

Midwifery Scope of Practice Advisory Committee

ADHS will be tweeting live updates from this meeting.
Join @AZDHS on Twitter with hashtag #azmidwives.

Arizona Department of Health Services
February 11, 2013
5:00-8:00pm



Health and Wellness for all Arizonans

azdhs.gov



Agenda

- Call to Order- Welcome and Introductions
- Review/Approve Dec. 17, 2012 and Jan. 14, 2013 Minutes
- Presentation on *Exploring Options*
- Presentation on *What Women Want: Studies of Consumer Choice and Midwifery*
- Presentation on *Arizona Certified Nurse-Midwives: Recommendations*
- Presentation on *Arizona Perinatal Trust Experience 1975-2013*
- Discussion of Rules for Midwifery Scope of Practice
- Call to Public
- Future Agenda Items and Closing Remarks

Will Humble

5:00-5:05 pm

CALL TO ORDER: WELCOME & INTRODUCTIONS



Health and Wellness for all Arizonans

azdhs.gov



Advisory Committee Members

Name	Position
Will Humble	Director, Co-Chair
Cara Christ	Co-Chair
Wendi Cleckner	Licensed Midwife
Mary Langlois	Licensed Midwife
Allyson Fernstrom	Member of the Public
Julie R. Gunnigle	Member of the Public
Janice Bovee	Certified Nurse Midwife
Maria Manriquez	M.D., OB/Gyn
Susan Hadley	M.D., Family Practice
Jeffrey Northup	D.O., OB/Gyn

Will Humble

5:05-5:10 pm

REVIEW AND APPROVE MINUTES DEC 17, 2012 & JAN 14, 2013 MEETING



Health and Wellness for all Arizonans

azdhs.gov



Allyson Fernstrom

5:10-5:25 pm

EXPLORING OPTIONS PRESENTATION



Health and Wellness for all Arizonans

azdhs.gov



Exploring Options

CREATING MORE OPTIONS FOR MATERNITY HEALTH
CARE



Advisory Committee

LOOKING AT THE MAKE-UP

Midwifery Report Suggestions

- ▶ 1. The Advisory Committee shall consist of five (5) licensed midwives and two (2) consumers who have experience in out of hospital birth. Advisory Council members serve for a maximum period of two (2) year terms on a staggered rotation.
- ▶ 2. The five licensed midwives serving on the Advisory Committee will be drawn by random selection. Midwives may decline sitting on the advisory council.
- ▶ 3. The Advisory Committee will be convened and available to the Department for the following:
 - ▶ a. maintain and update AZ Midwifery Scope of Practice document
 - ▶ b. disciplinary action; and
 - ▶ c. recommendation for peer review

NARM's Recommendation

narm.org/wp.../+NARM%20policy%20brief_final_101912.pdf (pg 13)

- ▶ Should be comprised MOSTLY of licensed midwives. While there may be physicians, nurses, and consumer representatives also serving on the board, the MAJORITY must be midwives who have a deeper understanding of the profession's standards and scope of practice.
- ▶ Should have the authority to set all guidelines for CPM practice in the state.
 - ▶ Define terms and scope of practice;
 - ▶ define the conditions suitable for consultation or transfer of care;
 - ▶ and establish guidelines for risk assessment (i.e., consultation or referral for cases that deviate from normal).
- ▶ The board may also specify other important guidelines for midwife practice, including immunity for a consulting physician or hospital and establishing Shared Decision Making and Informed Consent with the patient.

