



## MEDICAL BOARD OF CALIFORNIA Licensing Program



### MIDWIFERY ADVISORY COUNCIL

March 26, 2015

Department of Consumer Affairs  
Hearing Room  
1625 North Market Blvd., 1<sup>st</sup> Floor  
Sacramento, CA 95834

### MINUTES

#### Agenda Item 1 Call to Order/Roll Call

The Midwifery Advisory Council (MAC) of the Medical Board of California (Board) was called to order by MAC Chair Carrie Sparrevohn at 1:16 p.m. A quorum was present and notice was sent to interested parties.

#### Members Present:

Carrie Sparrevohn, L.M., Chair  
Karen Ehrlich, L.M.  
Tosi Marceline, L.M.  
Monique Webster  
Barbara Yaroslavsky

#### Members Absent:

James Byrne, M.D.

#### Staff Present:

Diane Dobbs, Department of Consumer Affairs, Legal Counsel  
Natalie Lowe, Licensing Manager  
Elizabeth Rojas, Business Services Officer  
AnnaMarie Sewell, Licensing Analyst  
Jennifer Simoes, Chief of Legislation  
Kerrie Webb, Legal Counsel  
Curtis Worden, Chief of Licensing

#### Members of the Audience:

Ryan Arnold, Department of Consumer Affairs  
Wendy Askew  
Tashina Benning  
Rosanna Davis, L.M., California Association of Midwives  
Sarah Davis, L.M., California Association of Midwives  
Rachel Fox-Tierney, L.M.

Nancy Greenwood  
Lora Hart, California Association of Midwives  
Kaleem Joy, L.M.  
Rebekah Lake, L.M., California Association of Midwives  
Lesley Nelson, L.M.  
Gail Root  
Yen Truong  
Laura Marina Perez, L.M.  
Linda Walsh, C.N.M., California Nurse-Midwives Association

**Agenda Item 2      Public Comments on Items not on the Agenda**

No comments were provided.

**Agenda Item 3      Approval of the December 4, 2014 Midwifery Advisory Council Meeting Minutes**

Ms. Sparrevohn asked for public comment. No comments were provided.

*Ms. Sparrevohn made a motion to approve the December 4, 2014 minutes; s/Ms. Ehrlich. Motion carried.*

**Agenda Item 4      Report from the Midwifery Advisory Council Chairperson**

Ms. Sparrevohn requested an interim MAC meeting, via teleconference, be scheduled to discuss rescheduling the August 13, 2015 MAC meeting.

**Agenda Item 5      MAC Membership**

Ms. Lowe provided an update regarding MAC membership, stating that following the last MAC meeting it was requested during the January 29th and 30th Quarterly Board meeting, to extend all positions currently on the MAC for one year. The Board approved the request to extend the term expiration dates for the current MAC members. Ms. Sparrevohn and Ms. Yaroslavsky's terms will expire June 30, 2015; Dr. Byrne, Ms. Ehrlich, and Ms. Webster's terms will expire June 30, 2016; and Ms. Marceline's term will expire June 30, 2017.

Ms. Lowe stated that with the extension granted, Ms. Sparrevohn and Ms. Yaroslavsky's terms would be expiring June 30, 2015. Following the Board meeting, staff advertised the two available member positions and sent notice to all Licensed Midwives regarding the ability to apply to the MAC.

Ms. Lowe presented the vacancy for the licensed midwife position, a three-year term, set to expire June 30, 2018. Three applications were received at the Board for this vacancy. Applicants included Ms. Farren Jones, Ms. Angelika Nugent, and Ms. Carrie Sparrevohn. Ms. Lowe stated that all applicants would be provided an opportunity to address the MAC and to introduce themselves and make a comment if they would like. Ms. Lowe confirmed that Ms. Jones and Ms. Nugent were not present to address the MAC, and asked if Ms. Sparrevohn would like to make a comment.

Ms. Sparrevohn introduced herself and provided a brief statement to the MAC indicating that she had enjoyed her position on the MAC and looked forward to continuing with the important work that was being done for the midwifery community.

