MEDICAL BOARD OF CALIFORNIA
Licensing Program

MIDWIFERY ADVISORY COUNCIL

August 18, 2016

Medical Board of California
Hearing Room
2005 Evergreen Street
Sacramento, CA 95815

MEETING 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 1:03 p.m. A quorum was present and notice was sent to interested parties.

Members Present:
Carrie Sparrevohn, L.M., Chair
Anne Marie Adams, M.D.
Jocelyn Dugan
Tosi Marceline, L.M.
Barbara Yaroslavsky

Staff Present:
April Alameda, Staff Services Manager II
Kimberly Kirchmeyer, Executive Director
Natalie Lowe, Staff Services Manager I
Regina Rao, Associate Governmental Program Analyst
Jennifer Saucedo, Staff Services Analyst
AnnaMarie Sewell, Associate Governmental Program Analyst
Jennifer Simoes, Chief of Legislation
Kerrie Webb, Legal Counsel
Curtis Worden, Chief of Licensing

Members of the Audience:
Donyale Abe, Childbirth Professionals
Julia Blackburn, California Families for Access to Midwives
Peggie Bradford Tarwater, Deputy Attorney General
Tonya Brooks, L.M.
Rosanna Davis, L.M., California Association of Midwives
Karen Ehrlich, L.M.
Rachel Fox-Tierney, L.M.
Diane Holzer, L.M.
Kaleem Joy, L.M.
Jennifer Kamel, VBAC Facts

Rebekah Lake, L.M.
Krystal Moreno, American College of Obstetricians and Gynecologists
Renee Sicignano, L.M.
Shannon Smith-Crowley, American College of Obstetricians and Gynecologists
Kim Stanford
Linda Walsh, C.N.M., California Nurse-Midwives Association

Agenda Item 2 Public Comment on Items not on the Agenda

Ms. Blackburn, representing California Families for Access to Midwives (CFAM), commented that CFAM was in agreement with the position taken by the California Association of Midwives (CAM), in regards to the physician consult requirements related to Vaginal Births After Cesarean (VBAC). Ms. Blackburn continued, stating there was no evidence to support a physician consult, and that it would decrease access to midwifery care and VBAC.

Agenda Item 3 Approval of the December 3, 2015, and March 10, 2016 Midwifery Advisory Council Meeting Minutes

Ms. Yaroslavsky made a motion to approve the December 3, 2015 and the March 10, 2016 meeting minutes; s/Ms. Sparrevohn. Motion carried unanimously.

Agenda Item 4 Report from the Midwifery Advisory Council Chairperson

Ms. Sparrevohn stated that she was inspired by the direction that the practice of midwifery was heading in California; by the number of women, family members, and others that have been involved in helping move the midwifery profession forward so that all women in California could have access to midwifery care. Ms. Sparrevohn indicated that she appreciated and respected the determination and the fortitude that many have shown while crafting regulations.

Agenda Item 5 Midwifery Advisory Council Membership

Ms. Lowe stated that in May 2016, Board staff sent notices to all licensed midwives and subscribers on the Board's subscriber alert list, and posted information on the Board's website, to announce that the Board was seeking applications from licensees to fill one position on the MAC.

Ms. Lowe indicated that the vacancy advertised was for one licensed midwife, with a term to expire on June 30, 2019. Ms. Lowe stated that following the meeting, the nominee would be presented to the Board at the October 27-28, 2016 Quarterly Board meeting for approval. Ms. Lowe stated nine applications were received for the licensed midwife vacancy. Applications were submitted by: Tonya Brooks, Angela Chang, Margaret DiFelice, Karen Ehrlich, Diane Holzer, Firen Jones, Rebekah Lake, Celesta Rannisi, and Renee Sicignano. Ms. Lowe asked if any applicants in attendance would like to address the MAC.

Ms. Brooks addressed the MAC, stating that she had 38 years of clinical experience as a midwife, and had retired as the senior midwife and director of the Natural Birth and Women's Center. Ms. Brooks indicated that she would like to use her experience in training midwives, childbirth educators, parents,

and doulas, to enhance the MAC. Ms. Brooks stated that she also had experience with low risks that qualify for home births and out-of-hospital births, intermediate risks that are co-managed with physicians and consults, and hand holding in the hospital for high risk patients. Ms. Brooks stated that she developed a form on transfers relating to intrapartum transfers from out-of-hospital births into hospitals, so that midwives could document what occurred when they transferred a client. Ms. Brooks added that she thought her academic and clinical experience would be helpful to the MAC and would like to offer her services.