National Trends

- ▶ Washington: 3 LM, 1 OB, 1 Physician, 1 CNM, 1 Public Member
<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Midwife/CommitteeInformation.aspx>
- ▶ New Hampshire: 3 LM, 1 OB, 1 Pediatrician, 1 Public Member with knowledge of homebirth <http://www.nhmidwives.org/whatis.html>
- ▶ Florida: 4 LM, 1 CNM, 1 OB, 1 Pediatrician, 1 Consumer
http://www.doh.state.fl.us/mqa/midwifery/mw_boardinfo.html
- ▶ Vermont: 2 LM, 1 Physician who has experience with homebirth
<http://www.vermontmidwivesalliance.org/secstate.htm>
- ▶ Texas: 5 LM, 1 OB, 1 family doctor OR Pediatrician, 2 Public Members with no healthcare training - at least one of the public members has to have had at least 1 child born with a midwife
<http://www.dshs.state.tx.us/midwife/default.shtm>
- ▶ New Mexico: 3 LM, 1 CNM, 1 OB, 3 Consumers, 1 Member from the Division of Health, 1 ex-officio member (member is a representative of the Maternal and Child Health Bureau in the Public Health Division)
<http://www.nmcpr.state.nm.us/nmac/parts/title16/16.011.0003.pdf>
- ▶ Knowledge and appreciation for homebirth are key!

Recommendations for Committee

- ▶ Revise the make up of the committee
 - ▶ Majority MUST be licensed midwives.
 - ▶ Use Texas as the example.
- ▶ Appoint members who have a deep understanding of (and) appreciation for homebirth.
- ▶ Received assurance that this would not be the make up.

Final Take Home Points

- ▶ Remember the intent of the bill was to REDUCE regulatory burden.
- ▶ Use report submitted by Licensed Midwives as a guide.

Informed Consent

- ▶ For effective informed consent, midwives provide a combination of decision making tools, including verbal communication and well written documents that are based on evidence-based research and the midwife's clinical expertise.
- ▶ Department Informed Consent Form is another assurance that informed consent is happening.
- ▶ Keep in mind the intention of the bill was REDUCE regulatory burden.
- ▶ Consumers are open to more detailed informed consent forms.
- ▶ Right to refuse NEEDS to be in the rules.

Smooth Transitions

- ▶ EMT (first point of contact)
 - ▶ Training on a midwife's capabilities.
 - ▶ Can a midwife transport with client (liability issues)
- ▶ Hospital (second point of contact)
 - ▶ Utilize Washington's model for smooth transitions.
 - ▶ Can we reach out to the major health care systems as a point of entry.
 - ▶ Look to Mercy Gilbert Hospital and the outreach they have done.
- ▶ Midwives are happy to provide education and outreach!
- ▶ Emergency Plans R9-16-108 (E)(1),(2),(3) and (4)
 - ▶ Notifying hospital, coordination with Emergency Medical Services, birthing location is within 25 minutes of hospital.
 - ▶ Previous draft had these requirements for VBAC, breech and multiples, not all births.

Vaginal Birth After Cesarean (VBAC)

- ▶ As of 2011, of the 26 states that allow CPM to attend homebirths, 19 of those states have reasonable restrictions VBAC. Only 4 of the 26, including Arizona, do not permit VBAC.
- ▶ 10 of the 19 states have extremely minimal requirements
- ▶ <http://www.azdhs.gov/als/midwife/documents/committee/additional-resources/vbac-summary-other-states.pdf>
- ▶ Let us create parameters that actually allow VBAC to happen.
- ▶ “When consumers experience licensure of midwives as a mechanism to restrict their choices among care options that support physiologic birth they are more likely to seek unlicensed midwives...” NARM Position Paper (April, 2012)

Vaginal Birth After Cesarean (VBAC)

Possible Inclusions

- ▶ 25 miles to facility that can perform emergency surgery
- ▶ 18 months between previous C/S and current due date
- ▶ Low transverse scar
- ▶ Written transport plan (instead of calling ahead)
- ▶ Ultrasound to determine placenta position
- ▶ Informed consent on file

Exclusions from rule

- ▶ "Had more than one previous Cesarean section"
 - ▶ only 5 of the 19 states recommend this
 - ▶ Conflicting evidence---wait for U of A's literature review
- ▶ "Previous Cesarean section for failure to progress or dilate."
 - ▶ Variety of reasons for this (malposition of baby, emotional block for mom, failed induction, poor positioning of mother)
- ▶ Previous Cesarean section for (CPD) Cephalopelvic disproportion
 - ▶ The strictly defined diagnosis of nulliparous cephalopelvic disproportion should not constitute an automatic "recurrent" indication for elective cesarean delivery (Impey L, O'Herlihy C, 1998)
- ▶ Previous Cesarean section with uterine infection
- ▶ Effective July 1, 2014
 - ▶ NARM provides testing on VBAC, breech, and multiples

Breech

Possible Options

- ▶ Leave breech as a consult
- ▶ Altering proposed rules
 - ▶ Breech should not be excluded for twins, as long as presenting twin is vertex
 - ▶ Omit the exclusion of women with previous cesarean section, unless evidence shows otherwise from U of A.

