESNO	26	0	0	0
11	GLENN	0	0	0	0
12	HUMBOLDT	46	0	0	0
13	IMPERIAL	0	0	0	0
14	INYO	0	0	0	0
15	KERN	45	0	0	0
16	KINGS	0	0	0	0
17	LAKE	3	0	0	0
18	LASSEN	0	0	0	0
19	LOS ANGELES	179	1	1	0
20	MADERA	1	0	0	0
21	MARIN	45	1	0	0
22	MARIPOSA	0	0	0	0
23	MENDOCINO	22	0	0	0
24	MERCED	3	0	0	0
25	MODOC	0	0	0	0
26	MONO	0	0	0	0
27	MONTEREY	0	0	0	0
28	NAPA	13	0	0	0
29	NEVADA	34	0	0	0
30	ORANGE	92	0	0	0
31	PLACER	24	0	0	0
32	PLUMAS	2	0	0	0
33	RIVERSIDE	84	0	0	0
34	SACRAMENTO	84	1	0	0
35	SAN BENITO	0	0	0	0
36	SAN BERNARDINO	91	0	0	0
37	SAN DIEGO	132	0	0	0
38	SAN FRANCISCO	127	0	0	0
39	SAN JOAQUIN	8	0	0	0
40	SAN LUIS OBISPO	41	0	0	0
41	SAN MATEO	28	0	0	0
42	SANTA BARBARA	63	0	0	0
43	SANTA CLARA	63	0	0	0
44	SANTA CRUZ	32	0	0	0
45	SHASTA	49	0	0	0
46	SIERRA	0	0	0	0
47	SISKIYOU	2	0	0	0
48	SOLANO	4	0	0	0
49	SONOMA	21	0	0	0
50	STANISLAUS	5	0	0	0
51	SUTTER	1	0	0	0
52	TEHAMA	3	0	0	0
53	TRINITY	0	0	0	0
54	TULARE	9	0	0	0
55	TUOLUMNE	2	0	0	0
56	VENTURA	92	2	0	0
57	YOLO	14	0	0	0
58	YUBA	2	0	0	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**	**2611**
20	Number of completed births in an out-of-hospital setting	**2123**
21	Breech deliveries	**13**
22	Successful VBAC's	**115**
23	Twins both delivered out-of-hospital	**4**
24	Higher Order Multiples - all delivered out-of-hospital	**0**

SECTION G - ANTEPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
25	G1	Medical or mental health conditions *unrelated* to pregnancy	**4**
26	G2	Hypertension developed in pregnancy	**22**
27	G3	Blood coagulation disorders, including phlebitis	**2**
28	G4	Anemia	**1**
29	G5	Persistent vomiting with dehydration	**2**
30	G6	Nutritional & weight loss issues, failure to gain weight	**0**
31	G7	Gestational diabetes	**7**
32	G8	Vaginal bleeding	**3**
33	G9	Suspected or known placental anomalies or implantation abnormalities	**6**
34	G10	Loss of pregnancy (includes spontaneous and elective abortion)	**34**
35	G11	HIV test positive	**1**
36	G12	Suspected intrauterine growth restriction, suspected macrosomia	**5**
37	G12.1	Fetal anomalies	**7**
38	G13	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	**13**
39	G14	Fetal heart irregularities	**2**
40	G15	Non vertex lie at term	**32**
41	G16	Multiple gestation	**9**
42	G17	Clinical judgment of the midwife (where a single other condition above does not apply)	**38**
43	G18	Client request	**39**
44	G19	Other	**22**

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	13
47	H3	Isoimmunization, severe anemia, or other blood related issues	2
48	H4	Significant infection	0
49	H5	Significant vaginal bleeding	5
50	H6	Preterm labor or preterm rupture of membranes	30
51	H7	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	7
52	H8	Fetal demise	4
53	H9	Clinical judgment of the midwife (where a single other condition above does not apply)	0
54	H10	Other	1

SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
55	I1	Persistent hypertension; severe or persistent headache	8
56	I2	Active herpes lesion	1
57	I3	Abnormal bleeding	2
58	I4	Signs of infection	6
59	I5	Prolonged rupture of membranes	34
60	I6	Lack of progress; maternal exhaustion; dehydration	240
61	I7	Thick meconium in the absence of fetal distress	14
62	I8	Non-vertex presentation	11
63	I9	Unstable lie or mal-position of the vertex	7
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)	18
66	I12	Client request; request for medical methods of pain relief	44
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	5
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	46
74	J7	Clinical judgment of the midwife (where a single other condition above does not apply)	11
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/NON-EMERGENCY

Line No.	Code	Reason	Total #
77	K1	Adherent or retained placenta without significant bleeding	**8**
78	K2	Repair of laceration beyond level of midwife's expertise	**25**
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	**7**
82	K6	Signs of infection	**5**
83	K7	Clinical judgment of the midwife (where a single other condition above does not apply)	**4**
84	K8	Client request	**0**
85	K9	Other	**1**

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

Line No.	Code	Reason	Total #
86	L1	Abnormal or unstable vital signs	**3**
87	L2	Uterine inversion, rupture or prolapse	**0**
88	L3	Uncontrolled hemorrhage	**6**
89	L4	Seizures or unconsciousness, shock	**2**
90	L5	Adherent or retained placenta with significant bleeding	**17**
91	L6	Suspected postpartum psychosis	**1**
92	L7	Signs of significant infection	**0**
93	L8	Clinical judgment of the midwife (where a single other condition above does not apply)	**4**
94	L9	Other	**1**

SECTION M – TRANSFER OF CARE - INFANT, ELECTIVE/NON-EMERGENCY

Line No.	Code	Reason	Total #
95	M1	Low birth weight	**0**
96	M2	Congenital anomalies	**2**
97	M2.1	Birth injury	**0**
98	M3	Poor transition to extrauterine life	**9**
99	M4	Insufficient passage of urine or meconium	**0**
100	M5	Parental request	**0**
101	M6	Clinical judgment of the midwife (where a single other condition above does not apply)	**10**
102	M7	Other	**4**

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	**12**
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	**0**
109	N6.1	Birth injury	**0**
110	N7	Significant dehydration or depression of fontanelles	**1**
111	N8	Significant cardiac or respiratory issues	**7**
112	N9	Ten minute APGAR score of six (6) or less	**3**
113	N10	Abnormal bulging of fontanelles	**0**
114	N11	Clinical judgment of the midwife (where a single other condition above does not apply)	**1**
115	N12	Other	**3**

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

Line No.	Reason	(A)Total # of Vaginal Births		(B)Total # of Caesarean Deliveries	
MOTHER		Code		Code	
116	Without complication	O1	**401**	O8	**184**
117	With serious pregnancy/birth related medical complications resolved by 6 weeks	O2	**13**	O9	**7**
118	With serious pregnancy/birth related medical complications **not** resolved by 6 weeks	O3	**2**	O10	**0**
119	Death of mother	O4	**0**	O11	**0**
120	Unknown	O5	**2**	O12	**0**
121	Information not obtainable	O6	**1**	O13	**0**
122	Other	O7	**4**	O14	**1**
INFANT					
123	Healthy live born infant	O15	**419**	O24	**155**
124	With serious pregnancy/birth related medical complications resolved by 4 weeks	O16	**60**	O25	**3**
125	With serious pregnancy/birth related medical complications **not** resolved by 4 weeks	O17	**3**	O26	**3**
126	Fetal demise diagnosed prior to labor	O18	**3**	O27	**0**
127	Fetal demise diagnosed during labor or at delivery	O19	**4**	O28	**2**
128	Live born infant who subsequently died	O20	**5**	O29	**0**
129	Unknown	O21	**0**	O30	**0**
130	Information not obtainable	O22	**1**	O31	**0**
131	Other	O23	**2**	O32	**0**

