



MEDICAL BOARD OF CALIFORNIA

Licensing Program

MIDWIFERY ADVISORY COUNCIL

August 17, 2017

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

MEETING MINUTES

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

The Midwifery Advisory Council (MAC) of the Medical Board of California (Board) was called to order by MAC Chair Carrie Sparrevohn at 1:02 p.m. A quorum was present and notice was sent to interested parties.

Members Present:

Carrie Sparrevohn, L.M., Chair
Jocelyn Dugan
Diane Holzer, L.M.
Chemin Perez, L.M., C.P.M.
Barbara Yaroslavsky

Members Absent:

Anne Marie Adams, M.D.

Staff Present:

April Alameda, Staff Services Manager II
Kimberly Kirchmeyer, Executive Director
Natalie Lowe, Staff Services Manager I
Elizabeth Rojas, Staff Services Analyst
Jennifer Saucedo, Staff Services Analyst
AnnaMarie Sewell, Associate Governmental Program Analyst
Jennifer Simoes, Chief of Legislation
Kerrie Webb, Legal Counsel

Members of the Audience:

Rosanna Davis, L.M., California Association of Licensed Midwives
Karen Ehrlich, L.M., Midwives Education Accreditation Council
Rachel Fox-Tierney, L.M., C.P.M.
Nancy Greenwood
Kaleem Joy, L.M., C.P.M.,
Anne Jurach, Office of Statewide Health Planning and Development
Jennifer Kamel, VBAC Facts

Rachel Kiene, L.M., C.P.M.
Rebekah Lake, L.M., C.P.M
Chandler Lavin
Kelly Olmstead, L.M.
Michelle Rey, Arcadia Birth Center
Madeleine Shernock
Linda Walsh, R.N., California Nurse-Midwives Association

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

No public comment was provided.

Agenda Item 3 **Approval of the March 16, 2017 Midwifery Advisory Council Meeting Minutes**

Ms. Yaroslavsky motioned to approve the March 16, 2017 meeting minutes; s/Ms. Sparrevohn. Motion carried unanimously.

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

Ms. Sparrevohn congratulated Ms. Lowe on her promotion within the Board and indicated that Ms. Lowe would continue to provide assistance with the revision of the Licensed Midwife Annual Report (LMAR).

Ms. Sparrevohn stated that she received inquiries regarding the role of the MAC. Ms. Sparrevohn explained that the MAC is an advisory body to the Board that does not have any independent ability to create practices, but provides recommendations to the Board for consideration and final adoption.

Ms. Sparrevohn stated that she viewed the MAC as an interface between public consumers of midwifery care, licensed midwives in the State, and the Board. Ms. Sparrevohn indicated that the MAC's job is to review laws created by the Legislature that may impact consumers and create policies that promote public safety and serve the public.

Ms. Sparrevohn added that the MAC does not review individual cases brought against individual midwives and does not make decisions regarding disciplinary actions against midwives or any other healthcare provider.

Agenda Item 5 **Update on the American River College Midwifery Program**

Ms. Joy introduced herself and stated she is on the Advisory Committee at American River College in Sacramento. Ms. Joy provided an update on the American River College Midwifery Education Program indicating that it would provide both a certificate and an Associate Degree in Science and Midwifery. The program will include a midwifery assistant certificate program, a doula-training program, and lactation program.

Ms. Joy stated that Kathy Fox, a professor and pre-program developer at American River College, developed the lactation education program, the assistant lactation consultant program, and the doula program at American River College. Ms. Joy stated that funding was received for Ms. Fox to begin the development of the curriculum for the midwifery program and it is expected to be completed by Fall 2017. Ms. Joy added that the projected availability date is Spring 2019 for the first enrollment of students.

Ms. Yaroslavsky asked if the midwifery program would offer remediation and continuing education courses.

Ms. Joy indicated that she would present the question to Ms. Fox and provide an update at the next MAC meeting.

Ms. Perez asked how the clinical education would be provided.

Ms. Joy stated that the midwifery program would need to obtain preceptors, and hoped that once the curriculum was developed it would align with the same experiences that other distance learning midwifery programs have. Ms. Joy added that she would update the MAC as the program progressed.