Ms. Lake addressed the MAC, stating that her interest in serving on the MAC had been shown by her attendance at MAC meetings since 2012. Ms. Lake stated that she was on the board of California Association of Midwives (CAM) during the legislative process and the passing of Assembly Bill 1308. Ms. Lake stated that she was familiar with the regulatory process, and on a personal level, she has been taken care of by licensed midwives who existed before licensure. Ms. Lake indicated that she attended a didactic program, and thought it was time the MAC had a member who had attended a Board-approved school. Ms. Lake stated that she understood where the American College of Obstetricians and Gynecologists (ACOG) was coming from and the pressure that was inherent in being a physician and the liability. Ms. Lake felt she had a very unique perspective and could help find solutions as the midwifery community moves forward, not only through the hospital transfer reporting form and VBAC issues, but in the three years of the appointment.

Ms. Ehrlich addressed the MAC, stating that she had been on the MAC since 2007, and the only reason she had not applied in the spring was because she thought it would be a good idea to get some new energy on the MAC. Ms. Ehrlich added that the fact that there had been no applications submitted in the spring re-energized her, and she now found herself eager to participate if it was the will of the MAC.

Ms. Holzer addressed the MAC, stating that she was not attached to being the person who joins the MAC, but was attached to having that person be qualified, in which she felt she fit the qualifications. Ms. Holzer stated that the first qualification she would urge the MAC to consider would be someone who has history and experience with California midwifery politics. Ms. Holzer stated that she has the political experience needed. The second quality she hoped the nominee would have was experience in writing regulations, because she felt that the next steps the MAC would take would be writing regulations. Ms. Holzer stated that she definitely has experience in writing regulations as she was on the committee in El Paso when they wrote the city's regulations. Ms. Holzer stated that she also helped the state of New Mexico write regulations and sat on the Steering Committee for the National Certification Task Force which implemented the credential for Certified Professional Midwives (CPM). Ms. Holzer stated that the third qualification she hoped the nominee would have was the ability to understand compromise, but be able to hold a strong bottom line and be committed to transparency in the process. Ms. Holzer thought that those were important qualities that the nominee should have, and believed she had demonstrated those qualities over the years during her involvement in the midwifery political scene, and hoped that the MAC would consider her when they chose a nominee.

Ms. Marceline nominated Diane Holzer, L.M., and Ms. Dugan nominated Rebekah Lake, L.M., for the licensed midwife position to be recommended for approval at the next Quarterly Board meeting; Ms. Sparrevohn seconded the motion for Ms. Holzer. Dr. Adams seconded the motion for Ms. Lake. Motion carried in support of nomination of Diane Holzer, L.M. 3-2 (Opposed: Dr. Adams and Ms. Dugan)

Agenda Item 6 Update on Licensed Midwifery Legislation

Ms. Simoes provided an update on Assembly Bill (AB) 1306 indicating that the bill was moving through the legislature. Ms. Simoes indicated that AB 1306 would remove physician supervision for Certified Nurse-Midwives (CNM) and allow CNMs to practice in specified settings, including licensed health facilities, medical group practices, and in-home settings, which was similar to the licensed midwife bill that had passed. Ms. Simoes stated that the bill indicates that there must be an absence of a preexisting maternal disease or condition creating risks, a disease arising from or during the pregnancy, or a prior cesarean. Ms. Simoes explained that if a client had a prior cesarean, the CNM would provide the woman with a referral for an examination by a physician trained in obstetrics and gynecology. The CNM could only assist the woman if an examination was obtained and, based upon review of the client's medical file, the CNM determined that the risk factors presented by the woman's condition did not increase the woman's risk. Ms. Simoes stated that there was still physician involvement as far as an examination, but the CNM would make the determination.