Multiples

▶ Possible Alterations

- ▶ Birth between 37 and 41 weeks
 - ▶ Change to 36 to 41 weeks.
- ▶ Both babies in vertex position
 - ▶ Change to “presenting twin in the vertex position”

Additional Concerns

- ▶ These requirements will completely change the a midwife's ability to practice because they are not applicable or unattainable.
- ▶ R9-16-102 (A)---INITIAL LICENSE
- ▶ An applicant for an initial license to practice midwifery shall submit: 1. An application form provided by the Department with the following information:
 - ▶ 1 (E): e. The name of the hospital to which the applicant plans to send a client who needs services outside a midwife's scope of practice;
 - ▶ (F) The name of each physician who agrees to assume care for a client who needs services outside a midwife's scope of practice;
- ▶ R9-16-104 (B)—RENEWAL OF LICENSE
- ▶ A midwife shall:
 - ▶ 1. Notify the Department in writing within 30 calendar days after:
 - ▶ a. The hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes, or
 - ▶ b. A physician who agrees to assume care for a client who needs services outside a midwife's scope of practice changes; and
 - ▶ 2. Provide to the Department, as applicable:
 - ▶ a. The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or
 - ▶ b. For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice: i. The name of each new physician, and ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice.

Julie Gunnigle

5:25-5:45 pm

WHAT WOMEN WANT: STUDIES OF CONSUMER CHOICE AND MIDWIFERY PRESENTATION



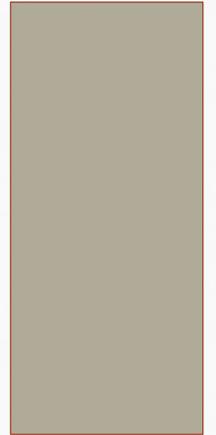
Health and Wellness for all Arizonans

azdhs.gov



WHAT WOMEN WANT:

STUDIES OF CONSUMER CHOICE AND MIDWIFERY



THREE QUESTIONS:

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

WHO ARE THESE WOMEN?