Agenda Item 6 Update Midwifery Task Force

Ms. Kirchmeyer indicated that on March 6, 2017, the members of the Midwifery Task Force, Dr. Bholat and Dr. Levine, met with Board staff and representatives from the California Association of Midwives/California Association of Licensed Midwives (CAM/CALM) and the American College of Obstetricians and Gynecologists (ACOG) to discuss the current status of regulations to define “preexisting maternal disease or condition likely to affect the pregnancy” and “significant disease arising from the pregnancy” pursuant to Business and Professions Code (B&P) section 2507.

It was determined that the issues could not be resolved through regulations and a statutory change was necessary. Proposed language was agreed upon by all parties and submitted to the Board for review and consideration at its April 2017 Board Meeting. The Board approved the proposed language to be included in the Sunset Bill (SB798). Ms. Kirchmeyer indicated; however, that the language did not make into the bill; therefore, the Board would seek legislation next year.

Ms. Sparrevohn referred to the wording in the language and indicated that some individuals who were pregnant preferred not to be called “woman,” and suggested changing the wording in the language to “client.”

Agenda Item 7 Update on the Continuing Regulatory Efforts Required by Assembly Bill 1308 (Chapter 665, Statutes of 2013)

Ms. Webb indicated that the regulations are pending statutory changes that would allow forward movement with regulations in a more reasonable way and that there was no current agreement between the interested parties.

Agenda Item 8 **Update on Proposed Regulations for Midwife Assistants, Title 16, Division 13, CCR sections 1379.01 through 1379.09**

Ms. Webb provided an update on the proposed regulations for midwife assistants indicating that the regulations were approved through Department of Consumer Affairs (DCA) and the regulations were currently being reviewed by the Office of Administrative Law (OAL).

Agenda Item 9 **Update on Midwifery Legislation**

Ms. Simoes indicated that Assembly Bill 1612 and Senate Bill 457 were both two-year bills that were in a holding pattern until next legislative session. Ms. Simoes stated that Senate Bill 798 was in the Assembly Business and Professions Committee, but was hopeful that either the language would go in another vehicle or rules would be waived so the Board's Sunset would pass. Ms. Simoes stated that there were a couple of provisions that would add licensed midwives to B&P section 805 and authorize licensed midwives to be shareholders, officers, and directors of corporations.

Agenda Item 10 **Update, Discussion, and Possible Action on the Licensed Midwife Annual Report Task Force**

Ms. Lowe provided an update on the Licensed Midwife Annual Report (LMAR) Task Force indicating that staff provided a 2017 LMAR survey to licensed midwives to obtain feedback on how they would like to report their LMAR. Of the 364 midwives that reported, 182 completed the survey online.

Ms. Lowe indicated there were two questions on the survey that asked if the midwife preferred to report accumulatively at the end of the year or to move to a prospectively reporting system. Nearly 75% of the midwives responded to continue reporting accumulatively. Ms. Lowe added that based on the results, a task force meeting was held on August 11, 2017, to discuss the steps to move forward.

Ms. Sparrevohn stated that she had created a report that would be available at the next interested parties meeting that was almost verbatim of the report that was provided in August 2015. Ms. Sparrevohn stated that the basic results of the survey were that the MAC honor what midwives requested and proceed to make updates to the existing LMAR. Ms. Sparrevohn indicated that the way midwives currently report would not change, but she would like to hold an interested parties meeting to discuss the report and recommendations to update the LMAR. Ms. Sparrevohn stated that she was hopeful that those on the task force and staff could complete the updates on the LMAR for the collection of the 2018 data.

Ms. Yaroslavsky motioned to accept the position of the licensed midwives to report accumulatively; s/ Ms. Dugan. Motion carried unanimously.

Ms. Yaroslavsky motioned to hold an interested parties meeting to discuss the outcome of the task force meeting and to make further recommendations on the changes to the LMAR; s/Ms. Dugan. Motion carried unanimously.

Agenda Item 11 Program Update

Ms. Lowe provided an update on the licensing statistics indicating that at the end of fiscal year 2016/2017, the overall numbers remained consistent with the previous year's numbers. Ms. Lowe added that the Board received 31 new applications during fiscal year 2016/2017 and issued 30 new licenses.

