



# MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

AGENDA ITEM 3

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Governor Edmund G. Brown Jr., State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

## MIDWIFERY ADVISORY COUNCIL

Hearing Room

2005 Evergreen Street

Sacramento, CA 95815

March 1, 2018

## MEETING MINUTES

### Members Present:

Carrie Sparrevohn, L.M., Chair

AnneMarie Adams, M.D.

Diane Holzer, L.M.

Barbara Yaroslavsky

### Members Absent:

Jocelyn Dugan

Chemin Perez, L.M.

### Staff Present:

April Alameda, Chief of Licensing

Kimberly Kirchmeyer, Executive Director

Christine Lally, Deputy Director

Monique Murray, Staff Services Manager I

Elizabeth Rojas, Staff Services Analyst

AnnaMarie Sewell, Associate Governmental Program Analyst

Jennifer Simoes, Chief of Legislation

Kevin Valone, Staff Services Analyst

Kerrie Webb, Legal Counsel

### Members of the Audience:

Claudia Breglia, L.M., Nizhoni Institute of Midwifery

Rosanna Davis, L.M., California Association of Licensed Midwives

Karen Ehrlich, L.M., Midwifery Education Accreditation Council

Nancy Greenwood

Cynthia Hoover, California Association of Midwives

Anne Jurach, Office of Statewide Health Planning and Development

Tosi Marceline, L.M.

Kelly Olmstead, L.M.

### Agenda Item 1 Call to Order/Roll Call/Establishment of a Quorum

Carrie Sparrevohn, Midwifery Advisory Council (MAC) Chair, called the meeting of the MAC to order on March 1, 2018, at 1:10 p.m. A quorum was present and due notice was provided to all interested parties.

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

Ms. Davis stated that in the past two years the California Association of Licensed Midwives (CALM) has been working on repairing the damage of Assembly Bill (AB) 1308 through the regulatory process and working with Medical Board of California (Board) staff to make statutory changes. Ms. Davis stated that CALM's goal is to amend the law with a bill that would provide regulatory authority to the profession of licensed midwives via their own board, implement the Comprehensive Perinatal Services Program bill, facilitate birth center licensure, and protect patient access to safe care by placing reasonable scope of practice back into regulation.

Ms. Davis continued that CALM was unable to secure an author in 2018 due to the lack of collaboration with the American College of Obstetrics and Gynecologists (ACOG) and the California Medical Association (CMA). Ms. Davis added that midwives were not invited to the table for the introduction of AB 1308, and the care that protected autonomy was removed.

Ms. Davis stated that members of the MAC, Board staff, Board Members, and members of the public should focus on supporting a bill to repair AB 1308 in order to provide women full access to safe legal professional midwifery care in the State of California.

**Agenda Item 3            Approval of Minutes from the December 7, 2017 Midwifery Advisory Council Meeting**

***Ms. Yaroslavsky made a motioned to approve the December 7, 2017 meeting minutes; s/Dr. Adams. Motion carried unanimously (4-0.)***

**Agenda Item 4            Update on Midwifery Legislation**

Ms. Simoes stated that there has not been any new legislation introduced regarding licensed midwives. Ms. Simoes explained that AB 2682 would remove physician supervision for certified nurse-midwives. Ms. Simoes added that Board Members took an opposed unless amended position on a similar bill last year (AB 1612) and AB 2682 will be discussed at the next full Board meeting in April 2018.

Ms. Sparrevohn asked why Board Members took an oppose position on AB 1612.

Ms. Simoes explained that the bill removed physician supervision, but did not set parameters like AB 1308.

**Agenda Item 5            Update on the Midwifery Task Force**

Ms. Simoes indicated that the Midwifery Task Force has not met since the last MAC meeting; therefore, she did not have an updated to provide. Ms. Simoes added that the delay was due to both parties not agreeing on a basis for the interested parties meeting.

