



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



Division of Licensing Services

Office of Special Licensing

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

Jan Brewer, Governor

Will Humble, MPH, Director

Cara Christ, MD, MPH, Assistant Director

Rohn Geppert, MPA, Office Chief

Date & Time of Meeting: Monday February 11, 2013 from 5:00 to 8:45 pm

Location of Meeting: ADHS State Laboratory Conference Room
250 N. 17th 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
Mary Langlois, CPM – Licensed Midwife
Maria Manriquez, MD – Physician in OB/GYN
Jeffrey Northup, DO – Physician in OB/GYN
Janice L. Bovee, CNM, MSN – Certified Nurse Midwife

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
Don Gibson, MPA – Licensing Team Lead
Patricia Glass, RN – Licensing Surveyor
Ruthann Smejkl – Rules Analyst
Patricia Cordova – Rules Analyst

Agenda Item A: Call to Order – Welcome and Introductions

Director Humble introduced new committee member Janice L. Bovee

Director Humble called the meeting to order at 5:00 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 and January 14, 2013



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Director Humble presented the minutes of December 17, 2012 and January 14, 2013 for review and approval. Motion to approve the minutes, and motion was seconded. Minutes approved.

Agenda Item C: Presentation on Exploring Options

Committee member Allyson Fernstrom gave perspective in exploring options.

In current draft, suggested advisory committee to update rules and regulations. Majority of licensed midwives, suggested mostly comprised of a majority of midwives, with physicians, nurses and customer representatives on the committee. Others states such as Washington, New Hampshire, Florida, Vermont, Texas and New Mexico were presented as already having an advisory committee. This committee would provide knowledge of home birth. Compared Speech Language and Hearing Aid committees and comprised of those professionals.

Informed consent; as consumer's pre-natal visits last at least an hour and is an ongoing process. The intention of the bill was to reduce regulatory burden, not only have informed consent, but rights to refusal.

EMT; provide more education to EMTs on midwife's capabilities, midwife transport with client.

Hospital; Utilize Washington's model for smooth transitions, for VBACS, Breech and Multiples the current draft states that the client needs to be within 25 minutes to a hospital. The draft also states that for all clients are 25 minutes from a hospital, that is not what the bill intended to reduce regulatory burdens.

As of 2011 26 states allow CPM to attend homebirths, 19 of those have reasonable restrictions VBAC. Only 4 of the 26, including AZ do not permit VBAC. 10 of the 19 states have minimal requirements. Let's create parameters that actually allow VBAC to happen. Possibly inclusions: 25 miles to facility that can perform emergency surgery, 18 months between previous C/S and current due date, low transvers scar, written transport plan, ultrasound to determine placenta position. Exclusion; had more than one previous C/S, previous C/S for failure to progress or dilate, previous C/S for CPD. VBAC, Breech and Multiples will not be available until 2014, would like to work on that date to make it sooner if based on NARM recommendations. Breech: leave as a consult: altering proposed rules breech should not be excluded for twins as long as presenting twin is vertex, omit exclusion of women with previous C/S, unless evidence shows otherwise from U of A. Multiples, possible alterations: change to 36 to 41 weeks; change to presenting twin in the vertex position. Additional concerns; Initial and renewal license concern, midwife has to supply hospital that will be transferred to, may not be the same that the consumer wants. Physician agrees to assume care that will be next to impossible to get by the midwife. If the midwife has the agreement with the physician, is the consumer forced to go to that. If the midwife cannot get this information, they will not be able to obtain their license; recommend striking that requirement.

Point of the bill is to reduce regulatory burden.

The presentation 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.



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Agenda Item D: Presentation; What Women Want: Studies of Consumer Choice and Midwifery

Julie Gunnigle presented slides on What Women Want

Who are these women? What do they want? Why do they want it?

Who are these women: .72 of population, is married, older, third or higher order birth and higher educated.

Slide showing percentage of births occurring at home (2009)

Women are educated consumers, conducting own research and internet for information.