.72% of the population*

Married*

Older*

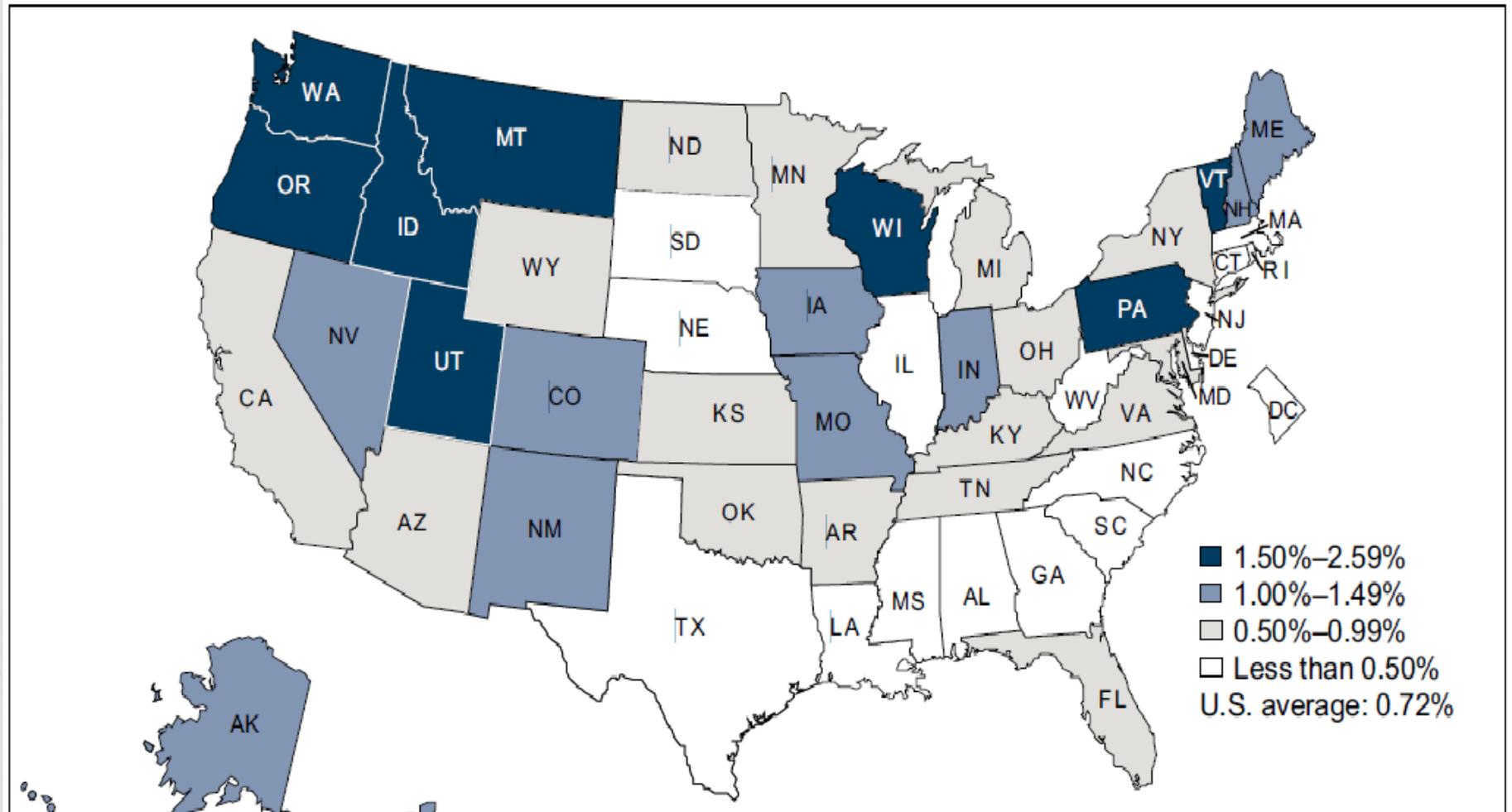
Third or higher order births*

Disproportionately college educated**

* MacDorman MF, Mathews TJ, Declercq E. Home births in the United States, 1990–2009. NCHS data brief, no 84. Hyattsville, MD: National Center for Health Statistics. 2012.

**Boucher D, Bennett C, McFarlin B, Freeze R. Staying home to give birth: Why women in the United States choose home birth. JMidwifery Women's Health 54:119–26. 2009.

PERCENTAGE OF BIRTHS OCCURRING AT HOME (2009)