Ms. Lowe asked the MAC for a nomination, to recommend one of the licensed midwife applicants to the full Board to fill the vacancy.

***Ms. Yaroslavsky nominated Ms. Carrie Sparrevohn for the midwife position to be recommended for approval at the next Quarterly Board meeting; s/Ms. Ehrlich. Motion carried.***

Ms. Lowe presented the vacancy for the public member position, a three-year term, set to expire June 30, 2018. Six applications were received at the Board for this vacancy. Applicants included Ms. Wendy Askew, Ms. Tashina Benning, Ms. Anne Doan, Ms. Whitney Smith, Ms. Dawn Thompson, and Ms. Barbara Yaroslavsky. Ms. Lowe asked if any of the applicants that were in attendance would like to address the MAC to introduce themselves and make a comment.

Ms. Benning introduced herself and stated that she has both professional and personal interest in access to midwifery care in California and would appreciate the opportunity to be involved with the MAC.

Ms. Askew introduced herself and asked for consideration to serve on the MAC, as a member of the public representing consumers that are her peers and other women with whom she works with as a volunteer in the State of California. Ms. Askew stated that she has been engaged in the birth world through her mother for her entire life, but does not work professionally as a birth worker or in the birth field. Ms. Askew added that she volunteers at different agencies and nonprofits to encourage consumers to gain information about their options for midwifery care, and maternity care in general; as well as, working in her local community to increase access to midwifery care and to increase access to all options for women to receive quality maternity care that they feel is appropriate for them.

Ms. Yaroslavsky introduced herself and stated that it had been an honor to serve on the MAC and remembers when the MAC started, with division in the community as to what was considered appropriate care and treatment, and how far the MAC and midwifery community had come. She stated that her interest has been to get everyone at the table to elevate the profession, to have checks and balances, and for it to be accepted as an alternative method for those that are interested in having a safe and healthy birthing experience. Ms. Yaroslavsky applauded those that have participated and continue to participate.

Ms. Lowe asked the MAC for a nomination, to recommend one of the public member applicants to the full Board to fill the vacancy.

***Ms. Sparrevohn nominated Ms. Barbara Yaroslavsky for the public position to be recommended for approval at the next Quarterly Board meeting; s/Ms. Ehrlich. Motion carried.***

Ms. Ehrlich thanked all of the applicants who had shown interest in the MAC and in the work of midwives in California. Ms. Ehrlich informed the MAC and the public that her term will expire in June of 2016, and her plan is to not reapply. She encouraged midwives in California to come forward and be a part of the MAC.

Ms. Sparrevohn added that there is a lot work to be done within California as well as nationally and encouraged the applicants to consider volunteering with California Family for Access to Midwives, Midwives Alliance of North America, or Citizens for Midwifery. Ms. Sparrevohn thanked the applicants that were present for attending the meeting.

#### **Agenda Item 6      Update on Licensed Midwife Annual Report (LMAR) Taskforce**

Ms. Sparrevohn provided an update on the LMAR Taskforce stating that after review of the report, many changes would need to be made to enhance the data that was being collected. Some of the suggested changes would require legislative changes, and others would require updating the report to meet the new requirements outlined in law, and to remove items that were no longer required. Ms. Sparrevohn made the following recommendations:

