



MEDICAL BOARD OF CALIFORNIA

Licensing Program

MIDWIFERY ADVISORY COUNCIL

December 1, 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 1:05 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
Diane Holzer, L.M.
Tosi Marceline, L.M.
Barbara Yaroslavsky

Staff Present:

April Alameda, Staff Services Manager II
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Kimberly Kirchmeyer, Executive Director
Natalie Lowe, Staff Services Manager I
Elizabeth Rojas, Staff Services Analyst
AnnaMarie Sewell, Associate Governmental Program Analyst
Kerrie Webb, Legal Counsel

Members of the Audience:

Bruce Ackerman, Midwives Alliance of North America
Rosanna Davis, L.M., California Association of Midwives
Karen Ehrlich, L.M.
Kaleem Joy, L.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.
Krystal Moreno, American College of Obstetricians and Gynecologists
Lesley Nelson, L.M., C.P.M.

Robyn Strong, Office of Statewide Health Planning and Development
Tonie Trotter, Office of Statewide Health Planning and Development
Pearl Yu, L.M.

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

No public comment was provided.

Agenda Item 3 **Approval of the August 18, 2016 Midwifery Advisory Council Meeting Minutes**

Ms. Sparrevohn referred to page five of the minutes, the first paragraph, indicating that she felt the statement provided by her in the minutes was incorrect, and requested the webcast be reviewed.

Ms. Yaroslavsky motioned to approve the August 18, 2016 meeting minutes with any correction needed to Ms. Sparrevohn's statement, on page five of the minutes, following review of the webcast; s/Ms. Sparrevohn. Motion carried unanimously.

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

Ms. Sparrevohn acknowledged Mr. Worden's participation and assistance with the MAC throughout the years, and wished him well in his retirement. Ms. Sparrevohn added that Ms. Marceline's term would be expiring on June 30, 2017, and that the vacancy would be advertised prior to the next MAC meeting.

Agenda Item 5 **Update on the Continuing Regulatory Efforts Required by Assembly Bill 1308**

Ms. Webb stated that Dr. GnanaDev, President of the Board, had authorized the formation of a task force consisting of physician Board Members to assist with outstanding issues regarding the implementation of Assembly Bill 1308. Ms. Webb stated that the drafting of regulations was at an impasse, but was hopeful that more information would be provided on how to move forward when the task force begins to meet.

Ms. Sparrevohn questioned if an informed consent was possible.

Ms. Webb stated that an informed consent could be incorporated, but it would not be possible to overcome what was required by statute. Ms. Webb stated that the law indicated that a midwife could not bypass a physician consult even if the midwife obtains an informed consent, or waiver document, from a patient.

Ms. Sparrevohn questioned if it was possible to add the format of the informed consent in the regulations and to indicate that the physician would also need to adhere to it.

Ms. Webb stated that there would be tension with the standard of care issues that are not placed in writing, but a form could be developed by the Board that may assist; the form could be incorporated into the regulations.

Ms. Dugan asked who would be on the task force.

Ms. Webb responded that Dr. Sharon Levine and Dr. Michelle Bholat would be on the task force and they would meet with members of the California Association of Midwives (CAM) and the American College of Obstetricians and Gynecologists (ACOG).

Ms. Davis questioned if there was a meeting scheduled yet.

Ms. Kirchmeyer responded that the Board would be scheduling the task force meeting for the beginning of the year.

Agenda Item 6 **Update on Midwifery Assistant Regulations**

Ms. Webb stated that Board staff had completed the midwife assistant regulations packet and had forwarded it to the Department of Consumer Affairs (DCA) for review. Ms. Webb explained that although Board staff had completed the initial part of the process, additional reviews were necessary and this could be a lengthy process, as the packet would need to be reviewed by DCA, the Business, Consumer Services and Housing Agency, the Department of Finance, back to DCA for additional review, and then returned to the Board to complete the final steps before submitting to the Office of Administrative Law. Ms. Webb added that regulations are enacted quarterly, but staff would be requesting that the regulations become effective upon submission.