Ms. Davis stated that she had been in contact with Ms. Mason, a consultant for the Senate Business, Professions and Economic Development Committee, and confirmed that the stakeholder

meetings are not happening. Ms. Davis added that the midwives are ready to meet, but not the other stakeholders.

**Agenda Item 6                      Update on the Continuing Regulatory Efforts Required by Assembly Bill 1308 (Chapter 665, Statutes of 2013)**

Ms. Webb stated that Board staff was unable to move forward with regulations since there is not a consensus between midwives, CMA, and ACOG in terms of defining a pre-existing maternal disease or condition likely to affect the pregnancy and significant disease arising from the pregnancy.

**Agenda Item 7                      Update on the Licensed Midwife Annual Report Task Force**

Ms. Alameda reminded midwives that the Licensed Midwife Annual Report (LMAR) is due by March 30, 2018 to the Office of Statewide Health Planning and Development (OSHPD).

Ms. Alameda stated that at the December 2017 MAC meeting, the MAC approved the proposed LMAR changes recommended by the LMAR Task Force. Since the approval, Board staff has been working on creating a paper version of the revisions to be reviewed by the LMAR Task Force at the end of March 2018. After completion of the review, the revised LMAR will be presented to the full Board for final approval at the April 2018 meeting. In addition, Board staff met with OSHPD to discuss the changes and the timeline of the project. Ms. Alameda added that Board staff appreciates OSHPD's support in this project and looks forward to the collaboration to ensure that this project is complete and ready to implement for collection of the 2018 data.

Ms. Sparrevohn reminded midwives that if they do not submit their data timely, their data does not get included in the compilation of the statistics and a hold would be placed on their license renewal.

Ms. Yaroslavsky questioned if communication was provided to inform midwives to submit their LMAR.

Ms. Sparrevohn stated that Board staff provided two letters to remind midwives to submit their LMAR and CALM sent out a reminder to midwives to submit their LMAR. Ms. Sparrevohn requested that CALM send out a second reminder to all midwives to submit their LMAR.

**Agenda Item 8                      Discussion and Possible Action on Midwifery Advisory Council Term Limits**

Ms. Sparrevohn indicated that she would like to discuss and present this agenda item at the August 16, 2018 MAC meeting. Ms. Sparrevohn requested that Board staff present at the August 2018 meeting, background information on the term limits the Board currently utilizes, and what other state boards utilize for term limits. Ms. Sparrevohn added that the reason for the request is to discuss how long a member of the MAC should sit without new members joining and giving input.

Ms. Yaroslavsky indicated that she does not have a perspective as to why the MAC should have term limits. Her view on term limits is to fix a problem, and if there is an issue with individual's not being able to participate or the feeling that the same person is holding the seat is getting to voice

their opinion, then she understands the purpose of term limits. Ms. Yaroslavsky asked what the MAC was trying to fix with term limits.

Ms. Sparrevohn replied stating that the public should comment at the August 16, 2018 MAC meeting to inform the MAC if they would like to see a more rapid turnover of seats.

Ms. Alameda stated that Board staff will add the topic to the August 16, 2018 agenda and provide information to show history of what other entities are doing regarding term limits.

Ms. Sparrevohn requested the presentation to include research on term limits for the Physician Assistant Board.

Ms. Olmstead indicated that not having members seated on the MAC for an extended period is a good idea, but there should be significant thought about maintaining momentum and term limits in order to maintain the history of the MAC.

Ms. Yaroslavsky stated that it would be interesting to know if individuals want to get involved in voicing their opinion even though they are not part of the MAC.

Ms. Marceline commented that it would be beneficial to inform applicants applying for a position on the MAC to know their application will be considered only if they attend the MAC meeting.

Ms. Alameda indicated that Board staff would add language to the MAC vacancy letter and to the website to indicate that applicants have the opportunity to come before the MAC to provide a statement in support of their application; however, it is not a requirement.

### **Agenda Item 9                      Midwifery Advisory Council Three-Year Term Vacancies**

Ms. Alameda indicated that in January 2017, Board staff sent notice to all licensed midwives and subscribers on the Board's subscribers' alert list, and posted the information on the Board's website to announce that the Board had two vacancies, one licensed midwife position and one public member position.