- As there are multiple places where a midwife can list a death, which could result in the numbers not being accurate, confine all information regarding deaths into one section on the report so that duplicate data cannot be entered.
- For each definition, provide a pop-up box that automatically appears providing the user with the definition, which will assist in providing correct data.
- Remove or change the requirement to report by county as it could easily identify who the midwife and her client are in counties with low population.
- When zeros are entered on the online system, and the next step is to click the "no data to report" button, the system will not allow the user to click the button until all zeros are removed. Allow the entry of zeros and remove the "no data to report button." Ms. Sparrevohn stated that it would also serve the purpose of having to read every item so that items are not missed.
- Allow for the entire report to be printed after submission including any comments. Ms. Sparrevohn stated that the zeros and comments do not appear on the printed form after submission. Ms. Sparrevohn stated that when the reports are received from OSHPD yearly, the MAC needs to view the comments as a whole to acknowledge where changes are needed.
- Data should be collected in a prospective manner rather than a retrospective manner, as it would be easier to enter data as it occurs rather than waiting until the end of the year to gather the data.
- For line 14, which reads, "Number of clients who left care for non-medical reasons", it is recommended that the wording be changed to "Number of clients who were either lost to care, or who left care for non-medical reasons." The definition of lost to care would be: clients who never returned for appointments, despite efforts to contact them.
- Remove line 15 which reads "total number of clients served, whose births were still pending on the last day of the year" as it does not serve any purpose and is not required by statute.
- Change line 16, which refers to collaborative care, to "The number of times referrals were made", and acknowledge that there might be more than one referral per client. Also include reasons for the referral from the list currently being developed in regulation. This

recommendation may need to be incorporated in the coming years pending the adoption of the regulation implementing AB 1308.

- Remove line 17, which relates to supervision.
- Section E, which shows the outcomes per county in which birth, fetal demise, or infant or maternal death occurred, remove everything from that section that refers to deaths. The county must remain since it is required by statute, but would recommend removing it at some point.
- Section E should be changed to capture the number of live births for each county, and to collect data on preterm births before transfer to care, after transfer of care, and number of low birth weight infants under 2500 grams, which should be delineated between out of hospital and after transfer, in hospital.
- For Section F, outcomes of out of hospital births, line 21 referring to breech should be split it into “delivered out of hospital” and “delivered after transfer” in order to capture when a midwife identifies a breech while in the process of transferring.
- For line 22, relating to Vaginal Birth after Cesarean (VBAC), a separate VBAC section should be provided.
- For line 23, relating to twins, there is data collection on both “delivered out of hospital” or “none delivered out of hospital,” but not “one delivered out of hospital and transfer for the second twin”. Data should be collected on “both delivered out of hospital” along with the outcomes for both, “one delivered out of hospital” along with the outcomes for both, and “transferred for both” along with the outcomes for both.
- For line 24, relating to higher order multiples, data should be collected on “all delivered out of hospital” along with the outcomes, “one delivered out of hospital” along with the outcomes, “more than one delivered out of hospital” along with the outcomes, and “transferred for all” along with the outcomes.

Ms. Sparrevohn stated that there were no recommended changes to Section G.

- For Section H, relating to antepartum transfer of care for urgent reasons, remove line 52, which is fetal demise, and place it in a separate section.
- For Section I, relating to intrapartum transfer of care, elective and recommended, remove line 64 regarding “Multiple Gestation” and capture the data in Section F.
- For Section J, relating to intrapartum transfer of care, urgent, and recommended, remove line 76 regarding “Multiple Gestation” and capture it in Section F.

Ms. Sparrevohn stated that there were no recommended changes for Sections K, L, M, and N.

- For Section O, relating to birth outcomes after transfer of care, change the directions for lines

116 through 131 to read: "For any mother or infant who transferred care as reported in Section I, J, K, L, M, and N from the licensed midwife to another healthcare provider, please provide the outcome information regarding the mother and the infant in the spaces provided. Deaths will be reported in a separate section." Lines 119, 126, 127, and 128 all relate to deaths and should be removed and captured in a separate section.

- For Section P, it should be specifically for VBACs. The section currently captures more data on outcomes, but because that data would be captured in a separate section specific to deaths, and in Section O for other outcomes, this section should only relate to VBACs. Data should be collected for the number of planned out of hospital VBACs on the onset of term labor or term rupture of membranes; number of completed VBACs out of hospital; number of completed VBACs after transfer; number of cesarean sections after transfer; number of diagnosed uterine dehiscence; and the outcome, excluding those resulting in death. Any complications leading to death related to VBAC would be captured in a separate section.

Ms. Sparrevojn referred to the separate section capturing data related to deaths (Section X). Section X will capture all deaths; fetal, neonatal, and maternal. Each death will be recorded individually, not as an aggregate and it will capture all the components that are asked for in law.

