



Midwifery Advisory Council

**Greg Gorges Conference Room
1424 Howe Ave
Sacramento, CA 95825**

June 12, 2007

MINUTES

Agenda Item 1 - Call to Order/Roll Call

The Midwifery Advisory Council of the Medical Board of California - Division of Licensing was called to order by Chair Faith Gibson at 1:07 p.m. A quorum was present and due notice had been mailed to all interested parties.

Members Present:

Faith Gibson, LM, Chair
Ruth Haskins, MD, Vice Chair
Karen Ehrlich, LM
Carrie Sparrevohn, LM
Guillermo J. Valenzuela, MD
Barbara Yaroslavsky

Staff Present:

Billie Baldo, Administrative Assistant, Licensing Program
Kathi Burns, Manager, Licensing Operations
Kurt Heppler, Legal Counsel, Department of Consumer Affairs
Scott Johnson, Business Services Assistant, Business Services Office
Kimberly Kirchmeyer, Deputy Director
Mike McCormick, Analyst, Licensing Operations
Kelly Nelson, Analyst, Legislative/Regulatory Unit
Gary Qualset, Chief, Licensing Program
Kevin Schunke, Regulation Coordinator
Anita Scuri, Legal Counsel, Department of Consumer Affairs
Linda Whitney, Chief of Legislation

Members of the Audience:

Claudia Breglia, California Association of Midwives (CAM)
Frank Cuny, California Citizens for Health Freedom
Laurie Gregg, MD, President, Division of Licensing
Rachel Hansen, CAM
Tosi Marceline, LM, CAM
Alison Osborn, LM
Robyn Strong, Analyst, Office of Statewide Health Planning and Development (OSHPD)

Agenda Item 2 – Approval of Minutes of the March 9, 2007 and April 17, 2007 Meetings

It was M/S/C (Haskins/Yaroslavsky) to approve the minutes of both the March 9, 2007 and April 17, 2007 meetings with minor amendments.

Agenda Item 3 – Role, Responsibility, Mission and Vision of Council

The members discussed their desire to have a statement that represents the council as a vehicle for licensed midwives to bring forth their issues to the Division of Licensing (division). Mr. Qualset emphasized that the council must work within their statutory authority and the direction provided by the division. He directed the council to their current vision statement as he felt it reflected their sentiment. After further review, the council agreed.

It was M/S/C (Ehrlich/Yaroslavsky) to approve the Role, Responsibility, Mission and Vision statements as amended.

Ms. Yaroslavsky inquired about the differences between the regulatory authority of licensed midwives, certified nurse-midwives, and lay midwives. The differences were discussed and it was noted that the Medical Board of California's (board's) regulatory authority extends only to those midwives (licensed midwives) licensed by the board.

Agenda Item 4 – Midwife Annual Report Coding System (Business and Professions Code Section 2516)

Discussion between MAC members, OSHPD representative Robyn Strong, individuals representing CAM and California Citizens for Health Freedom, public attendees, and division staff, resulted in amendments and definitions to further refine the Midwife Annual Report Coding System.

- It was M/S/C (Yaroslavsky/Ehrlich) to add "Clinical judgment of the midwife where a single other condition does not apply" to the Antepartum Transfer, Elective category.

Vote 5-1 (Opposed/Sparrevohn)

- It was M/S/C (Sparrevohn/Yaroslavsky) to categorize the mother and fetus as one (1) unit under the Antepartum and Intrapartum categories.
- It was M/S/C (Ehrlich/Yaroslavsky) to include the option of "Other" in all categories of the report.

- It was M/S/C (Ehrlich/Haskins) to add “Unstable lie or malposition of the vertex” to the Intrapartum Transfer, Elective category.
- It was M/S/C (Ehrlich/Haskins) to alter the Birth Outcomes After Transfer, Maternal category to include only the following options: 1) Vaginal birth at home with no complications; 2) Vaginal birth at home with episiotomy; 3) Vaginal birth in the hospital; 4) Cesarean delivery; and 5) Serious pregnancy/birth related medical complications not resolved by 6 weeks.
- It was M/S/C (Ehrlich/Haskins) to add to the Birth Outcomes After Transfer, Fetal/Neonatal category, 1) Birth related complications or birth injury not resolved by six (6) weeks; and 2) Healthy live born infant.
- It was M/S/C (Haskins/Valenzuela) to split “Non vertex lie at term, multiple gestation” into 1) Unstable lie or malposition of the vertex; and 2) Multiple gestation, under the Antepartum Transfer of Care, Elective category.
- It was M/S/C (Haskins/Valenzuela) to reconsider previous motions involving the Birth Outcomes After Transfer category.
- It was M/S/C (Sparrevohn/Haskins) to rescind the previous amendments to the Birth Outcomes After Transfer, Maternal category.
- It was M/S/C (Haskins/Valenzuela) to add 1) Vaginal birth with serious pregnancy/birth related medical complications not resolved by 6 weeks; 2) Vaginal birth with serious pregnancy/birth related medical complications resolved by 6 weeks; 3) Vaginal birth with infant death; 4) Cesarean delivery with serious pregnancy/birth related complications not resolved by 6 weeks; 5) Cesarean delivery with serious pregnancy/birth related medical complications resolved by 6 weeks; 6) Cesarean delivery with infant death; 7) Other, to the Birth Outcomes After Transfer, Maternal category.
- It was M/S/C (Ehrlich/Valenzuela) to add 1) Healthy live born infant; 2) Fetal demise diagnosed prior to labor; 3) Birth related medical complications or birth injury not resolved by 6 weeks; and 5) Other, to the Birth Outcomes After Transfer, Fetal/Neonatal category.
- It was M/S/C (Sparrevohn/Ehrlich) to strike “Birth related medical complications or birth injury not resolved by 6 weeks” from the Birth Outcomes After Transfer, Fetal/Neonatal category.