Agenda Item 7 **Update, Discussion and Possible Action on the Licensed Midwife Annual Report (LMAR) Taskforce**

Ms. Lowe provided an update on the Licensed Midwife Annual Report (LMAR) Taskforce stating that because the need for edits on the current LMAR, and the idea of reporting prospectively, had been mentioned several times during past MAC meetings, Board staff had begun the process of reviewing available options to revise the report.

Ms. Lowe continued that staff had met with the Office of Statewide Health Planning and Development (OSHPD), to discuss updating the reporting system to clarify the questions being asked and the availability of reporting prospectively versus accumulatively. During the meeting it was discussed that all data would need to be reported in the same manner, either accumulatively or prospectively. Prior to the Board making a decision on what direction to take with the reporting format, a survey was sent to all licensed midwives in California to obtain feedback on how they would like to report. The survey was sent at the end of October to approximately 400 licensed midwives, of which only 91 responded, less than 25% of the licensing population.

Ms. Lowe stated that the main question that needed to be addressed was how the data should be reported, accumulatively or prospectively. Ms. Lowe indicated that if the data was collected prospectively, the Board's Information Systems Branch would take on the task of creating a new reporting system and would then provide the finished product to OSHPD to maintain. Ms. Lowe added that if the consensus was to continue to report accumulatively, Board staff would work with OSHPD to make enhancements to the current reporting system.

Ms. Lowe stated that she had reviewed all 91 surveys submitted, and of those, 55 indicated a preference to continue reporting accumulatively, 26 indicated a preference to report prospectively, and 10 either marked both boxes or left the question blank. Ms. Lowe continued that she had reviewed all of the comments provided, and it appeared that some midwives were concerned that moving to a prospective reporting tool would be too time consuming, while others felt that reporting prospectively would allow for better data to be submitted. Nearly a third of all comments provided, requested moving towards utilizing Midwives Alliance of North America (MANA) stats for submitting the data.

Ms. Lowe stated that the idea of moving to MANA for reporting the required data had been discussed at great lengths during many MAC meetings, and that the Board had informed the MAC on more than one occasion that using MANA was not an option. Ms. Lowe indicated that in 2014, Assembly Bill 1308 amended Business and Professions Code section (B&P) 2516 to include language that allowed the Board, with input from the MAC, to adjust the data elements being reported to better coordinate with other reporting systems, including MANA. B&P 2516 also encouraged midwives to utilize systems, such as MANA, concurrently for better data tracking.

Ms. Lowe stated that the reason Board staff had begun looking into revising the LMAR was because it had been determined that the reporting system would need to continue to be maintained by OSHPD. Because of this, the options available were to revise the current system, or build a new system that would allow data to be reported prospectively, and to then provide the new system to OSHPD to maintain.

Ms. Lowe continued that based on the feedback obtained, Board staff would need direction from the MAC on how to proceed, whether to begin revising the reporting system, or to attempt to obtain additional feedback from midwives.

Ms. Sparrevohn requested Ms. Lowe inform the public as to the reason why the Board did not want to utilize MANA.

Ms. Lowe stated that utilizing an association that represented the licensing population, to collect data on their own members, was not a viable option, that MANA was a midwifery association, and was not a private individual organization.

Ms. Sparrevohn stated that MANA could have been seen as a midwifery association five to ten years ago, but currently the National Association of Certified Professional Midwives was the national organization for the professional credential. Ms. Sparrevohn indicated that MANA housed the statistics, and was a national conference. Ms. Sparrevohn indicated that MANA was not the same as the American College of Nurse-Midwives (ACNM) or the American Congress of Obstetricians and Gynecologists (ACOG) and wanted to discuss the topic more at a later date.

Ms. Sparrevohn stated she had reservations about creating a prospective data collection system since it would be created by unskilled individuals. Ms. Sparrevohn added that the MANA system had been perfected, and revised over the years, and when the LMAR tool was created the individuals that created it were not experts, and that was the reason there were problems with the LMAR. Ms. Sparrevohn stated that if MANA could not be utilized, then she would like to fix the tool already in place.