Ms. Lowe provided an update on the hospital transfer reporting form statistics indicating that during fiscal year 2016/2017, the Board received 199 reports for licensed midwives, which increased from 140 the previous year. Ms. Lowe stated that the total number of reports received for Certified Nurse Midwives (CNM) was ten, and two were for unknown/unlicensed. Ms. Lowe indicated that quarter four showed unknown and CNM reporting continued to decrease and hoped it would diminish at some point. Ms. Lowe added that staff anticipated the number of reporting forms would increase over the years due to outreach.

Ms. Yaroslavsky asked if the reporting forms match up to the number of births in the hospitals.

Ms. Lowe indicated that the numbers of births do not match up.

Ms. Yaroslavsky asked if there were steps to garner the information from hospitals so that they could be in line with the expectation of reporting.

Ms. Lowe stated that staff would continue to conduct outreach to educate physicians and midwives and indicated that an article was also included in the 2017 Spring Newsletter. In addition, staff would be adding all licensed midwives to the Board's email blast to provide additional information regarding midwifery items. Ms. Lowe added that staff continues to discuss additional options to provide outreach.

Ms. Yaroslavsky asked if there would be some expectation of reporting to those entities that oversee hospitals.

Ms. Webb stated that the form was not ideal and there was an attempt to get legislation in place to strengthen the requirements and make clear who should complete the form. Ms. Webb added that extensive education and outreach efforts would be made once it is revised.

Ms. Sparrevohn suggested notifying the department heads of the hospitals regarding the requirements and how to obtain the form. Ms. Sparrevohn added that this would be a way forward so that when the form was revised it would not be an ordeal to inform the hospitals of the revised form.

Ms. Kirchmeyer stated that she conducted outreach to the California Hospital Association (CHA), which was where the Board needed to start. Ms. Kirchmeyer indicated that the Board did not want to request an all facilities letter with the California Department of Public Health until the form was revised. Ms. Kirchmeyer added that she would contact the CHA to obtain a list of individuals in order to pursue further outreach since the form was only provided to the CHA's executive committee.

Ms. Sparrevohn suggested sending out the information by mass email to all the nurses in the labor and delivery departments within the hospitals.

Ms. Perez asked if she could find out if the hospitals were doing their part with the copies of the forms that she had submitted to the hospital.

Ms. Kirchmeyer stated that the Board could not provide the information as it was confidential, but suggested that Ms. Perez provide the Board the names of the facilities in order to verify those facilities reported.

Ms. Lowe provided an update on the enforcement statistics indicating that the numbers remained consistent with the previous years with a total of 14 for fiscal year 2016/2017. Ms. Lowe stated that there were no cases referred for disciplinary or criminal action this year for licensed midwives. For unlicensed midwives, the Board received 11 complaints during the year and there were no referrals for discipline or criminal action. Ms. Lowe added that for future MAC meetings, staff would separate yearly totals for licensed midwifery statistics on one page and unlicensed enforcement statistics on a separate page.

Ms. Lowe provided an update on the LMAR stating that in 2016, there were 412 midwives expected to report. Of those 412 midwives, Office of Statewide Health Planning and Development received 364 reports, leaving 48 unreported LMARs. Ms. Lowe indicated that of the 48 unreported LMARs, 21 were listed with a current status in the state of California, three were current with an address out-of-state, and 16 were delinquent with an address in California. Of those 16 midwives, four of the licenses expired after the reporting period ended, four had expired during the reporting period, and eight expired prior to the reporting period.

Ms. Lowe stated there were four licenses that were delinquent with an address out-of-state, and of those four, two had expired during the reporting period and two expired prior to the reporting period. Ms. Lowe indicated that two licenses entered into a canceled status during the reporting period and two had surrendered their license during the reporting period.

Ms. Lowe stated that in Section D of the LMAR, there were 5,420 clients served in 2016, which decreased by 108 from the previous year. Ms. Lowe indicated that the number of clients who left care for non-medical reasons decreased by 91. In Section F, there was an increase by nearly 50 for planned out-of-hospital births with the onset of labor, and the number of births completed out-of-hospital decreased by 64 compared to the prior year's data, which meant the number of transfers increased. Ms. Lowe referred to page 22 of the summary and indicated that the total number of outcomes and deliveries did not match up to the number of transferred, or should have been transferred. Ms. Lowe added that she was hopeful that the data would show the appropriate outcomes after the revision of the LMAR.