- It was M/S/C (Ehrlich/Haskins) that for the purposes of the coding system documents, “postpartum” is defined as “beginning as soon as the baby is born.”
- It was M/S/C (Haskins/Ehrlich) to change 1) Anemia, persistent vomiting and dehydration, to Anemia; 2) Nutritional and weight loss issues, failure to gain weight, to Persistent vomiting with dehydration, nutritional, and weight loss issues; 3) Gestational diabetes, unable to control diet, to Gestational diabetes, under the Antepartum Transfer, Elective category.
- It was M/S/C (Sparrevohn/Haskins) to separate “Vaginal bleeding, suspected placental implantation abnormalities” into 1) Vaginal bleeding; and 2) Placental anomalies or placental implantation abnormalities, under the Antepartum Transfer, Elective category.
- It was M/S/C (Sparrevohn/Haskins) to change “Miscarriage” and “Termination of pregnancy” to “Loss of pregnancy (includes spontaneous and elective abortion)” under the Antepartum Transfer, Elective category.
- It was M/S/C (Sparrevohn/Haskins) to strike “Preterm labor or preterm rupture of membranes” from the Antepartum Transfer, Elective category.
- It was M/S/C (Sparrevohn/Haskins) to change “Client request; request for pain relief” to “Client request” under the Intrapartum Transfer, Elective category.
- It was M/S/C (Sparrevohn/Haskins) to change “Adherent or retained placenta” under the Postpartum Transfer, Elective category to “Adherent or retained placenta without significant bleeding,” and add “Adherent or retained placenta with significant bleeding” to the Postpartum Transfer, Urgent or Emergency category.
- It was M/S/C (Haskins/Ehrlich) to add “Thick meconium in the absence of fetal distress” to the Intrapartum Transfer, Elective category.
- It was M/S/C (Haskins/Sparrevohn) to change “Fetal heart tones irregularities, thick meconium,” to “Thick meconium in the absence of fetal distress” in the Intrapartum Transfer/Elective category, and change “Fetal distress” to “Non-reassuring fetal heart tones” in the Intrapartum Transfer, Urgent or Emergent category.
- It was M/S/C (Sparrevohn, Haskins) to change “Persistent increase in blood pressure,” to “Persistent hypertension; severe or persistent headache,” under the Intrapartum Transfer, Elective category.

- It was M/S/C (Haskins/Sparrevohn) to strike the phrase “active labor through delivery of placenta” from the Intrapartum Transfers of Care (active labor through delivery of placenta) header.
- It was M/S/C (Haskins/Sparrevohn) to accept the following phrase as a precursor to the definitions, “The following definitions govern only the responses provided in this report.”
- It was M/S/C (Sparrevohn/Haskins) to modify the language addressing group practice to: That in a group practice where all midwives share primary responsibility for all clients, the designation as to who the primary licensed midwife is for each client must be determined.
- It was M/S/C (Haskins/Sparrevohn) to approve the remaining four statements as true: 1) Collaborative care means the midwife received advice or client received additional medical care or advice regarding the pregnancy from a licensed physician or surgeon; 2) Under supervision means: supervised by a licensed physician or surgeon who will go on record as being your supervisor for a particular case; 3) Non-medical reason means: client preference, relocation, insurance coverage issues, other inability to pay, lost to care; and 4) Intrapartum means the midwife has begun to monitor/attend woman in labor, regardless of cervical dilatation or contraction pattern.
- It was M/S/C (Ehrlich/Sparrevohn) to change “Signs of significant infection” to “Signs of infection” under the Postpartum Transfer, Elective category and change “Infection” to “Signs of significant infection” under the Postpartum Transfer, Urgent or Emergency category.
- It was M/S/C (Sparrevohn/Ehrlich) to strike “Pernicious vomiting” from the Neonatal Transfer of Care, Elective category.
- It was M/S/C (Haskins/Ehrlich) to modify “Congenital anomalies, birth injury, other medical conditions,” to “Congenital anomalies, birth injury, other medical conditions of an emergent nature,” and add “Significant cardiac or respiratory issues” and “Ten (10) minute APGAR score of less than seven (7),” to the Neonatal Transfer of Care, Urgent or Emergent category.

It was M/S/C (Sparrevohn/Haskins) to strike “Abnormal bulging or depression of fontanel”, and modify “Abnormal cry, seizures or loss of consciousness” to “Abnormal cry, seizures or loss of consciousness, or bulging of fontanels,” and modify “Significant Midwifery Advisory Council

dehydration” to “Significant dehydration or depression of fontanel,” under the Neonatal Transfer of Care, Urgent or Emergent category.

Agenda Item 5 – Midwifery Assessment and Clinical Evaluation Discussion

In October 2006, the division discussed the topic of midwife assessment and clinical evaluation. The division directed the council to explore the feasibility of developing or identifying a program to address remedial training as an option for disciplinary resolution or re-entry to practice after a long absence for licensed midwives. Ms. Sparrevohn suggested separating the topics into two separate areas, one being remedial training and the other being re-entry to practice. It was asked that staff research the items for further discussion at the next meeting, specifically whether a program similar to the Medical Board of California’s expert reviewer program could be established and used to accomplish remedial and retraining issues for licensed midwives.

It was M/S/C (Sparrevohn/Haskins) to have staff research remedial training and re-entry to practice options for licensed midwives and bring information back to the next council meeting.

Agenda Item 6 – Public Comment on Items not on the Agenda

None.

Agenda Item 7 - Adjournment

The meeting adjourned at 4:50 p.m.