Ms. Holzer suggested postponing the decision of recreating or fixing the LMAR tool until more information could be gathered. Ms. Holzer stated that she would like the MAC to schedule a presentation from Clinical Outcomes Assessment Program (COAP) in Washington state to speak about how successful their program was in Washington, and if they encountered any issues being a midwifery association or not. Ms. Holzer added that it would be beneficial for the Board to see how California could use MANA to their advantage, and that it would be much less costly for California to adopt MANA stats rather than creating a whole new system.

Ms. Yaroslavsky stated that OSHPD was the official receptacle for all data in California and suggested that MANA, OSHPD, and the Board, collaborate in order to figure out what data was necessary, and how to report the data. Ms. Yaroslavsky added that if MANA was not utilized as the original source for collecting data, it could be a secondary source, but MANA would need to bring OSHPD into the picture.

Ms. Sparrevohn indicated that what was proposed in the past was that midwives would have their data collected by MANA, who would then provide the midwives with a report that contained the data elements that were prescribed by law to submit to OSHPD.

Ms. Yaroslavsky indicated that as long as MANA was perceived to be the receptacle for the data, there would not be a clean separation of responsibilities and oversight.

Ms. Lowe stated that since discussions began, the Board had indicated that they would not be utilizing MANA on many occasions, and that the only options available at this time would be to have the Board build a new system that would efficiently meet the reporting requirements or to revise the current system. Ms. Lowe emphasized that prior to building a new system, staff would obtain feedback and guidance from all interested parties which would include OSHPD, representatives from MANA, the MAC, and the community.

Ms. Yaroslavsky questioned if there was a way of providing an online survey to all licensed midwives.

Ms. Lowe indicated that in past MAC meetings, staff had suggested sending the survey by email, but was informed that several midwives did not have access to the internet. Based on that information, a paper survey was sent by mail to all licensed midwives, which included a question asking about their ability to access the internet. Of the 91 midwives that responded to the survey, only three indicated that they did not have access to the internet. Based on the feedback received, Ms. Lowe stated that Board staff would look into options of providing the survey online.

Ms. Sparrevohn thought that prospective data collection was the gold standard if the data was to be used for research. However, a determination would need to be made, whether the data would be collected for research purposes, or to know how well licensed midwives in California were performing their job. Ms. Sparrevohn stated that if midwives wanted to know how well they were performing their job, staff could make improvements to the existing tool without creating a prospective tool.

Ms. Holzer questioned if a legislative change would be necessary in order to change the LMAR.

Ms. Sparrevohn confirmed that legislative changes could be required depending on what changes were made.

Ms. Dugan indicated that the public should be informed about midwifery and the data should be used for research.

Ms. Sparrevohn stated that the problem with not collecting data in a methodical, scientific way, could be called into question. Ms. Sparrevohn stated that a midwife would have more confidence in enrolling their client when they enter care and not waiting to enter data until the client had delivered, and may have not had an optimal outcome. Ms. Sparrevohn added that she was unsure there were enough resources necessary to create a prospective data collection system.

Ms. Ehrlich stated that the MAC should be thinking of the benefits that reporting prospectively could provide and that the way the data was currently collected was problematic. Ms. Ehrlich indicated that sometimes data was received incorrectly, and it was not noticed since there was no way of reconciling it to what was prospectively entered. Ms. Ehrlich felt that revising the LMAR would not fix the issue, and thought the reporting should be done prospectively.

Ms. Kirchmeyer indicated that she was concerned that the survey results were not being taken into consideration, specifically the large group of midwives that had stated they did not want to report prospectively. Ms. Kirchmeyer suggested that the MAC give some merit to the survey that was provided because not all midwives utilize MANA, as it was not required. Ms. Kirchmeyer stated that the midwives that utilize MANA understood the importance of reporting prospectively and how much easier it was to gather information in the long run, but not all midwives felt that way.

Ms. Kirchmeyer stated that from the Board's prospective, staff could make the agreed changes, whether it was done prospectively, or kept the way it was and make improvements. Ms. Kirchmeyer thought the MAC should consider the options when determining how the Board should move forward.

Ms. Kirchmeyer stated that when individuals reviewed data provided by a state entity, the data would be given more validity than if it was coming from an association. Ms. Kirchmeyer stated that she was not indicating that MANA was not a good reporting tool, and that it could be looked at as another source of information regarding licensed midwives. Ms. Kirchmeyer stated that the legislation indicated that the Board could require more of the reporting elements used by MANA to ensure it was reported the same way with the Board.

