



MEDICAL BOARD OF CALIFORNIA
Licensing Operations



Midwifery Advisory Council
Lake Tahoe Room
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

April 8, 2010

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Midwifery Advisory Council (MAC) of the Medical Board of California was called to order by Chair Faith Gibson at 1:05 p.m. A quorum was present and due notice had been mailed to all interested parties.

Members Present:

Faith Gibson, L.M., Chair
Ruth Haskins, M.D., Vice Chair
Barbara Yaroslavsky
Carrie Sparrevohn, L.M.
Karen Ehrlich, L.M.
William Frumovitz, M.D.

Staff Present:

Abbie French, Staff Services Manager, Licensing Operations
Anita Scuri, Supervising Senior Counsel, Department of Consumer Affairs (DCA)
Billie Baldo, Management Services Technician, Licensing Operations
Deborah Pellegrini, Chief, Licensing Program
Linda Whitney, Interim Executive Director
Robin Jones, Analyst, Licensing Operations
Cheryl Thompson, Executive Assistant

Members of the Audience:

Claudia Breglia, L.M., California Association of Midwives (CAM)
Cristal Schoenfelder, Staff Services Manager II, Patient Data Section, Office of Statewide Health Planning & Development (OSHPD)
Deborah Bartle, L.M., C.P.M.
Edana Hall, L.M.
Megan Bochum, Student Midwife
Robyn Strong, Staff Services Manager I, Patient Data Section, Healthcare Information Division, OSHPD

Agenda Item 2 Approval of Minutes of the January 7, 2010, Meeting

It was M/S/C (Yaroslavsky/Sparrevohn) to approve the January 7, 2010, meeting minutes with minor amendments.

Agenda Item 3 Election of Officers

Robin Jones, Program Analyst, distributed a list of the current terms of the existing council members. Nominations were made for Chair and Vice Chair.

It was M/S/C (Gibson/Sparrevohn) to approve Karen Ehrlich, L.M., as Chair of the Midwifery Advisory Council, effective at the August 2010 meeting.

It was M/S/C (Yaroslavsky/Gibson) to approve Ruth Haskins, M.D., as Vice Chair of the Midwifery Advisory Council, effective at the August 2010 meeting.

Agenda Item 4 Licensed Midwife Annual Report

A. 2008 Report – Update on Activities

Deborah Pellegrini, Chief of Licensing, reminded the Council that there was questionable data in the 2008 Licensed Midwife Annual Report. After re-surveying the midwives that reported the questionable data, OSHPD revised the report. The updated 2008 report is posted on the Medical Board's website.

Claudia Breglia, L.M., California Association of Midwives (CAM), asked if the Board planned on publishing the revised report in its quarterly newsletter or in a notice to the Legislature. Ms. Pellegrini indicated there were no plans to do so since a note indicating the information may not be accurate was included at the end of the original report. Abbie French, Licensing Operations Manager, reported the Board sent an email to the interested parties on its subscription list indicating the updated report has been posted on the website. In addition, information on the revised report will appear in the next Medical Board quarterly newsletter.

B. 2009 Report – Update on Activities

Ms. Pellegrini reported the training classes that Ms. Jones conducted throughout the state on completing the Annual Report were very successful. Many midwives had questions regarding the wording of the survey questions and made suggestions. It is not an option to change the wording for the 2009 report, but changes may be made to the 2010 report.

As of March 15, 2010, very few midwives had completed their report. A letter was mailed to all midwives thanking those who have already completed their reports and reminding the other midwives to submit theirs by the March 31, 2010 deadline. Effective April 1, 2010, the system would no longer allow the midwives access to the survey; this problem has been corrected. Although the midwives may still report their data, the cut off for the raw data to be collected for inclusion in the Annual Report to the Legislature is up to OSHPD, but is officially March 31, 2010.

OSHPD will submit a report to the Board advising which licensed midwives *have* submitted their reports. Staff will determine who has *not* submitted their report and will notify the licensees individually. Midwives that do not submit their annual report will not be allowed to renew their license. Robin Strong, OSHPD, informed the Council that as of April 8, 2010, 144 of the 222 licensed midwives have submitted their reports.

Karen Ehrlich, L.M., stated there are several midwives on the website that are listed as either current

or delinquent when in fact they are deceased. Billie Baldo, Licensing Operations, advised the Council that the families of the decedent must send a letter and a copy of the death certificate to the Board in order for their records to be updated.

Ms. Breglia stated she was contacted by several midwives who were unaware that the 2009 Licensed Midwife Annual Report was electronic only; they thought they would be receiving paper copies to complete. There was no link to the report on the Medical Board website until very late. Several of the midwives reported difficulty logging into the report. Ms. Breglia suggested the Board notice the due date and other pertinent information related to the Annual Report on the website in the future.

C. 2010 Report – Report Survey Suggestions

Ms. French requested that any suggestions for changes to the 2010 Licensed Midwife Annual Report be submitted in writing to her. She will review all requests and bring the suggested changes to the August 2010 meeting for discussion by the council. Ms. Strong is working on extracting the suggested changes from the 2009 report and will forward them to Ms. French.

Ms. French reported that she has received calls from midwives stating they do not have computers and are unable to complete the report. It was suggested that midwives who do not have access to a computer or the internet be allowed to print and mail in a paper version of the report to OSHPD. Staff was directed to inform the midwives who have not submitted their report of this option.

Ms. Ehrlich suggested that Section P – Complications Leading to Maternal And/Or Infant Mortality- be deleted from the survey, only appearing as a “pop up” window to be completed when a licensee reports a death. She believes this will eliminate duplicative reporting of mortalities. Ms. Sparrevohn noted this pop up feature would not be available in a paper version of the survey.

