



**Arizona Department of Health Services  
Midwifery Scope of Practice  
Advisory Committee  
Meeting Minutes**



**Division of Licensing Services**

**Office of Special Licensing**

150 N. 18<sup>th</sup> Avenue  
4<sup>th</sup> Floor, Suite 460  
Phoenix, AZ 85007  
(602) 364-2079

Jan Brewer, Governor

Will Humble, MPH, Director

Cara Christ, MD, MPH, Assistant Director

Røhno Geppert, MPA, Office Chief

**Date & Time of Meeting:** Monday January 14, 2013 from 6:00 to 8:15 pm

**Location of Meeting:** ADHS State Laboratory Conference Room  
250 N. 17<sup>th</sup> Ave.  
Phoenix, AZ 85007

**Advisory Committee In-Person Attendees:**

Wendi Cleckner, CPM – Licensed Midwife  
Allyson Fernstrom, MSW – Public Member  
Julie R. Gunnigle, JD, – Public Member  
Karen Holder, MSN – Nurse Family Practitioner  
Mary Langlois, CPM – Licensed Midwife  
Maria Manriquez, MD – Physician in OB/GYN  
Jeffrey Northup, DO – Physician in OB/GYN

**Advisory Committee Telephonic Attendees:**

Susan Hadley, MD – Physician in Family Practice

**Advisory Committee Absentees:**

N/A

**ADHS Attendees:**

Will Humble, MPH – Director  
Cara Christ, MD, MPH – Assistant Director  
Thomas Salow, JD – Acting Deputy Assistant Director  
Røhno Geppert, MPA – Licensing Office Chief  
Patricia Glass, RN – Licensing Surveyor  
Ruthann Smejkl – Rules Analyst  
Patricia Cordova – Rules Analyst

**Agenda Item A: Call to Order – Welcome and Introductions**

Director Humble called the meeting to order at 6:00 pm.

Committee Members both in-person and telephonically were asked to introduce themselves.

Director Humble identified that a quorum of the committee membership was present.

**Agenda Item B: Review and Approval of meeting minutes from December 17, 2012**

Director Humble presented the option to the Committee to approve the recorded version of the meeting as the formal meeting minutes or to have the minutes captured in summary form as a written document for their



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approval. The Committee consensus was to table the approval of the meeting minutes until the next meeting in order to approve written summary minutes. Director Humble noted that in the next meeting of the Committee the member would need to then approve written minutes for the meeting held on December 17, 2012 as well as the minutes resulting from the present meeting. A motion was made by [committee member] to table the approval of minutes until a written version is before the committee. The motion was seconded by [committee member]. The motion to table the approval of the meeting minutes carried unanimously with no abstentions.

**Agenda Item C: Presentation on Washington’s Smooth Transitions**

Washington’s Smooth Transitions article was presented by Committee Member Manriquez as well as ACOG’s position for minimum qualifications of various provider types/healthcare practitioners; the model of integrated care; definition of low risk; high risk; risk reduction overview with data collection; VBAC success rates; insurance coverage complications; transfer quality improvement projects; elements of good transfer. Committee Member Cleckner presented the goals outlined in the document included the improvement quality of transports, outcomes, and pointed out that in the state of Washington, insurance is a requirements. Scope of practice in that state is very much expanded from that in Arizona, and is directed by a Midwifery Licensing Board; she reiterated the intent of Arizona licensees is to work towards collaborative relationships with the medical community. Mercy Gilbert’s collaborative outreach was noted to be a local model that could be held up as a starting standard for such initiatives. The smooth transition includes models for continuous discourse and use of collaborative documentation templates.

The article in its entirety is available on the Department’s website at: <http://www.azdhs.gov/als/midwife/advisory-committee.htm>

No motions were made regarding this agenda item.

**Agenda Item D: Presentation on Consumers**

Committee Member Lanlois appealed to the body of consumers to present their experiences with Arizona midwives and she requested to have Committee Member Gunnigle present the legal aspects regarding informed consent at the next meeting.

No motions were made regarding this agenda item.