Slide showing what women are searching for when obtaining information on the internet.

What women want: Comments from website, Freedom and options such as VBACs, see the provider of their choice, location of choice (slide of reasons for home birth, safety, control and feelings when women give birth).

Last slide, comment from consumer.

The presentation in its entirety is available on the Department's website at:

<http://www.azdhs.gov/als/midwife/advisory-commitee.htm>

No motions were made regarding this agenda item.

Agenda Item E: Arizona Certified Nurse-Midwives: Recommendations

Committee member Janice Bovee presented recommendations

Represent the local certified midwives.

Who we are: Regulates Advanced Practice Nurses (APN), Certified Nurse Midwife are APNs regulated by both AZ state Board of Nursing and American College of Nurse-Midwifery; Graduate degree required for licensure as APN (Masters or Doctorate Degree). There are 206 CMW and 65 LM in the state of Arizona.

Difference between CNM and LM, educational differences only, both believe in the power and strength of women and the importance of their self-determination and active participation in care of themselves, their babies and families. Women should have options for childbirth, deserve qualified skilled and compassionate provides, honor normalcy and strong emotional and spiritual effects of childbearing.

Midwife means different things in the United States compared to the meanings in other countries.

Recommending: becomes experts of normal (complications are transferred), document and publish outcomes, standard formalized training and provide informed consent.

Dr. Lucy Hosmer – CNM – Overview of Evidence Based Practice (EBP)

What is it, why is it and what does it have to do with Midwifery role. What is EBP: Conceptual model of care that demonstrates that evidence from good research can be implemented into clinical practice.

There are 4 components of care: available evidence, expertise, client preference and available resources.



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Recommendations: Integrate EBP into homebirths, should know best practices in OBGYN, cont. use of quarterly report forms, trend outcomes, identify unexpected trends; additional resources to state; cont. to review data.

Dr. Lynn Kennedy. What is high risk and who should be doing high risk.

A condition that puts the mother, baby or both at risk during the pregnancy is considered high risk. VBAC 20-40% require C/S for one reason or another; VBAC is not recommended in homebirth setting. Breech recommendations: provider skilled and experience is present at each birth, hospital OR room is immediately available for emergency. Twins recommendation: anapartem and interpartem will reduce the morbidity of twins. What is competency: knowledge, traits, skills and abilities?

Comparison of CNM and CPM/LM slides

Key Points: legal obligation, ethical responsibility, moral responsibility. Expectations of LM; reporting of birth data, AZDHS oversight of data and ensures compliance.

Brittany Hamilton – CNW – Prescriptive authority

9 professions that have prescriptive authority, governed by state board of nursing within the state of AZ, there are currently no prescriptive authority for LM.

Concerns of expanding prescriptive authority: additional medications infer the process of birth has deviated from normal and is in need of medical attention. Role of midwife is to provide care for women with a normal labor and birth. The art of midwifery is in recognizing when the process deviates.

The presentation in its entirety is available on the Department’s website at:

<http://www.azdhs.gov/als/midwife/advisory-commitee.htm>

No motions were made regarding this agenda item.

Agenda Item F: Presentation – Arizona Perinatal Trust Experience

Committee member Jeffery Northup – Trust began in the 1975-2013s; mortality rate in 1950 was 25.71 per 1,000 in 2011 it was 4.00 per 1,000.

AZ led nation in shifting the delivery of at risk babies to facilities to appropriate to their anticipated needs.

Conclusion – very clear evidence infants at risks do better when delivered to anticipated needs.

Suggested Road map:

Pause in the quest to expand scope of practice for 24-36 months

Concentrate of 4 things: standardize the process, standardized educational requirements for core privileges and determine what additional education and experience would be necessary to expand scope of practice in the future; collect valid and useful AZ specific data, finally, establish dialogue between the midwifery community and mainstream medicine.