Ms. Sparrevohn stated that she was concerned about the epidemiological aspects of the report and the necessity of having someone help create the reporting tool that understood epidemiology, since it was lacking in the current reporting tool.

Ms. Kirchmeyer stated that the Board could reach out to the University of California San Francisco or the University of California Davis to request assistance in research, regarding that aspect of it. Ms. Kirchmeyer added that it might slow down the process of getting the reporting tool changed, but it could be something the Board could do once a decision was made on how reporting would be done.

Ms. Yaroslavsky suggested that the Board do additional outreach with a letter indicating the importance of the survey and what it would mean to the future of the midwifery profession.

Ms. Sparrevohn suggested providing a link on the LMAR login page that directs the midwife to complete the survey.

Ms. Kirchmeyer indicated that adding a link on the login page was a possibility.

Ms. Sparrevohn requested that she be consulted for input on what questions would be included on the next survey.

Ms. Lowe stated that she would discuss the options with OSHPD to determine whether or not placing a link on the LMAR page would be an option, as time was very limited in order to make changes prior to the LMAR going live.

Mr. Ackerman stated that there was confusion regarding what MANA consisted of, and concurred with Ms. Sparrevohn, clarifying that changes in the midwifery world had moved most of the advocacy and lobbying efforts to other organizations, and that MANA was an umbrella organization. Mr. Ackerman stated that MANA maintained a division of research, and the division of research was run by a coordinating council which consisted of university researchers that operated independently from the MANA Board.

Mr. Ackerman indicated that OSHPD was limited legislatively, since they could only provide a summary report to the Board, and that no one could access the data, as OSHPD was not allowed to divulge the information. Mr. Ackerman suggested working toward utilizing an open data set, like MANA, so that data collection could have as many values as possible, which could benefit consumers.

Ms. Marceline questioned if Mr. Ackerman was suggesting a legislative change due to the LMAR only providing minimal data.

Mr. Ackerman thought that the MAC should consider different options, clarify what the options were, and review the results.

Ms. Sparrevohn thought it was time for midwifery organizations and consumer groups to reexamine whether the LMAR in its current state was beneficial; and if not, for those organizations to look toward a legislative fix.

Ms. Sparrevohn stated that the recommendation to Board staff was to obtain more feedback from licensed midwives and to work on crafting the questions for an additional survey.

Agenda Item 8 **Program Update**

Ms. Lowe began by stating that information had been brought to the Board's attention regarding some midwives providing peer review with lay individuals practicing midwifery. Ms. Lowe continued, stating that the act of peer review for an unlicensed or lay person could be viewed as aiding and abetting the unlicensed practice of midwifery, which were grounds for disciplinary action pursuant to Business and Professions Code section 2519(e). Ms. Lowe indicated that for the integrity of the practice of midwifery in California, for the midwives that hold licenses, and most importantly for consumer protection, the

Board would like to request that licensed midwives report unlicensed individuals practicing midwifery to the Board.

A. Licensing Statistics

Ms. Lowe referred to the statistical chart provided in the meeting materials. As there were no questions or concerns brought forward regarding the licensing statistics, Ms. Lowe continued on to the hospital transfer reporting form statistics. Ms. Lowe stated that in the first quarter of the fiscal year, the Board had received 61 hospital transfer reporting forms for licensed midwives, a significant increase from the number of reports received in the prior fiscal year.

B. Enforcement Statistics

Ms. Lowe provided an update on the enforcement statistics, referring to the statistical chart provided in the meeting materials, stating that during the last quarter the Board had received 16 new complaints, seven for licensed midwives, and nine for unlicensed individuals, and that there had been no referrals for disciplinary or criminal actions.

C. Licensed Midwives Annual Report Multi-Year Comparison

Ms. Lowe provided a brief update to inform the MAC that per their request, data from previous LMARs had been compiled into a chart that would allow side-by-side comparison of previous years' data. Ms. Lowe clarified that the data provided in the new chart, was taken directly from the LMAR summary reports. Ms. Lowe added that the information was being provided to the MAC to ensure that it would meet their needs so that staff could be prepared to provide the compiled information at the end of each LMAR reporting period.