Ms. Sparrevojn referred to the Task Force Report provided in the meeting materials and indicated that the highlighted areas were the number of pregnancy losses from any cause prior to 20 weeks of gestation. Ms. Sparrevojn indicated that if needed, it can be separated into spontaneous, therapeutic, therapeutic for medical indications, or fetal anomaly which can be discussed at a later time.

Ms. Sparrevojn stated that the number of fetal demises prior to the onset of labor, or after rupture of membranes without labor between 20 weeks and 37 weeks, is the designation for preterm. Ms. Sparrevojn stated that if needed, it could capture the exact number of weeks gestation, the number of fetal demises prior to the onset of labor rupture of membranes after 37 weeks, the number of fetal demises between 20 and 37 weeks that happened out of hospital, and the number of demises during labor after 37 weeks.

Ms. Sparrevojn stated she and Ms. Ehrlich discussed making the statistics comparable to national and international standards when it came to discussing neonatal and infant deaths. Ms. Sparrevojn suggested capturing data related to: deaths in the first seven days of extra-uterine life; deaths between seven and 28 days of extra-uterine life (and the causes will be captured), and the number of maternal deaths, which is defined internationally as the death of a mother as a result of pregnancy. In other words, while pregnant or within 42 days of the end of the pregnancy.

Ms. Sparrevojn suggested a separate line item for the number of fetal demises of any category, that were diagnosed prior to labor by a physician, who were subsequently delivered out of hospital by the licensed midwife by maternal request, in order to capture how many women are choosing to deliver at home. Ms. Sparrevojn continued to state that she would like to capture data on whether or not the death was attributable to diagnosed anomalies that were incompatible with life; complete information on VBACs that resulted in the death of a mother or an infant; the complications that contributed to the deaths of mothers or infants; and the place of death, whether it was out of hospital or after transfer.

Ms. Yaroslavsky complimented Ms. Sparrevojn and Ms. Ehrlich for their time and energy that was put

into the LMAR. She indicated that it was an amazing job and quite a task. Ms. Yaroslavsky suggested creating a mechanism that would not allow the form to be submitted if required areas were left blank.

Ms. Sparrevohn agreed with the suggestion.

Ms. Marceline thanked Ms. Sparrevohn for including the breech mode of birth, and questioned if there was a way to capture whether the baby was born by cesarean or vaginal birth after the transfer.

Ms. Sparrevohn confirmed that it could be included, and asked if the information should be captured for the twins as well.

Ms. Marceline confirmed that she would like the information captured for the twins also.

Ms. Ehrlich stated she understood the need to have information for twins, breeches, and higher order multiples, but wondered about having it on the report, given that it was not in compliance with the law. Ms. Ehrlich stated that she was hesitant about the issue and would like to not change the title of Section P to Vaginal Birth After Cesarean. Ms. Ehrlich stated that she had spent years compiling data onto her "Overview Report" and would prefer VBAC have their own section.

Ms. Sparrevohn agreed with Ms. Ehrlich.

Ms. Ehrlich referred to number four, on the last page of the Task Force Report, regarding fetal demises from 20 and 07 to 36 and 6/7 days, stating that nothing was documented regarding a woman going past 42 weeks.

Ms. Sparrevohn suggested adding a field that would ask, "What were the gestational weeks at the time of the demise?"

Ms. Webster suggested placing reminders in all sections of the report indicating that data related to deaths would be captured in a separate section, to prevent duplicate data.

Ms. Sparrevohn agreed with Ms. Webster.

Ms. Sparrevohn completed her overview of recommended changes and suggested that if the August MAC meeting was rescheduled prior to the July Board meeting, as per her request during her "Chair Report", it would allow the MAC to present a complete and thorough recommendation to the Board for moving forward with fixing the current LMAR, and/or to strongly recommend reconsideration of reporting to the Midwives Alliance of North America (MANA) statistical database.