Ms. Alameda stated that following the meeting, the nominees would be presented to the Board at the April 19-20, 2018 Quarterly Board meeting for final approval. Ms. Alameda indicated that the Board received seven applications for the licensed midwife position and asked if any of the applicants present would like the opportunity to address the MAC.

Ms. Hoover provided a statement on behalf of Ms. Robyn Pool, L.M. Ms. Pool's statement indicated that she is a licensed midwife with a birth center in Thousand Oaks, California. She attends peer-review that consists of 22 midwives serving in the Ventura County community. Their meetings consist of discussions relating to laws, regulations, and proposals. Ms. Pool's interest in the MAC is to understand the laws that govern midwives and help bridge the gap between the communities of midwives and the Members of the Board. Ms. Pool continued to state that for many midwives, the Board is not an agency that is familiar, nor viewed as a supportive source to rely on when midwives frequently experience the difficulties of practicing in a field that is dominated by an unwelcoming and prejudiced hospital support staff. By being on the MAC and becoming familiar with the midwifery

profession, she anticipates being better informed, as well as, sharing information directly with her community. Ms. Pool felt that she could bring a wealth of first-hand experiences and information on what community midwives are dealing with and what would be a benefit to better serve patients, which increases safe practice and compliance with the laws.

Ms. Ehrlich addressed the MAC stating that she is withdrawing her application.

Ms. Breglia addressed the MAC stating that she was the president of the California Association of Midwives (CAM) for two terms, was the representative to the Board, served on the MAC when it was developed, worked on the initial LMAR, and is now the executive director of the only California accredited midwifery school. Ms. Breglia stated that she felt she has more of a stake in governing midwives in California.

Ms. Olmstead addressed the MAC, stating that she is withdrawing her application.

***Ms. Sparrevohn made a motion to nominate Ms. Breglia, L.M., for the licensed midwife member position to be recommended to the Board for approval at the next Quarterly Board meeting; s/Ms. Yaroslavsky. Motion carried unanimously (4-0).***

Ms. Alameda indicated that the Board received three applications for the vacant public member position and asked if any of the applicants present would like the opportunity to address the MAC.

Ms. Yaroslavsky stated that her work on the MAC is stimulating and appropriate as far as being a conduit between the public, public protection, as well as ensuring licensed midwife voices are heard. She has no stake either way other than to make sure the process is done appropriately, fairly, and equitably. Ms. Yaroslavsky added that she enjoyed her time on the MAC and hoped that she brought to the table ideas that have been helpful to make things happen and she would like to continue to be on the MAC.

***Ms. Holzer made a motion to nominate Ms. Yaroslavsky for the public member position to be recommended to the Board for approval at the next Quarterly Board meeting; s/Ms. Sparrevohn. Motion carried unanimously (3-0, 1 abstention).***

**Agenda Item 10          Selection of Midwifery Advisory Council Chair**

***Ms. Sparrevohn made a motion to elect Ms. Holzer, L.M., for the MAC Chair; s/Ms. Yaroslavsky. Motion carried unanimously (4-0).***

**Agenda Item 11          Selection of Midwifery Advisory Council Vice Chair**

Ms. Sparrevohn indicated that not all MAC Members were in attendance and recommended pending the election of the vice chair to the August 2018 MAC meeting.

***Dr. Adams made a motion to move the selection of the Vice Chair to the August 16, 2018 MAC meeting; s/Ms. Yaroslavsky. Motion carried unanimously (4-0).***

## **Agenda Item 12      Program Update**

Ms. Murray referred to Tab 12A, Licensing Statistics on page 12A – 1 of the MAC packet, indicating that in the second quarter of the fiscal year of 2017/2018 the Board received nine new applications, issued nine new licenses, and had 389 renewed and current midwifery licenses.