Agenda Item 9 Report from California Association of Licensed Midwives on New Quality Care Program

Ms. Davis provided a Power Point presentation regarding the quality care initiative for California licensed midwives. Ms. Davis stated that the goal of the quality care program would be to define and improve quality care with licensed midwives, support licensed midwives in providing quality care, document and research licensed midwifery care to identify areas for improvement, and to improve collaboration with hospitals and medical providers in order to facilitate access to higher levels of care in the interest of safety, and quality, for California families.

Ms. Davis continued that the California Association of Midwives (CAM) had recently grown into two separate organizations: the California Association of Midwives (CAM) and the California Association of Licensed Midwives (CALM). Ms. Davis stated that CAM's purpose would be to serve California families and to increase access to all providers and all settings, with an emphasis on bridging racial, social, and cultural barriers for safe, affordable, competent, maternity care.

Ms. Davis indicated that CAM was a public benefit organization and an educational foundation that is a 501(c)(3), charity. CALM's corporate structure is a 501(c)(6), and would now be the dedicated professional organization for California licensed midwives and would be the legislative and policy advocate for licensed midwives.

Ms. Davis continued with the presentation, stating that the quality care program was created to allow improvements, and to assist with integration and collaboration of safety and quality care, and because midwives could no longer wait on legislative and policy initiatives.

Ms. Davis stated that integration was lacking between midwives and the healthcare system in California. Integration would mean families could experience seamless acts of appropriate levels of care to meet health and medical needs. Ms. Davis indicated that for families receiving care from licensed midwives, there continued to be barriers to accessing higher levels of care; therefore, midwives were functioning in a system that undermined quality and safety. Ms. Davis indicated that there was a system failure and the system failure would be fixed when midwives and physicians collaborated for their patients and for higher levels of care when needed.

Ms. Davis stated that integration was related to quality and safety, and that studies had shown that with the integration of midwives, and collaboration with physicians, the outcomes were comparable. However, in California there were inconsistencies of good transportation, a good referral system, and collaboration between midwives and physicians. Ms. Davis stated that the inconsistencies were not the failing of midwives, that it was a system failure.

Ms. Davis stated that CAM had sent surveys to their members, to learn what areas were effective in collaboration, and found that some cities collaborated well with physicians, while other cities were more difficult. CAM's goal was to provide safety for all families receiving licensed midwifery care.

Ms. Davis indicated that the four pillars of the program were data collection and research, professional collaboration, professional clinical guidelines, and accountability, and that quality care depended on professional collaboration that would start with education, dialog, and building professional relationships.

Ms. Davis stated that CALM had created an interactive workshop called "CALM Transitions" for hospital providers, to obtain better collaboration and guidelines for transfers. Ms. Davis indicated that the elements of accountability involved protected peer review, incident review, and surveys. Ms. Davis stated that a quality care program was essential for education and training.

Ms. Davis concluded that a statewide quality care program would further the integration of midwives in California, facilitate better collaboration, and ultimately provide midwives and clients improved safety and outcomes for planned home births and birthing center births.

Agenda Item 10 **Discussion and Possible Action on Future Midwifery Advisory Council Meeting Dates**

After discussion by the MAC, the proposed dates for the 2017 MAC meetings are March 16, 2017, August 17, 2017, and December 7, 2017.

Ms. Sparrevohn made a motion to approve the 2017 MAC meeting dates; s/Ms. Yaroslavsky. Motion carried unanimously.

Agenda Item 11 **Agenda Items for the Next Midwifery Advisory Council Meeting in Sacramento**

- Approval of the December 1, 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 Task Force
- Update on the Midwifery Program
- MAC Membership

Agenda Item 12 **Adjournment**

Ms. Sparrevohn adjourned the meeting at 2:48 p.m.

The full meeting can be viewed at [http://www.mbc.ca.gov/About Us/Meetings/2016/](http://www.mbc.ca.gov/About_Us/Meetings/2016/)