Ms. Simoes stated that another issue was the ban on the corporate practice of medicine. Ms. Simoes indicated that when the bill went through the Assembly Business and Professions Committee, the Assembly asked to include the ban on corporate practice of medicine, which meant that a hospital or a health facility could not directly hire a CNM. Ms. Simoes stated that the ban on the corporate practice was also in place for physicians so that the employer could not interfere with the physician's medical judgment. Ms. Simoes added that the ban on corporate practice of medicine was an issue for the bill, and when it went to the Senate side with the ban language included, it did not pass.

Ms. Sparrevohn questioned if the Assembly did or did not want the ban.

Ms. Simoes clarified that the Assembly wanted the ban, and the Senate did not. Ms. Simoes stated that language was created to remove the ban and it got out of the Senate committee; however, this was the point of contention for the medical associations wanting the ban included and hospitals not wanting the ban included because they wanted the ability to hire CNMs.

Ms. Yaroslavsky referred to the bill and questioned if section seven was related to conflict of interest and not corporate practice of medicine.

Ms. Simoes confirmed that it was a ban for kickbacks in advertising and similar matters that also applied to physicians.

Ms. Yaroslavsky questioned if it was expanding the current scope of practice.

Ms. Simoes confirmed that it was expanding the current scope of practice, and that these were issues with the Board, since the scope included primary health, which the Board thought was too broad.

Ms. Sparrevohn stated that she was concerned with the way the language was written around VBACs, since it was known that a VBAC slightly increases the risk over never having a cesarean previously. Ms. Sparrevohn thought it would eliminate VBACs with a CNM.

Ms. Sparrevohn indicated that the patient would not need a consult because a CNM could determine that the patient was not a higher risk than if she never had the cesarean. Ms. Sparrevohn stated that if the bill passes the way it is written, it would create issues for midwives in drafting regulations.

Ms. Gibson stated that she had attended the Quarterly Board meeting where a decision was made to take an oppose unless amended stance, as the issue of having nurse midwives identified as providing primary health care could mean that they would be able to treat heart disease or other areas outside of their scope. Ms. Gibson stated that she had a different definition of what midwives could do in terms of primary healthcare, which was to keep people healthy, and it had nothing to do with prescribing allopathic drugs for urinary tract infections or any of those kinds of things. Ms. Gibson stated that it was the other end of the spectrum where midwives would help people understand what would cause a urinary tract infection, or try things that are non-allopathic, in ways of a first line of defense against the problem. Ms. Gibson commented that she would hate to see the bill fail based on the concept that healthcare was actually a proxy word for allopathic medical care.

Ms. Yaroslavsky indicated that the bill states it would delete the provisions, and would authorize a CNM to manage a full range of gynecological and obstetric care for women from adolescents and beyond menopause, as provided. Ms. Yaroslavsky was concerned that a CNM would be expected to do everything and anything for women from age 12 to 95.

Ms. Sparrevohn stated that it was not an expansion of their scope of practice, and that a CNM could already provide that kind of care. Ms. Sparrevohn thought the purpose of the language was to make it clear what CNMs are doing is legal.

Ms. Walsh stated that in other parts of the bill, the CNM scope of practice was consistent with the National Standards of Care from the American College of Nurse Midwives, which recognizes the ability of a CNM to provide primary care to women. Ms. Walsh added that the California Nurse-Midwives Association (CNMA) was moving forward with some amendments, and have been assured by the California Medical Association (CMA) that they would be content with including amendments.

Ms. Sparrevohn stated she was concerned about the VBAC language and how a CNM would implement the language.

Ms. Blackburn stated that California Families for Access to Midwives (CFAM) supported removing physician supervision for CNMs. Ms. Blackburn specified that CFAM was concerned with the VBAC language, the physician consult, the consequences for licensed midwives, and women's access to VBACs.

Ms. Kamel felt that the patient should make the risk assessment for herself and decide what would be the best course of action, especially taking into consideration the increasing risks that come with multiple prior cesareans. Ms. Kamel stated that the most recent statistic was 44 percent of California hospitals ban VBAC, so for many women, out-of-hospital VBAC is their only option. Ms. Kamel stated that she wanted to ensure that midwives are honoring each person's ability to determine their own medical care, rather than having it written into regulation that a provider makes that determination, and dictates what options are available.

Ms. Dugan agreed with Ms. Kamel, stating that the person who is having the baby should decide who gives the care, and thought it was a concern as a mother, and as a public member. Ms. Dugan added that it restricts access if a woman cannot decide who treats her.