Ms. Sparrevohn suggested that perhaps Missy Cheney, Ph.D., a professor in Oregon and the head of the Department of Research for MANA, could provide a presentation to the Board. Ms. Sparrevohn stated that in her opinion, moving to MANA would be the better option, but the Board would need to be convinced of that, as they would be making the recommendation to move forward with legislative changes.

Ms. Yaroslavsky stated that it was unclear as to what the process would be for providing the suggested changes to the Board, as it seemed that prior to presenting to the Board, changes should be presented to

the community to make sure that it was mutually agreed upon by all parties. Ms. Yaroslavsky questioned if there had been discussion regarding the topic at a previous Interested Parties meeting.

Ms. Lowe stated that there are technical issues with the online reporting system, in which the staff will need to work with Office of Statewide Health Planning and Development (OSHPD) to get the issues resolved, or to determine what other options are available. Ms. Lowe stated that staff and legal counsel will need to review the entire document prepared by the taskforce, line by line, to ensure that requested items being removed and/or added are in compliance with the current law. Ms. Lowe stated that the next step would be to work on the actual language to present to the Board. After the Board is provided an opportunity to review the requested changes, the document can be disseminated to the public for review. Following the opportunity for the public to comment on the items, it will again be presented to the Board for action.

Ms. Yaroslavsky questioned what would be a reasonable expectation for the process.

Ms. Lowe stated that staff will have the month of May to work on the LMAR prior to the next Board meeting.

Ms. Sparrevohn stated OSHPD had provided her the Memorandum of Understanding (MOU) that it has with the Board and that any changes to the LMAR for the collection of data for 2015 must be received by OSHPD by September 1st.

Ms. Sparrevohn stated that an attempt will be made to move the August MAC meeting prior to the July board meeting so that the MAC can vote on whether they want to send the final document to the Board. Ms. Sparrevohn questioned if it was possible to present the document to the Board at its July meeting.

Ms. Lowe stated she was hopeful that it could be completed by July.

Ms. Ehrlich stated that she would like to clarify one point that had been made, which is when they first began looking at the possibility of moving to MANA for data collection, it was thought that the process would be MANA would do its prospective collection, and that based on the information provided, MANA would then provide a printed report to the licensed midwife of the required data outlined in law, which they could provide to OSHPD. The licensed midwife would still report to OSHPD, but it would be based on what they had been doing all year long.

Ms. Sparrevohn stated that would be the case unless there was a legislative change to submit it differently. Ms. Sparrevohn stated that the MAC could ask the legislature to have midwives submit their data to MANA, and MANA could then provide the required data directly to OSHPD.

Ms. Lowe added that the MAC had previously presented the idea of pursuing the option of MANA to the Board, and that it had been denied. Ms. Lowe stated that if the MAC was again considering the option of MANA then the MAC would have to pursue that option by presenting it again to the Board with new and additional information to support their cause.

Ms. Yaroslavsky stated that the Board would support whatever was considered best practice, but in order to determine what that was, the MAC and Board staff would need to do due diligence and provide the Board with a clear understanding of the options and whether reporting is provided to MANA, or

whether it goes to OSHPD is really not the discussion at this time. Ms. Yaroslavsky clarified that the option of pursuing MANA would only be considered if OSHPD was unable to meet the needs of the Board.

Ms. Ehrlich stated that she would like it on the record that she would like to move the statistical reporting to MANA.

Ms. Sarah Davis stated that the legislative fixes were completed and that Business and Professions code 2516 (a)(3)(B) and (C) no longer refer to supervision or collaborative care. Ms. Davis indicated that it refers to the number of county live births and demises by county. Ms. Davis stated that in the process of AB 1308, references to collecting data on physician supervision and collaborative care was removed.

Ms. Perez introduced herself as a licensed midwife in San Francisco. Ms. Perez referred to Section D, line 14 regarding the number of clients who left care in the antepartum period. Ms. Perez recommended to clarify that the only information being captured is the number of clients who left in the antepartum period and not intrapartum or postpartum period.