Ms. Murray provided a correction on the date shown on page MAC 12A – 1, under the Licensed Midwife License Statuses, stating the date of October 1, 2017 is incorrect and should read December 31, 2017.

Ms. Murray reviewed the Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form statistics indicating that the Board received 28 reporting forms, all of which were for licensed midwives.

Ms. Murray reviewed the Enforcement Statistics stating that the Board received no complaints for licensed midwives, no complaints were referred for investigation, and no referrals were submitted to the Attorney General's Office. There was one complaint received in the second quarter for unlicensed midwives.

Ms. Yaroslavsky referred to the hospital reporting forms received and requested to devise a process in which the number of hospital forms received equals the number of transfers on the LMAR.

Ms. Kirchmeyer responded to Ms. Yaroslavsky stating that the Board utilizes the hospital reporting form based on the law that is currently in place. Ms. Kirchmeyer stated that staff attempted to revise the regulations and determined that the Board did not have the authority to include all the questions that the Board wanted. In an attempt to obtain better statistics, the Board will request an all facilities letter to be sent out by California Department of Public Health to the hospitals informing them of the requirements for hospital reporting and the Board's upcoming newsletter will include an article concerning the requirements of hospital reporting.

Ms. Breglia suggested that the all facilities letter should include language stating that the charge nurse or receiving physician should complete the hospital reporting form.

Ms. Sparrevohn indicated that the Board cannot require the hospital to do that, but it was a good suggestion.

Ms. Yaroslavsky asked why the midwife could not submit the hospital reporting form.

Ms. Sparrevohn clarified that the Board does not have the authority to request midwives to submit the hospital reporting form; however, some midwives provide the form to the hospital for completion at the time they transfer. Ms. Sparrevohn added that some midwives feel that submitting the form is not their job, and since the Board reviews the form as a complaint, midwives are not enthusiastic about completing the form.

Ms. Yaroslavsky asked why the hospital reporting form is viewed as a complaint.

Ms. Sparrevohn stated that changes to future legislation would include a request to discontinue submitting the hospital reporting form to the Board and to submit the form to a different state agency.

Ms. Yaroslavsky stated that the hospital reporting forms should be sent to OSHPD.

Ms. Kirchmeyer stated that the Board was looking into the Center for Maternal Quality Care Collaborative (CMQCC) to receive the hospital reporting forms, but currently the forms are treated like any other mandatory report that the Board receives. Ms. Kirchmeyer added that the Board must view the reports to determine if there was a violation of the law when there is a transfer.

Ms. Davis commented that CMQCC is a private organization that does not have the funding, the mission, or desire to process midwifery data.

Ms. Ehrlich commented that she spoke to a representative from CMQCC and they indicated that no one asked the organization to participate in collecting midwifery data.

Ms. Marceline commented that the issue with the hospital reporting form is the documentation of the actual events documented by the hospital staff. Ms. Marceline requested, for future legislation to include changes where the licensed midwife and the hospital staff are to complete the form in regard to the events leading up to the transfer.

Dr. Adams asked if the hospital reporting forms are included in the number of complaints received.

Ms. Kirchmeyer stated that the hospital reporting forms are not included in the number of complaints received since it appears negative toward midwives. Ms. Kirchmeyer indicated that the Board separates the statistics to report the number of hospital reporting forms received and the number of complaints received.

Dr. Adams asked if a hospital reporting form could become a complaint.

Ms. Kirchmeyer indicated that a hospital reporting form could become an investigation.

Dr. Adams asked if a hospital reporting form becomes an investigation, is it reported in the statistics.

Ms. Kirchmeyer indicated that the current statistics do not report when a hospital reporting form becomes an investigation or if disciplinary action was taken.

Ms. Sparrevohn asked if a hospital reporting form resulted in an investigation, would it be included in the number of investigations opened.

Ms. Kirchmeyer indicated that she would verify with Information Technology (IT) staff.

Ms. Ehrlich reminded everyone that at one time, the Board received a transfer reporting form from a hospital for a certified nurse-midwife and it became a vehicle for the nurse-midwife to be

investigated. Ms. Ehrlich added that the transfer reporting form was never intended to be used as a back door for investigations.