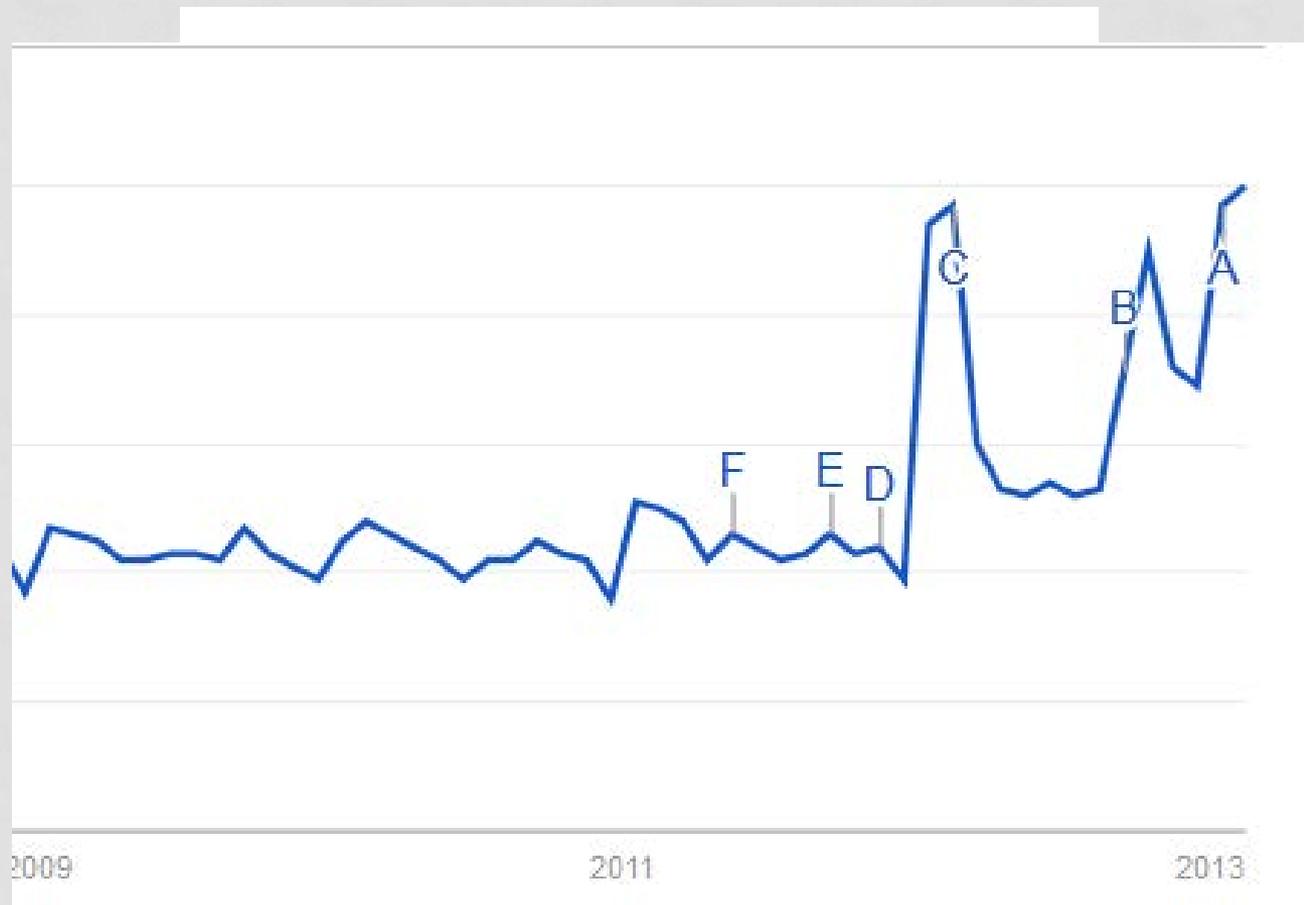


WOMEN ARE EDUCATED CONSUMERS

- More than ever before women are conducting their own research, rather than asking family and doctors
- Women are using the internet to research. Of those women that use the internet, they will use it an average of 20 times. Heavy users will research over 100 times during the course of their pregnancy.***
- What are these women searching for?

***Sakala, C. and Corry, M. P. (2007), Listening to Mothers II Reveals Maternity Care Quality Chasm. *Journal of Midwifery & Women's Health*, 52: 183–185. doi: 10.1016/j.jmwh.2007.03.011

WOMEN ARE CONSUMERS OF INFORMATION



WHAT WOMEN WANT

“Please allow us to make educated choices for us and our families!”

“Women seeking VBAC outside the hospital setting are some of the most educated about birth I've met. Let's trust that their choice of provider is right for them and allow them access to care.”

“A woman should be able to make choices about her birth place and attendants, just as she does about other major events in her life.”

“It is obvious that everyone involved wants what is best for mothers and babies.”