Ms. Perez stated that she was unsure what the section related to fetal demise was trying to capture as it asks to track the fetal demise that was discovered in the care as a licensed midwife or if it was discovered in the hospital.

Ms. Sparrevohn suggested to add language that will make it clear that if a midwife did not get heart tones and went to the hospital to get an ultrasound, and the ultrasound showed that there was a demise, then the midwife discovered it. Ms. Sparrevohn added that it should include a pop-up box with a definition so that everyone is reporting the same way, because it is very open to interpretation by the individual midwife.

Ms. Perez referred to the question "Did you provide midwifery services or midwifery care, to someone who was potentially going to have a baby this year?" Ms. Perez stated she was unclear if that question wanted to capture licensed midwives who are providing well-women care as part of midwifery services.

Ms. Sparrevohn stated that well-woman care data was not required in statute and that the statute was written to capture data surrounding pregnancy and birth. Ms. Sparrevohn suggested adding a question in the future that would ask "How many women did you serve this year who were not pregnant who came to you for basic well-women services?"

Ms. Perez suggested that it should state that "came to you for midwifery services and were expecting a child" because the word "and" is not included, so it is not necessarily knowing that a midwife is not including women that the midwife provided midwifery maternity care services.

Ms. Sparrevohn agreed with Ms. Perez.

#### **Agenda Item 7 Update on Midwifery Assistant Legislative Proposal**

Ms. Simoes provided an update on Senate Bill 408, stating that the bill is set to be heard by the Senate Business and Professions Committee on April 6, 2015. Interested parties have raised some issues, and staff are currently working on amending the language.

## **Agenda Item 8      Update on Implementation of Assembly Bill 1308**

Ms. Webb stated that an Interested Parties meetings had been held on October 15th and December 15th of 2014 to discuss language for the regulations needed to define preexisting maternal disease or condition likely to affect the pregnancy, as well as significant disease arising from the pregnancy, pursuant to Business and Professions Code section 2507.

Ms. Webb felt that the discussions were very productive, and that the biggest hurdle continued to be a great divide over whether midwives can assist their clients with any VBACs without a prior physician consult and determination by the physician that the risk factors presented by the client's disease or condition were not likely to significantly affect the course of the pregnancy or childbirth.

Ms. Webb stated that she was informed that the American Congress of Obstetricians and Gynecologist's (ACOG) position is that no VBACs assisted by midwives should be performed without first having a physician consult and determination. Ms. Webb has also heard from midwives and consumer groups that they have taken the position that midwives should be able to assist with certain categories of VBACs without a prior physician consult and determination.

Ms. Webb stated that it is at an impasse at this point, and that Board staff will continue to reach out to parties involved. Resolution is still in process.

Ms. Sparrevohn asked if there were any suggestions for how the midwifery community or physician community could come together in a different way to move forward.

Ms. Webb stated that she thought there would need to be compromise between ACOG and the midwifery community in order to have regulations move forward in a successful way.

Ms. Simoes stated that she and Ms. Kirchmeyer had discussed the issue and would provide an update at the next meeting to clarify what other options would be available.

Ms. Marceline suggested that the patient could preregister and the midwife could recommend the patient see a doctor prior to taking on care for a VBAC.

Ms. Sparrevohn stated that she is hopeful that if there is a separate section for capturing data regarding VBACs on the LMAR, it may be a helpful bargaining chip. Ms. Sparrevohn indicated that the change would allow data to be extrapolated and would show that women and babies are not dying because women are having VBACs at home without a physician referral first.

Ms. Sparrevohn thought that a strong case could be made for continuing with the recommendations that were previously in regulation, as a result of the standard of care being adopted in 2005.

Ms. Sparrevohn stated that as heard at the Interested Parties meetings, there are many places in California where a woman's only ability to have a VBAC is at home with a licensed midwife, as many hospitals will not allow her that choice. Ms. Sparrevohn added that without solid evidence that midwives are putting women in danger by not requiring a physician referral, she thought that midwives need to be very careful on how to proceed with that.