Mary Langlois suggested that the committee speak about the following topic since there is additional time: Physician agreement was discussed in the initial application and renewal application. Would like that option be removed from the draft proposal that has been presented. If there is a required agreement between a midwife and



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physician, gives another profession power and control over midwives. Dr. Manriquez commented on the lack of trust the midwives have with the physicians and it will negate what has been asked for to open the communication. We have to do what is safe. Don't remove the opportunity for a patient to have evidence base communication.

No motions were made regarding this agenda item.

Agenda Item G: Presentation – Discussion of Rules for Midwifery Scope of Practice

Acting Deputy Assistant Director Salow presented the Draft proposal for Scope of Practice

Administrative: new reporting requirements and form, electronic submission required when services are terminated within 30 days of termination. New administrative rules go into effect July 1, 2013.

Comment about 30 day reporting: would the quarterly report need to include post-partum visit?

Committee member Wendy Cleckner stated that MANASTATs be used for reporting, it is 100% electronic.

Dept. can choose datasets for reports and that there is not a charge to use MANASTATs

Committee member Mary Langlois commented that budget is an issue when it comes to reporting.

Director Humble does not want to have any paper at all when it comes to reporting and will consider factors of MANASTATs or something created in-house.

Director Humble gave a quick overview of AZ open meeting law for new committee member.

Acting Deputy Assistant Director Salow continued with presentation:

Informed consent: provided by midwife, must be maintained in patient record. 2 types of informed consent: general and specific for higher risk (VBAC, breech or multiple). Effective July 1 2013.

Dr. Manriquez suggested physician consultation with higher risk

Dr. Northup wanted to know how the department will enforce reporting, he also agreed with Dr. Manriquez

Director Humble responded that administratively it is very difficult to maintain currently. Making reporting electronic will help to administer. Certain requirements could be needed to renew when it comes to reporting criteria.

The intent is to create two different informed consent forms and will remain with the patient records, will be needed if there is an investigation.

Emergency action plan: kept on file for each patient, must attest that hospital delivery of infant by obstetrician could occur within 30 minutes, must call charge nurse identified at hospital to prep for emergency action plan for all patients, when patient goes into labor, when patient delivers or requires transfer.

Mary Langlois asked if this was a requirement for all deliveries.

Dr. Northup asked when does this take effect, at the time when there is an emergency identified? If that is the case, it will take more than 30 minutes.

Director Humble explained that it could be a nuisance call but could also prepare the hospital when there is staffing issues within the facility.



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Janice Bovee suggested creating a program called “Midwife Tea” to enable dialogue with the hospitals and the midwives when it comes to the emergency action plans.

Wendy Cleckner asked a question about liability if midwives are required to contact the hospital for each birth. Also, with the schedule and how busy a hospital is, would it be a detriment to call them each time?

Goes into effect July 1, 2013

Scope of practice: must be NARM certified, will not be expanded to those who are not NARM certified; effective July 1, 2014

Question was asked how many licensees are NARM certified.

Director Humble stated why the NARM certified was added is because NARM includes VBAC training.

Mary Langlois question: are current students & apprentices going to be grandfathered into this rule? Or will they have to complete the NARM requirement?

Director Humble explained that we need a clear mark of demarcation when it comes to NARM certified and students who are currently training to be a midwife.

Advisory Committee: review data; examine evidence based research; 2 licenses midwives, 2 public members, 2 physicians with obstetrics, 1 physician w/experience in family med and 1 nurse midwife.

Wendi Cleckner stated that majority of the members be licensed midwives since they are the subject matter experts. Mary Langlois stated that there isn't a midwife on any other advisory medical committee.

Director Humble's intent was to be more strategic than tactical.

Dr. Northup asked about peer review or trends.