Ms. Blackburn stated that the American College of Obstetricians and Gynecologists' (ACOG) guide on professional ethics, and their most recent committee opinion on informed refusal, were very clear that the patient was the legal authority when it came to births, and that the patient was the one who legally could make the decision. Ms. Blackburn stated that having the language written in legislation, that the patient was not actually able to make decisions in terms of midwifery care, was not consistent with other care providers and their ethical obligations.

Ms. Sparrevohn stated that she supported CNMs becoming autonomous providers.

Agenda Item 7 Update on Continuing Regulatory Efforts Required by Assembly Bill 1308

Ms. Webb provided an update on Assembly Bill (AB) 1308 stating that with the CNM legislation pending, the consideration regarding the proposed language for the regulations was ongoing. Ms. Webb stated that the Board was waiting to determine if there would be a legislative change, or some type of compromise, which would allow the Board to move forward with drafting the language.

Ms. Sparrevohn suggested all parties work to find a compromise to allow the regulations to move forward. Ms. Sparrevohn added that while both sides cannot come to an agreement on VBAC, there was currently no regulation that informed midwives when they are required to consult.

Ms. Blackburn questioned how the midwives have compromised in the negotiations.

Ms. Sparrevohn stated that midwives were willing to have no consult for one prior cesarean, and a consult for two or more prior cesareans. Then, revisit the language from the regulation that was adopted in 2005 in order to amend it to work with existing law.

Ms. Yaroslavsky questioned if there was a way to move forward with regulations on the agreed upon issues, and remove those items that were still being negotiated.

Ms. Sparrevohn stated that the MAC previously reviewed a list of topics that both sides agreed upon, and the topic that was not agreed on was the issue of VBAC. Ms. Sparrevohn reminded everyone that the regulation written in 2005 delineated how a woman was to be consented for a VBAC, and that included any prior cesarean. Ms. Sparrevohn stated that midwives and women compromised, that if there was only one prior cesarean then a physician consult would not be needed; however, if there was more than one cesarean, midwives would consult with a physician. Ms. Sparrevohn stated that she has not heard from physicians indicating why the prior regulation would no longer work. Ms. Sparrevohn questioned if there was new data that indicated a VBAC at home was more risky now than it was 11 years ago when the regulation was written. Ms. Sparrevohn stated that the VBAC issue was the only issue keeping the regulations from moving forward. Ms. Sparrevohn questioned if there was a way to bifurcate it and accept the regulation with what was agreed upon, and indicate that the VBAC issue was still pending.

Ms. Webb stated it would receive a very strenuous objection, and it would be challenging to get Board approval to notice the language. Ms. Webb stated that a strong compromise would be ideal.

Ms. Dugan questioned if there was something that could be done to help engage the public to work on the issue, in a way that gets their voice heard.

Ms. Sparrevohn asked how CFAM was assisting with the public.

Ms. Blackburn stated that CFAM has kept the public educated, and up-to-date on the issue, since the ability to bill Medi-Cal would not move forward until the issue was resolved. Ms. Blackburn indicated that CFAM would like to know what they can do to help this move forward.

Ms. Marceline questioned if the LMAR data could be shared with the physicians that are opposing VBAC, and if written regulations could be submitted to the Office of Administrative Law (OAL) without ACOG's and physicians' input.

Ms. Webb stated that the Board votes on the language that would be noticed through OAL.

Ms. Sparrevohn indicated that the MAC would need to present something to the Board that they would be willing to move forward.

Ms. Kamel suggested creating an informed consent document that out-of-hospital midwives could use, and the Board could approve, that would go over the risks and benefits of having a VBAC at home, acknowledging the risk of uterine rupture. Ms. Kamel stated that the Board could have their input on the form, and recognize that every woman would be consented in that fashion. Ms. Kamel stated that it would be a way to circumvent a physician approval/consult, and be able to provide women information that the Board was concerned about, relative to out-of-hospital VBAC, while leaving the woman as the one who ultimately makes the decision, as opposed to regulations.

Ms. Sparrevohn stated that she was in support of placing the consent into the regulatory document, but all players would need to get together to determine if that was something where everyone could be in agreement. Ms. Sparrevohn added that on the positive side it was uniformed, and maybe it would be a way to move it forward.