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)	
MOTHER		Code		Code		Code	
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	0	P5	0
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	2	P22	2
140	Infection	P31	0	P39	0	P23	0
141	Meconium aspiration, other respiratory	P32	1	P40	0	P24	1
142	Neurological issues/seizures	P33	0	P41	1	P25	1
143	Other medical issue	P34	0	P42	0	P26	0
144	Unknown	P35	0	P43	1	P27	1
145	Information not obtainable	P36	0	P44	0	P28	0
146	Other	P37	0	P45	1	P29	1

MEDICAL BOARD OF CALIFORNIA
Licensing Program

August 17, 2012

TO ALL INTERESTED PARTIES: MIDWIFE ASSISTANT/STUDENT TASK FORCE COMMITTEE

The Medical Board of California has scheduled an Interested Parties Meeting to discuss the role of midwife students and assistants. The purpose of the task force is to clarify current regulations as it relates to the apprenticeship model.

The Midwife Assistant/Student Task Force meeting is scheduled for September 13, 2012, from 1:00 p.m. to 4:00 p.m. and will be held in the Medical Board's Hearing Room, located at: The Medical Board of CA, 2005 Evergreen Street, Sacramento, CA 95815.

Agenda information will be posted online at: http://www.mbc.ca.gov/board/meetings/Index.html

This meeting is open to the public. Please contact Susan Morrish, Licensing Analyst at (916) 263-2393, should you have any questions.

Sincerely,

Curtis J. Worden
Chief of Licensing

DRAFT

MEDICAL BOARD OF CALIFORNIA
Licensing Program

Date: August 10, 2012

To: Midwifery Advisory Council Members

From: Curtis Worden, Chief of Licensing

Subject: Discussion of Term Limits

At the March 29, 2012 Midwifery Advisory Council (MAC) meeting, an agenda item to discuss possible term limits for Council membership was tabled for discussion at the August 30, 2012 MAC meeting.

The Midwifery Advisory Council is established by law (Business & Professions Code §2509). Neither the length of terms nor the maximum number of consecutive terms is addressed in law. As a point of reference:

- The Medical Board members are appointed to a position with a four-year term. Business and Professions Code §131 states that Board members may not serve more than two consecutive full terms.

- The Special Faculty Permit Review Committee (SFPRC), which is also established by law, does not have formal term limits. Committee members represent each medical school located in California. The individual schools recommend representatives for membership on the Committee; these representatives serve at the schools' pleasure and by approval of the Board. The Board members that serve on the Committee are subject to the Medical Board's term limits and appointment by the Board president.

- No other committees of the Board are established in law. The members of the Board's various committees serve at the pleasure of the Board president.

- A review of term limits in other states that have a midwifery council or committee similar to that in California is attached.

Midwifery Councils Term Limits in Other States	
Washington	Members serve at the pleasure of the Secretary; may not serve more than 5 years consecutively
Florida	May continue to serve until they have been replaced; no term limit
Virginia	May not serve more than two consecutive 4-year terms; the remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment
New Mexico	3 year terms; no more than two consecutive terms (except for the member from the Division who shall serve at the pleasure of the Division Director and who shall not be limited as to terms
Arkansas	3 year terms; Members may serve two consecutive terms
Texas	6 year terms, with the terms of 3 members expiring on January 31st of each odd numbered year
South Carolina	3 year terms; no mention of term limits
New Jersey	3-year terms; May be reappointed; no mention of term limits.
Minnesota	4 year terms; no term limits; members may serve until their successors are appointed.

Midwifery Advisory Council
Reappointment Schedule

Name	Initial Term	Current Term
Barbara Yaroslavsky	1 year	July 2011-June 30, 2014
Carrie Sparrevohn	3 years	July 2011-June 30, 2014
Karen Ehrlich	3 years	May 7, 2012-June 30, 2015
Faith Gibson	3 years	Jan. 1, 2010-June 30, 2014
James, Byrne, MD	3 years	May 2012-June 30, 2015
Monique Webster	3 years	May 2012-June 30, 2015

8-2012