

MINUTES

UTAH

Direct Entry Midwife Administrative Rules Committee July 30, 2009

Room 475– 4th Floor –3:00 p.m.
Heber Wells Building
Salt Lake City, UT 84111

CONVENED: 3:10 p.m.

ADJOURNED: 4:50 p.m.

Bureau Manager:
Secretary:

Laura Poe
Shirlene Kimball

Conducting:

Suzanne Smith, LDEM

Board Members Present:

Holly Richardson, LDEM
Heather Johnson, LDEM
Suzanne Smith, LDEM
Stephen Lamb, MD
Catherine Wheeler, MD
Deborah Ellis, CNM

Guests:

Lois Bloebaum, DOH, Maternal Child Health Bureau

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

Review and approval of April 2, 2009
Minutes:

A Motion was made to approve the minutes as written.
The Motion was seconded. All Committee members
in favor.

Rule Draft May 27, 2009 and updated July 15,
2009:

Ms. Poe reported Department of Commerce staff
reviewed the May 27, 2009 draft language and made
several grammatical corrections. Ms. Poe indicated a
change was also made to the definition of continuing
education. Continuing education is defined as CE that
has been approved by a nationally recognized
professional organization that approves health related
continuing education.

Ms. Poe indicated she did not file the Rule because of
a phone call from a Committee member who felt that
data collection should be addressed in the Rule. Ms.
Poe stated she would like to make sure everything has
been captured before she files the Rule. Ms. Poe
indicated she would like to have the Rule filed by

August 15, 2009. The comment period would run from August 30, 2009 to September 30, 2009. A Rule Hearing could be scheduled toward the end of September.

Ms. Smith stated a possible change is on page 4, Mandatory Transfer, antepartum section (xiii): prior c-section without an ultrasound that rules out placental implantation over the uterine scar obtained no later than the completion of the 35th week of gestation. Ms. Smith stated if a women presents at the 38th week the midwife would not be able to accept her as a client. Ms. Smith suggested adding: at the commencement of care (or prior to care) if care begins after 35 weeks. Ms. Johnston stated the midwife can not order an ultrasound for an individual not under the midwife's care. Dr. Wheeler stated the client should be required to obtain an ultrasound and based upon the ultrasound the midwife would determine whether or not to accept the client and provide services. Ms. Johnston stated that the midwife is in a catch 22 because they can not commence care until there is an ultrasound, but can't request the ultrasound until they commence care. Dr. Lamb suggested that when making the consult, the individual be informed care can not commence until there is an ultrasound obtained. Ms. Johnston questioned whether it would it be acceptable to order an ultrasound before technically accepting the client. Ms. Poe stated the key would be the commencement of the OB care. A consultation could be done at which time a request could be made to have the individual provide an ultrasound before care could commence. It then goes back to the client to have the ultrasound completed if she wanted to birth at home. The midwife can not commence care until the client has an ultrasound if it is after the 35th week. The midwife can order the ultrasound. Dr. Lamb stated he would like to revisit the 35 weeks versus the 32 weeks. If we make the exception after 35, why not make it 32. Ms. Johnston stated the 35 weeks gave adequate time to make arrangements for care and would provide adequate time to transfer care.

Dr. Wheeler made a Motion to add under (2) mandatory transfer antepartum: prior c-section without an ultrasound that rules out placental

implantation over the uterine scar obtained no later than the completion of the 35th week of gestation or prior to the commence of care if the care begins after the 35th week of gestation. Ms. Richardson seconded the Motion. All in favor.