Ms. Holzer asked if there were other investigations opened besides the nurse-midwives.

Ms. Kirchmeyer confirmed that there have been other investigations opened besides nurse-midwives.

Ms. Sparrevohn asked if other investigations are included in the open investigations statistics.

Ms. Kirchmeyer remarked that she believes that other investigations were not included in the report.

Ms. Sparrevohn requested statistics on how many hospital reporting forms resulted in an open investigation and if disciplinary action was taken. Ms. Sparrevohn added that the statistics obtained should be the same format as the complaint statistics.

### **Agenda Item 13            Report from the Midwifery Advisory Council Chairperson**

Ms. Sparrevohn provided her last report as the MAC Chair indicating that she was called to be a midwife 40 years ago. In 1984, after a few months of working as an archaeology field assistant, she decided that she was no longer afraid to pursue her calling as a midwife. Ms. Sparrevohn stated that she then sought out apprenticeship and began training to be a midwife. Over the next ten years, she watched fellow midwives be arrested, charged with practicing medicine without a license, and charged with murder if a baby died. Ms. Sparrevohn began to interact with other midwives in a political way. Midwives wanted a path for licensure and women to have the right to choose as they brought life into the world. In 1993, the Licensed Midwifery Practice Act was passed, and in December 1996, 26 individuals sat for the first licensing exam given in California for midwives that were not nurses. Ms. Sparrevohn stated that midwives knew that when the law was passed in 1993, requiring midwives to have physician supervision would be a barrier. However, midwives did not allow the barrier to get in the way of caring for women who wanted midwifery services. In 2005, the Board adopted a collaborative work, the Licensed Midwives Standard of Care. It laid out when midwives should refer to a physician, and most importantly, it included a clause to allow women to refuse care and continue care with their midwife if they were fully informed. Ms. Sparrevohn indicated that it was a clause that was written and approved in collaboration between the Board, CAM, and ACOG, and was considered an important document.

Ms. Sparrevohn stated that in 2007, the MAC was established and she was one of the original members. The MAC's first task was creating the data collection tool for reporting the annual statistics, which was not perfect, but collecting data on how midwives practiced and what their outcomes look like has allowed those governing midwives to realize the overall safety of the care midwives provide. In 2013, due in large part to consumer pressure, the licensing laws were amended to eliminate physician supervision. In 2007, the relationship with midwives and Board staff has become one more of collaboration than simply oversight. Board staff has become an ally and the Board itself realized that midwives are not renegades, but care providers in an imperfect system. Midwives have reached a point where if a complaint against a midwife requires an investigation, she need no longer fear that cops with guns drawn will be descending on her home. Complaints against



midwives are now reviewed by fellow midwives, but there is still work to be done. Ms. Sparrevohn stated that she is proud to have been part of reviving midwifery in California and proud of new midwives that are deciding that midwifery is their calling. Her message to new midwives is to never forget their roots, never forget the early midwives who never attended a birth without the knowledge they could be arrested for helping a woman give birth, and never be slow to volunteer when they are called to further the practice of midwifery in the state, in the country, or in the world. Ms. Sparrevohn added that she was thankful for having the opportunity to serve the midwifery community and be part of the MAC.

Ms. Yaroslavsky thanked Ms. Sparrevohn for her leadership and indicated that she learned a tremendous amount from her.

**Agenda Item 14                      Agenda Items for Next Midwifery Advisory Council Meeting  
August 16, 2018 in Sacramento**

- Report from the Midwifery Advisory Council Chairperson
- Update on AB 1308
- Update on the Midwifery Task Force
- Update on Midwifery Legislation
- Update on the LMAR Task Force
- Update on the Midwifery Program
- Election on a Vice Chair
- Discussion on Term Limits for MAC Members

**Agenda Item 15                      Adjournment**

***Ms. Sparrevohn adjourned the meeting at 2:08 p.m.***

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