Agenda Item 12 **Presentation by California Association of Licensed Midwives on the Obstacles to Care for Licensed Midwife Clients**

Ms. Davis provided a presentation on "Collaborating on Safe Perinatal Home to Hospital Transfers." Ms. Davis stated that she would be discussing the issues with transfers from home or birth centers to a higher level of care in hospitals. Ms. Davis stated that the reason for discussing the challenges was to create policy, work on issues professionally, and to be informed of potential legislative changes. Ms. Davis began her presentation stating that challenges of collaboration may occur because of the lack of knowledge, motivation, resources, or skills. Ms. Davis provided nine cases of delivery that included the

situation/reason for transfer, relevant details, significant history, what went well, problems encountered, and the outcome of each case. Ms. Davis indicated that most courses of care resulted in uncomplicated births at home and birth centers. Ms. Davis added that there was still more work to be done for outlier situations where safety was at risk for lack of information, motivation, or skills for making and receiving the appropriate transfers.

Ms. Davis requested that Board staff provide more articles in the Newsletter that focused on best practices for transfers.

Ms. Sparrevohn indicated that receiving physicians need more education regarding the scope of practice for a licensed midwife, the education level of midwives, and the reason midwives might bring a client to them.

Ms. Perez stated that educational outreach should include paramedics as well.

Ms. Holzer referred to the State's refusal of midwifery clients for positive screens and questioned if the MAC could send correspondence to the head of the newborn screen department indicating that there was a problem that needed to be fixed.

Ms. Yaroslavsky suggested that staff review the issue since they have the relationships with the Legislature as well as other government entities, and it might be a collaboration of bringing it to their attention.

Ms. Sparrevohn stated that women were not being refused the State's screening; women were being refused care post screening by physicians for whatever reason they deemed.

Ms. Olmstead stated that she has spoken to the head of the State's oversight agency, which oversees the perinatal diagnostic centers, and was informed that they had no ability to compel the physicians to do anything. Ms. Olmstead suggested that Lucile Packard Children's Hospital Stanford change their policy relating to accepting referrals from licensed midwives. Ms. Olmstead added that Lucile Packard Children's Hospital Stanford had issues determining who would take over the care of the patient after the completion of the assessment and suggested that while completing the assessment it be determined who would take over the care while the woman was receiving timely care.

Ms. Yaroslavsky indicated that it could be a legal situation and that entity could not be the only person in charge of making rules and regulations for the hospital and for their staff.

Ms. Olmstead stated that CALM's lawyer is researching where to address the letter regarding the issue.

Ms. Ehrlich referred to the nine cases described during the presentation by Ms. Davis and indicated that those cases were not the only occurrences in the State of California. Ms. Ehrlich stated that when surveys were submitted, the instances were a magnitude more than what was reported in surveys. Ms. Ehrlich added that the issues have been with midwives and home birth families for more than 40 years. Ms. Ehrlich stated that most midwives hoped that the onset of licensed midwives would have more respect and the ability to make timely, rational, and reasonable transfers. Ms. Ehrlich added that it was

distressing to midwives that they still have to struggle, but many times midwives were getting respected transfers.

Ms. Sparrevohn stated that there has been improvement on how licensed midwives are viewed and interfaced with by the medical community and felt midwives are making progress.

Agenda Item 13 **Agenda Items for the Next Midwifery Advisory Council Meeting in Sacramento**

- Update on the Midwifery Task Force
- Update on Assembly Bill 1308
- Update on Midwifery Assistant Regulations
- Update on Midwifery Legislation
- Update on the Licensed Midwife Interested Parties Meeting
- Update on the LMAR Task Force
- Update on the Midwifery Program
- Update on the American River College Midwifery Program
- Update on the Revision of the Hospital Reporting Form

Agenda Item 14 **Adjournment**

Ms. Sparrevohn adjourned the meeting at 2:42 p.m.

The full meeting can be viewed at http://www.mbc.ca.gov/About_Us/Meetings/2017/.