Dr. Wheeler stated she worries about a specific group of women with uterine scar who have minimal bleeding during the late 2nd or 3rd trimester and who have not had an ultrasound. She stated she is not talking about those with bleeding for other reasons. She expressed concern regarding those individuals who may get an early ultrasound, but do not have a second trimester ultrasound. Dr. Lamb suggested adding significant bleeding after 20 weeks gestation where an ultrasound has ruled out previa. Dr. Wheeler stated that still does not address her concern. Dr. Wheeler stated from mid second trimester to 35 weeks is a significant period of time to go without an ultrasound for this group. **Dr. Wheeler made a Motion under mandatory consult (d) add (iii) vaginal bleeding after 20 week gestation with prior c-section and no ultrasound. Ms. Ellis seconded the Motion. All Committee members in favor.**

Ms. Ellis questioned why some areas the Rule refer to completed weeks and others indicate prior to x number of weeks. Dr. Lamb stated the Rule should be consistent and suggested taking out the word completed and define weeks gestation. It was also suggested that a definition of week be included. It was suggested the definition be: "Weeks Gestation" is the gestational age of the pregnancy determined by standard menstrual or ultrasound dating (i.e. a pregnancy at 36 weeks gestation is defined as a pregnancy that is starting the 37th week). Ms. Smith stated she was uncomfortable with the definition of gestational week that includes the word standard. Ms. Johnston indicated there are conflicting data and whose standards would be used. Dr. Wheeler stated there are clear guidelines and it would be based on midwife protocol and midwife standards. Ms. Smith stated the beginning of the 37th week means 36.0. Dr. Lamb stated it would be based on ultrasound or menstrual age by formula, not conception. It was agreed that the definition would be: **age of pregnancy**

using accepted pregnancy dating criteria such as menstrual or ultrasound dating. A gestational week starts at the beginning of that week.

Committee members reviewed the document and the following changes will be made in 601 for consistency:

- (1) Consultation (a)(vii) after 14 weeks of gestation.
- (2) Mandatory Consultation: (a) after 14 weeks of gestation. (b) . . .by 42 weeks of gestation (c) ok.
- (6) Mandatory Transfer (a)(x) by 43 weeks of gestation.
 - (a)(xiii) no later than 35 weeks of gestation.
 - (b) intrapartum (iv) prior to 37 weeks gestation.This section was changed from prior to 36 weeks gestation to 37 weeks gestation because Statute stated 37 weeks.

Data Outcomes discussion:

Ms. Poe reported the Statute requires that the midwife report data to MANA. Ms. Poe indicated originally it was thought that MANA could give the information to the Division; however, MANA can not release the information. She stated a change needs to be made if the data is to be sent to the Division and the LDEM database so that a report can be generated. The Statute also only requires that the data be collected and reported until 2011. The Board has suggested an extension. We are currently requesting data and then if there are any questions, we ask the midwife to submit the MANA report. Ms. Poe indicated that any adverse births are reviewed by the Department of Health. Ms. Bloebaum stated currently only infant deaths are reviewed by the Department of Health. Ms. Bloebaum stated there is a need to review more extensive delivery data on LDEM cases. She questioned whether or not Statute could require additional information to be reported to the Department of Health. Ms. Poe stated the Board reviews the data of all births by the licensed midwife and provides a report to a Legislative Committee for review. The report is also found on the Division's web site. Ms. Bloebaum stated she would like to track the number of pregnancies and additional outcomes of the LDEM for public health surveillance

purposes. Ms. Ellis stated the outcomes report doesn't give much information. Ms. Richardson stated there is peer review within the profession. Dr. Wheeler stated a review could look for patterns in care and to learn from adverse outcomes. Ms. Poe stated the reason the Department of Health wants the data is not covered in any of the Division's statutes. No other professions report to the Department of Health; however, data for all professions are available through hospital discharge data. Ms. Poe stated the Division deals with minimum licensure standards and the reason we gather this information for the licensed direct entry midwife is to document that minimum licensure guidelines have been established for safe practice. If the Department of Health is looking for more information, they will have to gather it through another process. Dr. Lamb stated the Health Department has a duty to report outcomes, even small percentage, but this is not the process to gather their data. They need to go to the Legislature to request authority to gather the data.

Dr. Lamb made a Motion to approve the draft Rule with the changes discussed. Dr. Wheeler seconded the Motion. All Board members in favor.

Next Committee meeting:

September 17, 2009 at 3:00 p.m.

September 17, 2009
Date Approved

(ss) Suzanne Smith
Suzanne Smith, Co-chair

September 17, 2009
Date Approved

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