**Agenda Item E: Discussion on ADHS Data**

Assistant Director Christ presented ADHS data from the quarterly reports submitted to the Department by licensees that included 3,118 reported home births since 2007 to the end of the 3<sup>rd</sup> quarter in 2012; but noted that there were limitations of the data due to the omission of fields on many of the cases. Additionally it was noted that these did not indicate complications with the home births and were likely the result of Departmental processes which inadvertently affected the way in which a licensee filled out the form (e.g., only the first page



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was filled out if there were no complications to note during the delivery). Of the 3,118 cases, approximately 14% required emergency transport, though it was not possible to pull out the percentage of cases due to failure to progress in labor or those resulting from a client request for transfer. Data from the Bureau of Vital Statistics revealed inconsistencies between the data sets and it was noted that the process used in many hospital settings is to have administrative staff perform the duty of filling out the birth certificate rather than the actual healthcare provider; which may have led to incorrect entries.

No motions were made regarding this agenda item.

**Agenda Item F: Discussion of Rules for Midwifery Scope of Practice**

Acting Deputy Assistant Director Salow stressed the importance of understanding that the use of a “straw-man” set of the rules was only a starting point and did not constitute a draft set of rules.

Director Humble stressed the importance of a data-driven process and the goals of consumers as a focal point.

Director Humble presented a state-by-state comparison of midwifery scope of practice.

Director Humble described the concept of using “Emergency Action Plans” and communication processes with the local EMS systems in the communities in which consumers of midwifery services reside. Such a process would include the midwife calling the local hospital to “put them on notice” of a home birth being attempted in their community that was potentially of a non-low risk nature.

Director Humble presented the idea of having a physician perform the informed consent in order to have a full presentation of issues (medically-speaking) that could arise during a given non-low risk pregnancy/labor/delivery. Committee Member Langlois noted concern over the likelihood of finding a physician who would be willing to perform such an informed consent to which Committee Member Manriquez disagreed. Committee Member Northup concurred and indicated that such a provision may foster better communication between midwives and medical providers.

Committee Member Fernstrom relayed dissatisfaction with a requirement to involve a medical practitioner given that many women who chose a midwife-attended birth do so in order to avoid such involvement and noted that all of the information about risks of home births can be found on the ACOG website.

Committee Member Gunnigle concurred and expressed concern that mandating the involvement of a physician in the informed consent process could be viewed as an additional “hoop to jump through” that inferred that women were not able to fully understand the potential gravity of their choice for a home-birth.

Director Humble reiterated that the point was to create a system of checks and balances to ensure that women have all of the information needed in order to make a fully informed choice; given that physicians are the ones who provide care when things go badly.

Committee Member Manriquez expressed concern that some women may chose home birth due to socio-economic factors which could also be an indication of a lack ability to fully understand what is explained during the informed consent process.

Director Humble solicited content points from the Committee for future discussions that should be included in the general informed consent as well as risk-specific content for VBACs, twins, and breech presentations, etc. and



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gave the example of the state of Texas which employs the use of a video recorded informed consent and corresponding attestations from consumers of their having viewed them; noting that such would ensure uniformity of the content covered.

Committee Member Gunnigle expressed concern that watching a video may preclude or impede the dialogue between the midwife and the mother and recommended against a video/attestation approach to a process that is inherently wrought with legality.

Director Humble noted that the informed consent could not be too broad as to “gloss-over” critical aspects that must be a part of the dialogue. All Committee Members concurred.

Committee Member Northup expressed the perspective that the communication needed to occur directly between the midwife and the physician who would be on-call and responding to an emergent situation and that the “consent of record” was not as critical as the direct communication between the home-birth provider and the hospital-birth provider.

Director Humble stressed the need to know information was the most useful for various parts of the EMS system in order to create concrete requirements within the rule set.

Committee Member Northup requested 10 minutes on the next agenda in order to present information about the EMS system in rural parts of the state as starting point for identifying such informational needs.

Director Humble presented the idea of a “progressive roll-out” of an expanded scope of practice in which the scope would expand incrementally over time in order to allow the communication process to develop in richness as relationships between provider types are formed.