Ms. Sparrevohn stated that she has not seen ACOG provide any conclusive evidence that shows without a physician referral first, women are in danger by only seeking care from a licensed midwife. Ms. Sparrevohn indicated that it is the job of the MAC to protect the public, not only to protect them from doing things that may harm them, but to also protect their rights as autonomous citizens to make reasonable choices regarding their health care.

Ms. Yaroslavsky stated that there are rules and regulation in place, and in order to change those rules and regulations, you have to move to a position where you are getting the data and the information necessary so that people will understand why the request is being made or why the situation should be different.

Ms. Sparrevohn suggested that ACOG provide the data to support changing the regulation that was adopted in 2005.

Ms. Ehrlich stated that the data that exists reflects that it was completely reasonable in 2005 and it is reasonable in 2015.

Ms. Greenwood introduced herself as a registered midwife from Canada and stated that there was a new position paper available from the American Association of Family Physicians on the issue that maybe helpful for the discussion.

Ms. Yaroslavsky requested that the information be provided to Ms. Sparrevohn.

Ms. Webb stated that a future Interested Parties meeting would be scheduled to discuss Business and Professions Code section 2510 that relates to the transfer form. Ms. Webb stated that there is a basic form in use now for when a client needs to be transferred from a planned home birth to a hospital and that Board staff intend to hold further meetings in order to modify the form and officially adopt it into regulation.

Ms. Sarah Davis requested that staff provide an update regarding the number of reports that had been submitted as she would like to see how it is evolving through the year.

Ms. Sparrevohn indicated that the information would be provided during the program update.

Ms. Webb continued with information regarding the Challenge Mechanism, referring to Business and Professions Code section 2513. Ms. Webb stated that the Challenge Mechanism is still available; however, clinical experience may no longer be substituted for formal didactic education. Board staff sent letters to the two schools that previously provided a Challenge Mechanism pathway, inquiring how they intended to comply with the section. Maternidad La Luz provided information that appears to reflect that they have an appropriate Challenge Mechanism process. The information will need to go before the Board for full approval in order for Maternidad La Luz to continue to offer a Challenge Mechanism. Ms. Webb added that National Midwifery Institute, Inc. has not responded despite several requests for information.

Ms. Greenwood questioned how the challenge mechanism would work for a situation like hers.

Ms. Sparrevohn stated that currently there was not a pathway for applicants with education outside of the country to be approved. Ms. Sparrevohn added that the law is written that the school needs to be approved by the Board, and it would be very difficult for the Board to approve schools that are outside the United States.

Ms. Marceline commented that there is reciprocity with different states.

Ms. Lowe clarified that the Business and Professions Code 2512.5(b) does allow for reciprocity with another state if the licensee meets the requirements of the section that states: successful completion of an educational program that the Board has determined satisfies the criteria *and* current licensure as a midwife by a state with licensing standards that have been found by the Board to be equivalent. Ms. Lowe continued to state that the applicant would still need to meet the educational requirements, that the law would only exempt an applicant from the examination requirement.

Ms. Marceline mentioned that when the MAC was looking for states that met the same criteria as California, Florida and Washington were identified. Ms. Marceline questioned if the same procedure could be done for different provinces in Canada.

Ms. Lowe stated that approved education would still be required.

#### **Agenda Item 9 Update on Licensed Midwives Interested Parties Meeting**

Ms. Lowe provided an update on the December 15, 2014 Interested Parties meeting that was held to further discuss the Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting form as well as the regulations needed to define "pre-existing maternal disease or condition likely to affect the pregnancy." Extensive discussion ensued regarding the definition of pre-existing maternal disease or condition likely to affect the pregnancy; however, as a consensus was once again not received regarding how it should be defined, further discussion is still needed. During the meeting there was not sufficient time to discuss the transfer reporting form. Ms. Lowe added that an Interested Parties meeting would be scheduled to discuss the transfer reporting form in the next couple of months to address those specific needs.