FREEDOM

Options

WHAT WOMEN WANT

They want access to VBACs

“We asked women with a previous cesarean about their decision making relating to a VBAC and found that 45% were interested in the option of a VBAC. We also asked if mothers were given the option of a VBAC and a clear majority (57%) of mothers who had had a previous cesarean and were interested in that option were denied one.” ***

WHAT WOMEN WANT

- Women of rural Arizona face significant obstacles to having a VBAC.
- 27.6% of all babies born in Arizona were born by cesarean. (2010)
- Meanwhile the rate of VBAC in Arizona as 5.9%. (2010)

WHAT WOMEN WANT



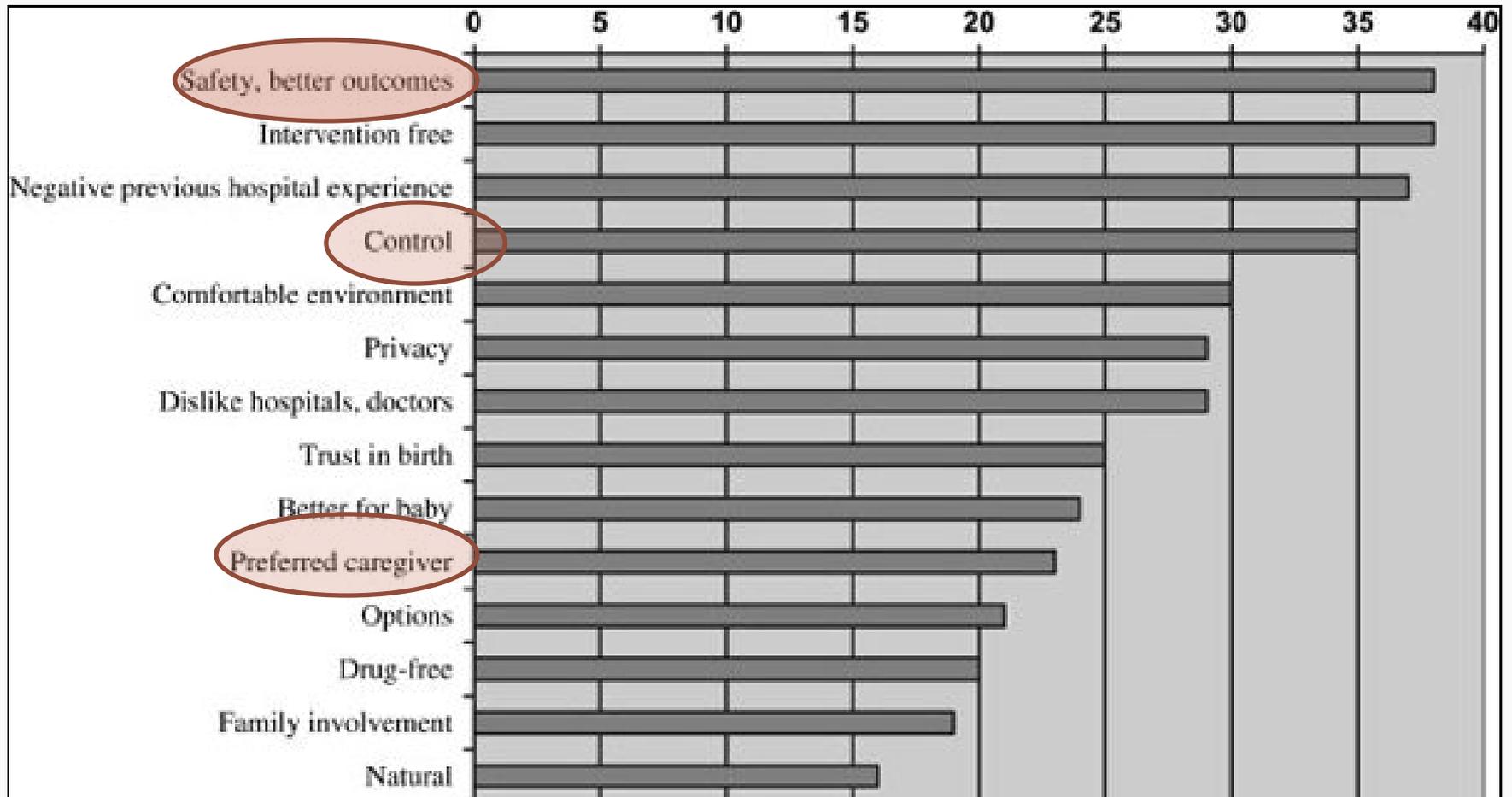
They want to
see the
provider of
their choice