Goes into effect July 1, 2013

Agenda Item H: Call to Public

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

Julie Lynn Rodgers (Birth Doula, Health Care Administration degree and mother of 2 children both born in hospitals) I represent birth Doula's who have attended births with women in hospitals, clinics, or in their homes who are seeking the best option for her and her baby. 100's of births through women's choices, attempt to birth in their homes. Licensed Midwives know healthy and normal. Often the women who are seeking VBAC will wait at home in labor until they are approx. 8cm to 10cm prior to coming to a facility for delivery. Felt this does not support woman's autonomy. As Doula's we are asked to help with unassisted births. We respect and support their choice.

Caitlyn Laney (BS in Public Education 2 time birth consumer) Stated she desires a safe alternative option. Urge the committee can work with success to expand the scope to meet NARM CPM credentials. Please do not make your decisions from a misguided fear factor. Birth is a normal physiological process and choice for home births expounds on this. Look for guidance from other agencies using the NARM standards and credentials.

Jennifer Bass (mother of 4 with CPM and MS in public health) WE need to be following the recommendation for a CPM state Mothers and families will continue to choose home births. Need advisory committee. I have a concern about current committee with only 2 LM's 1 CNM, 3 Physicians and 2 public members. Advise need



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more LM's on the advisory board. Need to be sure can serve AZ women who are choosing home births with safety and security.

Diana Walker (student midwife) Stated, this change would open options for more people to have safety in the home births. Have had hospital births and feels a need to allow women to have more human interaction with love and caring during their birth process.

Mary Henderson (CPM) NARM is accredited through National Commission for Certifying Agencies (NCCA) NARM is a vigorous process of certification for Midwifery. This is the only credential that requires out of hospital experience.

Christina Bowman (Mother of 4) Why are we choosing LM's, we get to know the LM and they get to know us. Consumers chose to start this because we want choice, compassionate care and normalcy for the birth process. This group managed to do this with no money or resources to be able to have choice and to have options for home births. Midwives do not want to transfer but to have safe care and will transfer if needed. They want a healthy Mom and baby outcome.

Michelle Frank grateful to live in a country where we have choice and the opportunity for safety and normalcy Would have been happier if my midwife had been able to offer me an IV during labor.

James: (father and 6 home births) Feels there will more unattended births and more unlicensed Midwives practicing and the medical intervention and record keeping will drive costs up and cause an undue burden on the LM's and parents will drive them underground. How far do you want to push the midwives or consumers?

Robert Hosmer: The whole purpose for house bill (2247) according to section A was intended to reduce regulatory burden. Few issues such as the 25 mile requirement was not there before and actually changing regulatory burden

Consumer: Believe in a woman's right to give birth wherever she chooses. Poor performance of the healthcare system for hospital statistics. Negative feedback in the hospital which can cause messages that are negative and can cause problems with the delivery with hospital staff suggesting a need to have increased medical intervention.

Natalie Garcia: I had my first baby in the hospital and ended up with a Caesarean

Bonnie Swanson: (engineer mother of 3 children with some born in hospital and at home) I see many here talking about their experiences. All 3 of my births were extremely easy. Discussion about whether to make a phone call or not make a phone call which might cause punishment and difficulties for the Midwife or liabilities. I am all for communication but change is needed. There is a huge lack of data to correlate all information.

Sarah Swanson (2 time home birth mother): Trying to create a plan of care and it is every woman's body and the ability to make good choice. It is her body and her choice. Midwifery model reveals the LM spent 45 minutes getting to know me and to know my needs which created a model of care for the mother. This needs to come to the individual woman's ability to educate herself.

Sabrina Phelps (5 births with 4 in hospital and 1 home birth): I am very passionate about home birth feel everybody should have that right. I feel need to talk to an OB prior to being able to have a home birth is a bad idea. Was sitting in my OB's office and heard him talking outside the door and he was heard to be telling a colleague this woman wants a VBAC, please scare her into a repeat C-section. Ladies this happens and we need



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to be aware of this. Midwives are very capable and caring. I am sad to hear that Major abdominal surgery is compared to a cut on a finger. This is absurd. We should have the right to choose the desired way to birth.