Ms. Marceline indicated that the problems with the physician approval process was that they are not asked in current legislation to approve or disapprove home birth, and there was nothing that required the physician to give any report back to the midwife.

Ms. Webb stated that if it was just a matter of informed consent it could have already been done. Ms. Webb stated that Business and Professions Code section 2507, indicates that the physician must sign off that he or she determines that the risk factors presented by the woman's disease or condition are not likely to significantly affect the course of pregnancy and childbirth.

Ms. Sparrevohn stated that was only if the woman was sent for a consult.

Ms. Webb indicated that Ms. Sparrevohn was correct, but it was what was stopping the regulations from moving forward.

Ms. Sparrevohn asked if they could place in regulation that if the woman had a prior cesarean she would need to sign a prescriptive informed consent form.

Ms. Webb stated that it could be done, but was not convinced that it would overcome ACOG's objections.

Dr. Adams stated that if regulations were presented indicating that the informed consent was used for VBACs, then it would not need to be a condition that required consultation. Dr. Adams' stated that she would add strong language encouraging women to seek physician consultation. Dr. Adams added that it would give the woman the option to decide whether she does it, but that it would be strongly encouraged to seek the advice of a physician on the matter.

Ms. Blackburn suggested providing the woman with the specific language from the regulation in terms of what the physician was requested to do. Ms. Blackburn stated that she agrees with Dr. Adams statement regarding what the legislation states, but she could also see it from the VBAC supportive obstetricians' side, that they could interpret the regulation as they were signing off on a home VBAC.

Ms. Marceline stated that if a midwife had a consent form signed by the physician, it may be helpful.

Dr. Adams stated that they were discussing a consent form indicating that the woman has the right to choose, and that she would be encouraged to do that. Dr. Adams stated that if the woman goes to a physician and decided to have a cesarean, that was her decision, and midwives would not need to ask the physician anything. Dr. Adams indicted the decision would be back in the hands of the consumer, and it would encourage the woman to ensure she was making a safe decision.

Ms. Kirchmeyer stated that she did not think that the law would authorize the Board to place an informed consent into regulations to circumvent the prior physician consultation requirement, and that staff would need to review the issue before any further discussions occurred.

Dr. Adams indicated that during the interested parties meeting, the list was reviewed and it was agreed to remove VBAC.

Ms. Kirchmeyer stated that staff understood that the MAC wanted to remove VBAC, but it must go through a process of obtaining Board approval. Ms. Kirchmeyer indicated that staff did not believe that the language would make it through the Board for approval to move the regulations forward, if VBAC was not included in the language. Ms. Kirchmeyer stated that was where the struggle was, and that was the crux of the issue.

Ms. Sparrevohn questioned if the statute, the way it was written, gave the Board authority to create criteria for something that was neither on the list, nor off the list of referrals.

Ms. Kirchmeyer indicated that Ms. Sparrevohn was correct.

Ms. Sparrevohn questioned if it would include not editing the language from the 2005 regulation regarding VBAC.

Ms. Kirchmeyer confirmed that she believed it was in the same regulation and knew that some of the discussions would eliminate the waiver of the 2005 guidelines. Ms. Kirchmeyer hoped to get some type of resolution in the middle, and would like to get a physician member from the Board, or two, and create a committee that could discuss the issue so there could be Board interaction on the issue. Ms. Kirchmeyer thought that Ms. Sparrevohn could be the voice of the MAC when speaking with the two members.

Ms. Sparrevohn indicated that she would be content with participating.

Ms. Kirchmeyer stated that the issue could be discussed amongst a sub-committee of the Board and she would speak with the Board president, Dr. GnanaDev about establishing a committee. Ms. Kirchmeyer added that this would need to wait for the outcome of AB 1306.

Ms. Brooks commented that the number of cesarean sections have risen every year despite people's willingness to try to find some way to curtail cesarean sections. Ms. Brooks stated that midwives prevent uterine rupture by providing one-to-one care, which doctors are not willing to do, which was why so many hospitals do not perform VBACs. Ms. Brooks stated that was important in terms of looking at long-term maternal outcomes and realizing that midwives play a vital role in lowering the cesarean rate. Ms. Brooks stated that lessening the language about cesarean sections and the right of a woman to have a VBAC would provide the woman with two choices, repeat cesarean, or attempting a delivery without a provider. Ms. Brooks added that she thought the issue was urgent.