Director Humble identified the potential using Title IV funding to develop the relevant content of what will be required within the medical record in order to ensure congruence with the data collection goals established by the Arizona Perinatal Trust and to increase the likelihood of usage of the Newborn Screening program.

Director Humble concluded the discussion of the need for direct communication between the midwife and the medical provider/EMS system by stating that doing so increases the likelihood of planned and unplanned resources being available at the time of labor and delivery, would foster improved relations between the two provider types, and would facilitate (in both directions) an awareness of and an appreciation for what often goes right during a home-birth as well as what can occasionally go wrong during the same.

Assistant Director Christ described the process of developing guidelines for a Trial Of Labor (TOL) after a cesarean birth and presented criteria used by other states to identify when transfer of care is indicated.

Committee Member Fernstrom expressed the need to be specific where “failure to progress” is concerned given that some such scenarios are caused by ineffective induction techniques that do not necessarily constitute medical necessity.

Committee Member Holder mentioned that some insight could be found in the calculation model used by Certified Nurse Midwives because the model factors multiple aspects.

Committee Member Manriquez expressed that transfer criteria should be developed for each potentially non-low risk type of pregnancy (i.e., VBACs, twins, and breech presentations) to which Director Humble concurred thereby concluding the discussion.



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No motions were made regarding this agenda item.

**Agenda Item G: Call to Public**

Acting Deputy Assistant Director Salow opened the floor to Public Comment:

Paula Mathews expressed concern that requirements of a physician sign-off failed back in the 1990s and relayed her perspective that TOLs (after a cesarean) in Northern Arizona were highly uncommon.

Elfa Fink expressed confidence in the skills of midwives with respect for their ability to manage a VBAC but reserved concern about the lack of proximity to emergency resources for the 1% that end in a dire situation.

Dr. Patricia Graham applauds the evidence-based approach to decision-making and expressed concern about the ability of midwives to manage breech presentation and multiple gestations when such pregnancies go awry.

Joann Wilder thought the dialogue was of great value women with respect to the goal of expanding choices for out-of-hospital births and stressed the importance of hospitals becoming more open to and welcoming of midwives.

Lucy Hozram questioned the wisdom of using evidence-driven data because the research literature does not necessarily support the sought-after expansion in her opinion.

Ann Ulcer would like time on the agenda to address the issue of VABCs.

Janice Bovee would like time on the agenda to discuss the perspectives of the American College of Nurse Midwives.

Dirk Digan requested an inquiry into the 14 infant deaths since 2007 and stated a concern that the morbidity rate may increase if the scope of practice is expanded.

Julie Olsen stated she was against expanding the scope of practice.

John Gallegar indicated that the state's EMS system may not be capable of addressing the 1% of home births that go badly.

Dr. Eric Royce believes that now is not the time to expand the scope of practice for midwives in this state.

Pete Stevenson stressed the importance of safeguarding the lives of the infants and mothers as a paramount objective.

Andrew Carter expressed concern about risks and lack of data.

Hugh Miller encouraged the Committee to predicate their recommendations on what is the most safe for infants and mothers.

Pamela Qualls stated that informed consent with a midwife takes approximately one hour and includes researching aspects side-by-side with the mother to ensure breadth and depth of content.

Michael Richardson expressed concern over the lack of statistical data and stated that comments made earlier that alluded to socio-economic factors being an indication of low-comprehension ability were insulting and offensive.

Kate Hudson believes that informed consent may be "too much" for the uneducated to use in a wise manner.

Laura stated that the welfare of the child should be paramount and expressed that there were limitations within the hospital options available to her when she carried multiples to term.

Michelle stated that the proposed rules appear to increase barriers to care rather than remove said barriers.



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**Agenda Item H: Future Agenda Items and Closing Remarks**

Director Humble thanked everyone on the Committee for their commitment continued dialogue and to the process and thanked the public for their participation as well. He reiterated the importance of making decisions based upon evidence as the process moves forward and indicated that the University Of Arizona School Of Public Health will be doing some meta/literature research with a presentation of findings in March.

Committee member Cleckner requested that the next agenda include time reserved for discussion about medications.

The meeting was adjourned at 8:15 pm.