Mickey – 1st three births C/S last birth VBAC 9# 13oz baby girl

Tracie– Right to choose

Melanie- mother of 2, 20 hours labor 10cm – pushed 4.5 hours

Dr Mercer OBGYN – encourage to focus on smooth transition to assess safe outcomes. It terrifies me thinking about VBAC, breeches and multiples at home.

Sara – Mother of 5, I care about our rights as women to give birth with whom we choose and not to be restricted to license midwives. Have had 2 unassisted births, would like a provision to have women who are not licenses midwives.

Connie – LM-CPM – Physician and hospital requirement, I am under the impression that the dept. can choose if I have a license or not. Putting the decision into a physician’s hand is not right. Limiting choices for women

Jennifer – LM – it is birthing women who advocate what is being discussed tonight. I believe women are capable of choosing what is best for their families.

Chet – Born in AZ, 3 degrees, wife considered low risk, dr. was going to have a conflict of schedule during the pregnancy. Feel they were miss-informed from the physician and hospital, have had two other births at home without complications.

Diane – CLM – believes in homebirth and women have the right to choose. Started in 1971, worked in hospitals.

Pamela – LMW – please could the state look at the draft that the midwives submitted. Please fix our rules, I ask that the board to look at NARM for licensing requirements.

Ann – 3 children perfect candidate for VBAC not willing to submit to hospital procedures. I support extending the scope to include VBAC

Andrea – informed decision to give birth using a LMW. The bill is to reduce regulatory burden on midwives but what is being discussed is adding regulatory burden on midwives.

Stephanie – LM, CPM mother of 5, 3 were born VBAC. All women made a decision for any birth that one chooses. They are asking that the state to allow a women to use her education to choose how to birth. If the state removes the ability to be trained for VBACs, breeches and multiples, you are denying women the right to choose.

Kevin – Women’s right to choose whether she wants to have a home birth.

Diana – Student MW, in regards to medications, I request that you expand the current rules to match current standards.

Katie Miller – Homebirth in 2012, I have seen the value of hospitals, however this is a women’s right issue. Requiring me to ask another provider, you are not allowing me to make the choice.

Jenny – Student MW – knee deep in education, we need to take into account the MW who have been practicing for years and an option for training to take the place of NARM certification

Jody – Consumer – 9 babies in a variety of settings, the best have been at home. Women should have the right to choose who and where to help them deliver their children. NARM and AZ tests show that MW have the knowledge to provide a safe homebirth.



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Taileah Madhill – Consumer birth all 3 children at home. I am a homebirth child myself. Consumers should have the choice to where to birth.

Caitlyn Stout – Had twins at home, married mother of three and engineer, I could afford the money to have my babies in a hospital. I chose not to, my first child was C/S and was not needed. When I had twins I choose homebirth. I had to be transferred to the hospital; I felt I was treated like a criminal for my decision.

Kelli Crawford – First baby was unattended hospital birth, 2nd was attended home birth. We are not asking to have hospital births at home. We need to support the families who choose to birth at home

Rachel Davis – Masters degree, first child was born in hospital, suggested C/S, had a natural birth. 2nd birth used LMW, successful birth. OBs should have their clients see a MW before they choose an OB.

Jenny - If you want to change the culture, open scope of practice. The medical established does not recognize that MW are educated and capable.

Mallorie - had a successful homebirth 19 months ago. Lots of statistics

Lindsay – Mother of 3, first baby in hospital, other 2 homebirth, look at rules to allow MW to carry the drugs that they need to perform their job and keep clients safe.

Michael – US Marine, couple degrees, income is comfortable. Both children born at home after substantial research, any law violates a women’s right to choose. Medicine treats birth as a disease.

Jessica – Not to compare AZ to other states, WA has mountains and rural areas, women birth there they have transfers and VBACS. Dr. Manriquez stated that she would never support VBACs for homebirths.

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. Asked what would be the best time for meetings for the committee members, day meetings or evening meetings. The committee was flexible for times with Mondays.

The meeting was adjourned at 8:45 pm.