

MINUTES

UTAH DIRECT ENTRY MIDWIFE BOARD

April 2, 2009

Room 210 (second floor) –1:00 p.m.
Heber Wells Building
Salt Lake City, UT 84111

CONVENED: 1:28 p.m.

ADJOURNED: 3:05 p.m.

Bureau Manager:

Laura Poe

Secretary:

Katherine Wilson

Conducting:

Holly Richardson, LDEM

Committee Members Present:

Holly Richardson, LDEM

Suzanne Smith, LDEM

Heather Johnston, LDEM

Krista Black, public member (by telephone)

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

Approval of January 15, 2009 minutes:

The January 15, 2009 minutes were approved as written. All Board members in favor.

DISCUSSION ITEMS:

1. Supervision of Students
2. Discussion regarding who reports if an LDEM can't be at the birth and has an associate deliver the baby:

Ms. Black reported she conducted some limited researched into the following issues:

Supervision of students.

Ms. Black reported she looked at other professions that required supervision of students. She reported most professions require documentation that the training/supervision took place and that the supervisor is required to report any deficiencies. Ms. Black reported she found eight components for supervision of students in the medical profession: 1) Face to face supervision. 2) The supervisor has the primary responsibility and has to review the work of the student within a specific period of time. 3) There is disclosure of status - the person working with the patient is properly identified as a student. 4) The student is aware of allowed or disallowed procedures.

5) The practice must be within the scope of practice of the supervisor. 6) The practice must be within the demonstrated competency of the student. 7) Confidentiality is established. 8) Documentation of the training/supervision is completed. Some allow group supervision, some require one-on-one supervision and some allow a combination of both. Ms. Black stated she does not feel it is necessary to place in rule the requirements for the supervision of a student. Board members agree. NARM has requirements and it is not necessary to place those professional standards in rule.

Ms. Black stated the current rules are written for the individual midwife and there is no information regarding what should happen if the midwife can not be present at the birth. The following should be addressed specifically as they apply to the midwife not being able to be physically present at a birth:

Who is in charge/who is the attending. How is the group organized? Is there clinical supervision or group supervision (group of LDEMs in the same clinic or backup)? Ms Black reported her research found that the supervisor/attending must closely supervise, know the client and consult with the client, and must support the standards of the profession. She reported she found the support person may be an employee or an independent contractor. Ms. Black suggested if the LDEM is working with other licensed individuals, they should develop and implement group policies to address supervision and back up.

What emergency procedures should be in place if the primary midwife can not attend the birth? The question from the last meeting was what if a midwife receives a call from the midwife who is in charge of the birth, and that midwife can not attend the birth for some reason. Who would have the liability? How does an LDEM transfer the care of a client? Ms. Smith indicated this discussion is not what she had in mind at the last meeting. Rather her request was to discuss data reporting and how the data gets reported when there is an emergency and the primary midwife can not be present for the birth. Ms. Smith stated she feels the primary midwife should be the midwife to report. Ms. Johnston stated the goal is to accurately

report. Ms. Smith indicated she contacted MANA and they indicated they do not care who reports data to their database, as long as it is reported accurately. Ms. Johnston stated she agrees that it is the original, primary midwife who should report.

Ms. Smith stated the rule also requires a signed consent. The midwife delivering for another midwife will not have a signed consent if she is filling in for an emergency situation. Ms. Black suggested the informed consent could address what happens if the midwife can not be present. In case of a group practice, it would be up to the group on how to report. Ms. Poe suggested that we do not place this in rule, however, place a statement in the minutes that a group practice should develop a policy regarding transferring care, emergency coverage and reporting responsibilities. Ms. Smith also suggested the letter to LDEM's regarding data reporting should include a paragraph regarding this discussion.

Next meeting:

The next meeting will be held in conjunction with the Direct Entry Midwife Administrative Rules Committee for a Rule Hearing.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

July 30, 2009
Date Approved

(ss) Holly Richardson
Holly Richardson, Chair Direct Entry Midwife Board

July 30, 2009
Date Approved

(ss) Laura Poe
Laura Poe, Bureau Manager, Division of Occupational & Professional Licensing