WHAT WOMEN WANT

They want
to birth in
the
location of
their
choice



STAYING HOME



SAFETY

WOMEN BELIEVE THAT THE ABSOLUTE RISK ASSOCIATED WITH HOME BIRTH IS LOW.†

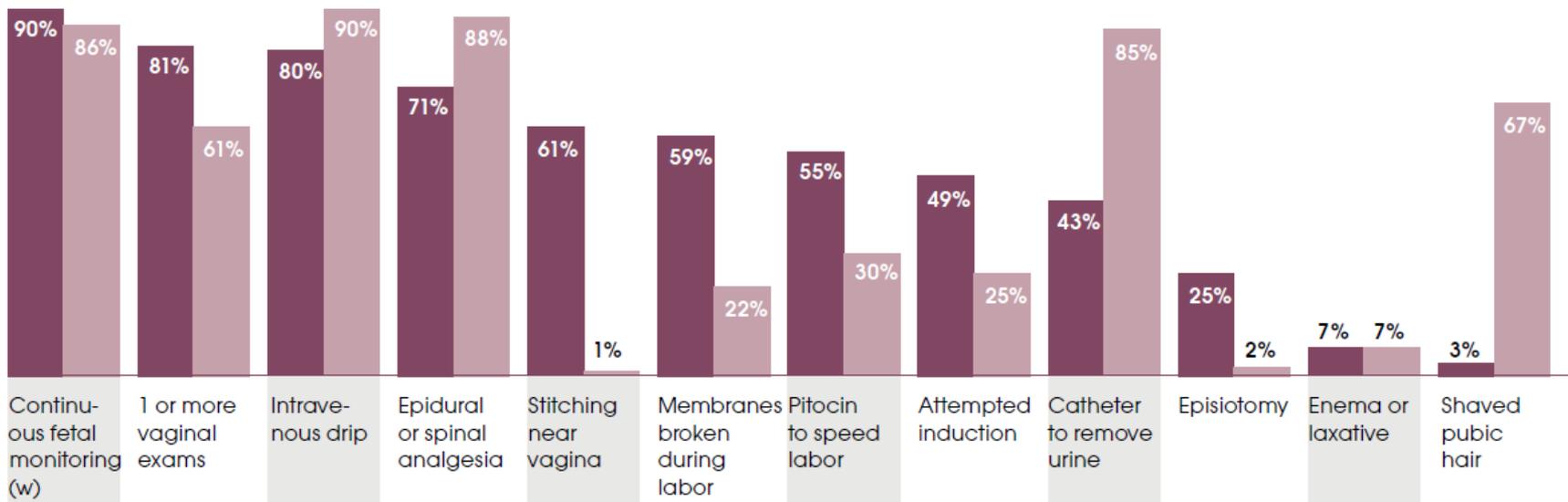
“We met with a licensed midwife and came to the conclusion that a homebirth was the SAFEST choice for us. This past September I gave birth to my second daughter in my home with not one complication.”

†JOHNSON, KENNETH C., AND BETTY-ANNE DAVISS. "OUTCOMES OF PLANNED HOME BIRTHS WITH CERTIFIED PROFESSIONAL MIDWIVES: LARGE PROSPECTIVE STUDY IN NORTH AMERICA." *BMJ* 330.7505 (2005): 1416.

CONTROL

Figure 5. Use of selected interventions, by mode of birth

Base: all mothers $n=1573$



CAREGIVER

Table 11. Mothers' feelings while giving birth, by mode of birth

Base: all mothers	Vaginal births <i>n</i>=1077	Cesarean <i>n</i>=496	All mothers <i>n</i>=1573
Alert	46%	44%	45%
Overwhelmed*	42%	49%	44%
Capable*	52%	24%	43%
Confident*	47%	33%	42%
Frightened*	30%	52%	37%
Calm	37%	32%	36%
Weak*	32%	25%	30%
Agitated*	31%	21%	28%
Groggy*	21%	36%	26%
Helpless*	19%	34%	24%
Unafraid*	24%	14%	21%
Powerful*	24%	7%	18%

* $p < .01$ for difference between mothers with and without a cesarean

WHAT WOMEN WANT

“As a woman and a mother, I trust other women to make the right birth choice for them. I believe that birth choice is a fundamental right implicating parental authority, bodily integrity, and freedom of movement. My choice to birth at home was an extremely educated one--I knew the risks and benefits of birthing at home and a hospital, and made what was ultimately the best choice for me and, more importantly, my baby. To be born naturally surrounded by love is what all humans deserve.”