Because of the inability to discuss the transfer reporting form, no further outreach had been done. Ms. Lowe stated that she was hopeful that after the next Interested Parties meeting, a clear understanding of what will be required on the form will be identified and will allow staff to provide outreach to licensees and hospitals, as well as to provide further direction on the Board's website. Ms. Lowe added that once a date is set for the Interested Parties meeting, staff will notice the meeting on the Board's website and will provide notice through the Board's subscribers' list.

#### **Agenda Item 10 Program Update**

Ms. Lowe stated that Board staff were in the process of updating the initial application for midwives as new laws had gone into effect at the beginning of the year. Some of the changes that would be implemented on the application would include allowing for an Individual Taxpayer Identification Number (ITIN) to be provided in-lieu of a Social Security Number.

Mr. Worden stated that other items to be added to the application related to being in the military or being a spouse or registered partner of someone in the military, which would allow for the review and issuance of the license to be expedited.

Ms. Lowe continued with the general program update stating that staff had been communicating with licensees regarding submission of their LMAR. She indicated that there were 363 reports expected to be submitted, and of those 125 were still pending submission. Ms. Lowe emphasized the importance of timely submission of the LMAR stating that any reports received after the March 30<sup>th</sup> deadline would not be included in the yearly report, resulting in unreliable data. Ms. Lowe also stated that failure to submit the LMAR was a violation of the laws pertaining to the practice of midwifery.

#### **A. BreEZe Update**

Ms. Lowe provided an update on the BreEZe system stating that there were still issues being addressed by Board staff and DCA and that upon resolution of pending tickets some of the issues would be resolved. For example, when certain data extracts are not completed correctly due to system issues, the print vendor is provided incorrect information resulting in staff having to manually review information to ensure that the correct documents are being sent. Board staff are hopeful that issues like the one discussed will be resolved in the very near future alleviating some of the work arounds required because of the system.

#### **B. Licensing Statistics**

Ms. Lowe referred to the licensing statistics on page 16 of the packets, tab 10, and stated that from October 1st through December 31st, applications received increased from 3 to 20 in that quarter. At the end of the quarter, there were seven pending applications all of which had been reviewed, indicating that there was no delay in reviewing incoming applications. Ms. Lowe referred to "LM License Statuses" reflected at the bottom of the page, and stated that per the recommendation by the MAC at the last meeting, all of the license statuses were now provided. Ms. Lowe added that previously only those licenses that were current and delinquent were provided.

Ms. Sparrevohn questioned if the revoked, surrendered, or deceased statuses were cumulative and not within the last five years.

Ms. Lowe confirmed that the data provided was a snapshot reflecting what the status was at the time, regardless of when the status change had occurred.

#### **C. Enforcement Statistics**

Ms. Lowe referred to the enforcement statistics on page 17 of the packets, tab 10, and stated that staff had reformatted the chart to exclude numbers of hospital transfer reporting forms received from the complaints received data to provide a better representation of the two different data sets.

#### **Agenda Item 11 Presentation on Best Practices for Home to Hospital Transfers by Midwives**

Ms. Sparrevohn informed the MAC that the presentation by Diane Holzer, L.M. on Best Practices for Home to Hospital Transfers by Midwives would be moved to the next MAC meeting.

**Agenda Item 12      Agenda Items for the next Midwifery Advisory Council Meeting in Sacramento**

The following agenda items were identified by Ms. Sparrevohn for the next MAC meeting to be held on August 13, 2015:

- Report from the MAC Chair
- Midwifery Program Update
- Update on Assembly Bill 1308
- Update on Midwifery Assistant Legislation
- Presentation by Diane Holzer, L.M. - Best Practices for Home to Hospital Transfer by Midwives
- Further Consideration and Approval of Changes to the LMAR
- Update on Challenge Mechanism
- Update on Licensed Midwives Interested Parties Meeting

**Agenda Item 11      Adjournment**

*Ms. Sparrevohn adjourned the meeting at 3:32 p.m.*

The full meeting can be viewed at [http://www.mbc.ca.gov/About\\_Us/Meetings/2015/](http://www.mbc.ca.gov/About_Us/Meetings/2015/)