Agenda Item 8 **Update on Interested Parties Meeting Regarding the Contents of the Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form**

Ms. Webb provided an update on the interested parties meeting that was held on July 13, 2016. Ms. Webb stated that Ms. Smith-Crowley had attempted to find a legislative vehicle to have the requirements of the Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting form (Transfer Form) more fully defined in statute, and to also clarify that the Transfer Form should only be sent to the Office of Statewide Health Planning and Development (OSHPD), and not to the Board; changes which would allow for meaningful statistics to be gathered and compared with the Licensed Midwife Annual Report (LMAR). Ms. Webb continued, stating that there had been a valiant effort, but the requested changes were unable to be put through for this legislative session. Ms. Webb stated that the process was challenging, but the parties would continue to work together to try to find a legislative fix by next session. Ms. Webb added that the current Transfer Form would continue to be used.

Ms. Yaroslavsky stated that she wanted everyone to recognize that there was movement going forward between all interested parties, and thanked everyone for making that happen.

Ms. Ehrlich requested that the title of the Transfer Form be changed to something shorter.

Agenda Item 9 Update on Midwife Assistant Regulations

Ms. Lowe provided an update on the midwife assistant regulations, indicating that a public hearing had been held on July 29, 2016, at the Quarterly Board meeting to approve the drafted regulations. Ms. Lowe stated that no public comments had been made during the open public comment period; however, during the public hearing an omission was identified by staff in the drafted language and that Section 1379.04 should be updated to reflect "the 1998 version of Center for Disease Control (CDC) guidelines for infection control in healthcare personnel." Ms. Lowe stated that the Board agreed with the recommended change and authorized staff to complete the rule-making process. Ms. Lowe indicated that the final statement of reasons was being prepared, and upon completion, the packet would be forwarded to the Department of Consumer Affairs for review and then to the OAL to complete the process. Ms. Lowe stated that staff anticipated the regulations being in place by spring 2017.

Agenda Item 10 Update on License Midwife Annual Report Taskforce

Ms. Lowe provided an update on the Licensed Midwife Annual Report (LMAR) Taskforce, stating that a survey had been sent to licensed midwives in July requesting feedback regarding the reporting format of the LMAR, whether the data should be submitted electronically or by paper, and if the data should be reported cumulatively or prospectively. Ms. Lowe indicated that it was brought to staff's attention that some midwives did not receive the survey due to an internal error, and that the survey would be re-mailed to ensure all midwives had the opportunity to provide feedback. Ms. Lowe continued, stating that upon receipt of the completed surveys, staff would have a better understanding of what direction to take in revising the LMAR, and would provide an update on the findings at the next MAC meeting.

Agenda Item 11 Program Update

A. Licensing Statistics

Ms. Lowe referred to the statistical chart provided in the meeting materials, stating that the complete statistics for the 2015/2016 fiscal year had been provided for review.

Ms. Marceline referred to licensed midwife licensing population broken down by license status chart, and questioned how a license would become canceled.

Ms. Lowe indicated that a license could become canceled by the licensee voluntarily applying to cancel it, or the license would be automatically placed in canceled status after the license has been expired for five years from the expiration date.

Ms. Lowe provided an update on the Transfer of Planned Out-of-Hospital Delivery to Hospital Reporting Form statistics, stating that the complete statistics for the 2015/2016 fiscal year had been provided for review and reflected all reports received since the law was implemented.

Ms. Marceline questioned if staff had compared the number of hospital reporting forms the Board received with the number of births reported in the Licensed Midwife Annual Report (LMAR).

Ms. Lowe responded that the LMAR reflected 534 births were planned for out-of-hospital deliveries that were later transferred, suggesting the Board should have received 534 transfer reporting forms.

Ms. Lowe stated that there was a significant amount of forms that had not been submitted and was hopeful that with improvements to the form and additional outreach, the Board would see an increase in compliance with the reporting requirements.

Ms. Yaroslavsky questioned who was responsible for submitting the form to the Board.