D. Update of Proposed Legislation

Linda Whitney, Interim Executive Director, distributed the proposed revisions to Business and Professions Code §2516 relating to the collection of information on the Midwife Annual Report. The proposed language has been submitted to Legislative Council but has not yet been placed into SB 1489. A hearing to request the inclusion of these revisions is scheduled for April 19, 2010. Although no problems are expected, Ms. Whitney will report back to the council if any issues arise from the hearing.

Midwives are currently required to submit their report by March 31. State offices are closed on this date in observance of Cesar Chavez Day.

It was M/S/C (Ehrlich/Frumovitz) to amend the reporting deadline to March 30 in order to ensure staff availability for questions arising from the report.

There was lengthy discussion among members on the value of collecting data on morbidity (obstetrical complications resulting from the delivery that do not result in death but indicate the necessity for transfer) in addition to the data already collected on mortality in the Annual Report.

Agenda Item 5 Program Update

Ms. French reported there are currently 212 licensed midwives that are renewed and current; there are no pending applications. The Board has met the Governor’s job creation initiative. The next NARM exam, scheduled for August 2010, will generate additional applications.

Ms. Jones has accepted a position with another state agency; Cheryl Thompson will replace her as the new midwifery analyst.

Ms. French requested that discussion surrounding the regulatory language that would define “failure to comply” be tabled until the August 2010 meeting.

Agenda Item 6 Licensed Midwife Remedial/Re-entry to Practice

The task force came forward with a broad plan for remediation that the Board approved at its January 2010 meeting. It was determined that the task force does not need an additional meeting. Staff was directed to develop language for the terms and conditions of probation and bring forward to the August 2010 meeting.

Agenda Item 7 Midwives Practicing without Licensure

Ms. Breglia reported she attended the CAM board meeting and asked the board members (who represent ten regions of California) for an estimate of the number of unlicensed midwives working in their region. There is no viable way to accurately determine the number of unlicensed midwives in the State since they usually are not members of CAM or any other group or organization. An unlicensed midwife who performs an obstetrical delivery could be charged with a misdemeanor; if there is great harm, this charge would become a felony.

Agenda Item 8 Future Matters for Consideration by the Council

Dr. Haskins requested permission to form a task force to work with liability insurance carriers in order to resolve issues in California for physicians and surgeons who wish to supervise midwives. As an example, she noted if a physician or surgeon wants to hire a licensed midwife for their practice it currently would cost them \$18,000 a year for liability coverage vs. \$1,800 a year to hire a nurse practitioner.

Ms. Ehrlich requested permission to form a task force to change the process to register live births. SB 1479 requires a professionally licensed midwife in attendance at a live birth outside the hospitals, where no physician is present, to prepare and register a birth certificate. The Bureau of Vital Records in most counties does not allow a midwife to fulfill this requirement. For example, in the past, Santa Cruz County allowed midwives to fill out a birth certificate and send it in to register the birth of a baby. Santa Cruz County now requires the midwife, parents, and baby to physically come into the vital records office to show proof of residence. In addition, the registrar must be present to witness the signing of the birth certificate by the midwife, prior to filing the birth certificate. The birth registration requirements (which are set by each county’s registrar) vary considerably.

Ms. Sparrevohn requested permission to form a task force to identify key legislative and regulatory areas that need to be addressed to ensure the Licensed Midwife Practice Act (LMPA) is implemented in the way the legislature envisioned. For example, the LMPA authorizes licensees, under the supervision of a licensed physician and surgeon in active practice, to attend cases of normal childbirth in a home, clinic, or hospital environment. All clinics in the state run a Comprehensive Perinatal Services Program (CPSP), but licensed midwives are not on the list of providers. Therefore, licensed midwives are unable to be hired by the clinics because the clinics are unable to bill for their services.

The Council members requested permission from the Board to form a task force that would collectively address the aforementioned barriers to care experienced by licensed midwives.

Agenda Item 9 Agenda Items for the August 12, 2010 Meeting

In addition to the normal agenda items the council requested the following items to be included in the agenda for the August 2010 meeting:

1. Enforcement update
2. Formation of task force for items approved by the Board
3. Access to care barriers
4. Update on 2009 Annual Report data

Agenda Item 10 Public Comments on Items Not on the Agenda

Ms. Breglia noted she received a letter from a licensed midwife who reported receiving notification from St. Elizabeth Community Hospital that they will no longer have an OB/GYN doctor on call for unassigned patients and will not allow her bring transfers to this hospital. The nearest maternity hospitals are in Redding which is 32 miles away and Chico which is 47 miles away. Ms. Yaroslavsky suggested the midwife file a complaint through the Department of Public Health.

Ms. Breglia reported licensed midwives face difficulties in obtaining laboratory services. The midwives cannot get lab accounts unless they have a supervising physician's name on file with the lab. This barrier will be added to those to be addressed by the requested task force. It was also suggested that Ms. Breglia contact the Department of Health Services to see if they can offer any suggestions to resolve this issue.

Megan Bochum, student midwife, indicated she is also having difficulty requesting ultrasounds and lab work. In addition, she noted that midwives are unable to bill MediCal or the Access for Infants and Mothers Program (AIM); these present additional barriers to care. Ms. Jones reported midwives may apply to MediCal to become a service provider, but they must have a supervising physician and malpractice insurance. Midwives were directed to submit these and other barrier to care issues to Ms. French. Ms. French will collect the issues and bring them forward to a future meeting for discussion.

Due to scheduling conflicts, some of the MAC members are unable to attend the August 12, 2010 meeting. Staff was directed to poll the council members and select a new date for the next meeting. Staff was also requested to send out a reminder for upcoming meetings two to three weeks in advance of the meeting.

Agenda Item 11 Adjournment

Meeting adjourned at 3:22 p.m.