Ms. Lowe responded that the hospital was required to complete the form and provide to the Board.

Ms. Yaroslavsky questioned if the hospital council, both in northern and southern California, had been notified about the forms, and what outreach had been provided.

Ms. Lowe responded that the hospital councils had been involved in the process from the beginning, as well as with the revisions to the form, and were aware of the issues the Board was facing in obtaining the forms.

Ms. Yaroslavsky questioned if hospitals did not report, could that then be reported to the entity that oversees their license or their ability to have patients present.

Ms. Webb responded that there was not a penalty built into the law but thought that once the revisions were worked out there would be better compliance as more education would be provided in outreach.

B. Enforcement Statistics

Ms. Lowe referred to the statistical chart provided in the meeting materials, stating that during the fourth quarter of the fiscal year, staff had received two new complaints: one against a licensed midwife, and one against an unlicensed midwife. Ms. Lowe stated that there had been one referral to the Attorney General's office, and that all other enforcement statistics remained minimal.

C. 2015 Licensed Midwives Annual Report

Ms. Lowe provided an update on the Licensed Midwife Annual Report (LMAR) and referred to the summary report provided in the meeting materials. Ms. Lowe stated that the report reflected 394 midwives were expected to report, and at the time the report was compiled, 51 midwives still had not submitted their data. Ms. Lowe stated that the issue of failing to report timely had been discussed the previous year at a MAC meeting and because of the concern with the late submissions, staff had provided additional outreach throughout the year, discussed the issue at almost every MAC meeting, and sent letters in January reminding midwives that their reports were due in March; however, 13 percent still did not report by the cutoff date. Ms. Lowe reminded everyone of the importance of reporting timely, as data submitted after the cutoff is not included in the LMAR summary.

Ms. Lowe continued, stating that staff had sent a second notice to those midwives who had not submitted their LMAR, informing them that a hold had been placed on their license and that they would be unable to renew their license until their LMAR was submitted.

Ms. Lowe continued with the update referring to Section D, highlighting the number of clients served during the year. Ms. Lowe stated that 5,528 clients were served during 2015, compared to 5,386 in 2014, an increase of 142 clients. Ms. Lowe referred to the second page of the report and stated that the breakdown by county reflected 3,233 live births; eight fetal demises, which had decreased from 14 in the

prior year; zero infant deaths and zero maternal deaths. Ms. Lowe referred to the bottom of the page, indicating that the report reflected 172 successful VBACs, an increase of 22 from the previous year.

Ms. Yaroslavsky stated that a year-end summary of the statistics, comparing previous years, would be beneficial.

Ms. Sparrevohn stated that it would be helpful when reviewing the data if the sections provided totals.

Ms. Lowe continued with the overview of statistics, stating that pages three and four of the report provided the different outcomes and reasons for transfers, which could be used as a resource to compare with the number of Transfer Forms being submitted.

Ms. Sparrevohn pointed out that Section I, line 60, showed that the majority of transfers were not for emergencies, but for lack of progress, which was a good indication of the care and treatment being provided by licensed midwives.

Ms. Kamel highlighted that in Section J, line 70, only one suspected uterine rupture was reported out of the 172 successful VBACs reported.

Ms. Sparrevohn stated that it was unknown if the woman that was transferred for the suspected uterine rupture had a prior cesarean, as data was not being collected on how many VBACs were attempted, only the number of successful VBACs. Ms. Sparrevohn indicated that Ms. Kamel's point was well-taken if there was one suspected uterine rupture that someone was transferred for, and it could be assumed that there were more than 170 attempted VBACs at home. Ms. Sparrevohn thought the statistics looked good.

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

- Approval of the August 18, 2016 MAC Meeting Minutes
- Report from the MAC Chair
- Update on Midwifery Legislation
- Update on Continuing Regulatory Efforts Required by Assembly Bill 1308
- Update on the Licensed Midwives Annual Report Taskforce
- Update on the Midwifery Program
- Report from CALM regarding the Quality Care Program
- Future Midwifery Advisory Council Meeting Dates

Agenda Item 13 Adjournment

Ms. Sparrevohn adjourned the meeting at 3:07 p.m.

The full meeting can be viewed at http://www.mbc.ca.gov/About_Us/Meetings/2016/