Janice Bovee

5:45-6:10 pm

ARIZONA CERTIFIED NURSE-MIDWIVES: RECOMMENDATIONS PRESENTATION



Health and Wellness for all Arizonans

azdhs.gov





Arizona Certified Nurse Midwives

Janice Bovee, CNM, MSN
Lucy Hosmer, CNM, DNP
Lynn Kennedy, CNM, DNP
Brittani Hamilton, CNM, MSN

Arizona State Board of Nursing

1. Regulates Advanced Practice Nurses (APN)
2. Certified Nurse Midwife (CNM) are APNs regulated by both AZ State Board of Nursing and American College of Nurse-Midwifery
3. Graduate degree required for licensure as APN
(Masters Degrees or Doctorates)



Midwifery Model of Care

- We affirm the power and strength of women and the importance of their self-determination and active participation in the care of themselves, their babies and their families.
- We believe that every woman should have options for the childbirth experience she desires. She has a right to choose the provider and location of birth.
- We believe that all women deserve qualified, skilled and compassionate health care providers. Likewise, they deserve excellent care in a safe environment of their choice.
- We honor normalcy, and believe in watchful-waiting and non-intervention in normal processes.
- We believe in the strong emotional and spiritual effects of childbearing on the woman and the human race worldwide.



ACNM Values

- The ACNM believes in the appropriate use of interventions and technology for current or potential health problems.
- We believe in seamless consultation, collaboration and referral with other members of the health care team, such as physicians, as needed to provide optimal care.
- We value provider formal education, lifelong learning, development and application of research to guide ethical and competent midwifery practice.



Consensus Statement of Normal Physiologic Childbirth

Consensus statement of Normal
ACNM, MANA, NACPM
2012

1. Spontaneous onset
2. Normal vaginal delivery
3. Normal blood loss
4. Promotes breastfeeding with skin to skin contact

WORLD HEALTH ORGANIZATION
1996

Spontaneous in onset, low-risk at the start of labor, and remains low-risk throughout labor, birth and the immediate postpartum.



CNM Recommendations

- Become experts of “normal”. Provide care to women and babies that are without complications in pregnancy, labor, birth and the postpartum.
- Transfer care to the hospital setting for CNM and/or physician services if complications arise.
- Document and publish your outcomes and results, to provide valuable research for evidenced-based practice.
- Obtain formal, standardized training, continued education, and quality assurance - to ensure mother and baby safety.
- Provide informed consent to the mothers and families you serve as to your credentialing, education, and limitations.



EVIDENCE BASED PRACTICE

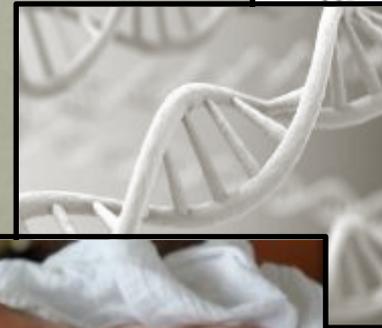
“The New Health Care Mantra”



Lucy Hosmer, CNM, DNP

Evidence Based Practice (EBP)

- EBP - What is it?
 - Conceptual model of care for integrating research into practice
 - Hayes 1996
 - Endorsed by NIH & IOM
 - Goal is to improve outcomes



How Are Healthcare Decisions Made?

Expert opinion

Text books

Clinical Trials

Internet access to an overwhelming abundance of information.

How do you make sense of it?



EBP Framework



The Goal of EBP is to improve outcomes.

Best outcomes occur where these four components meet.

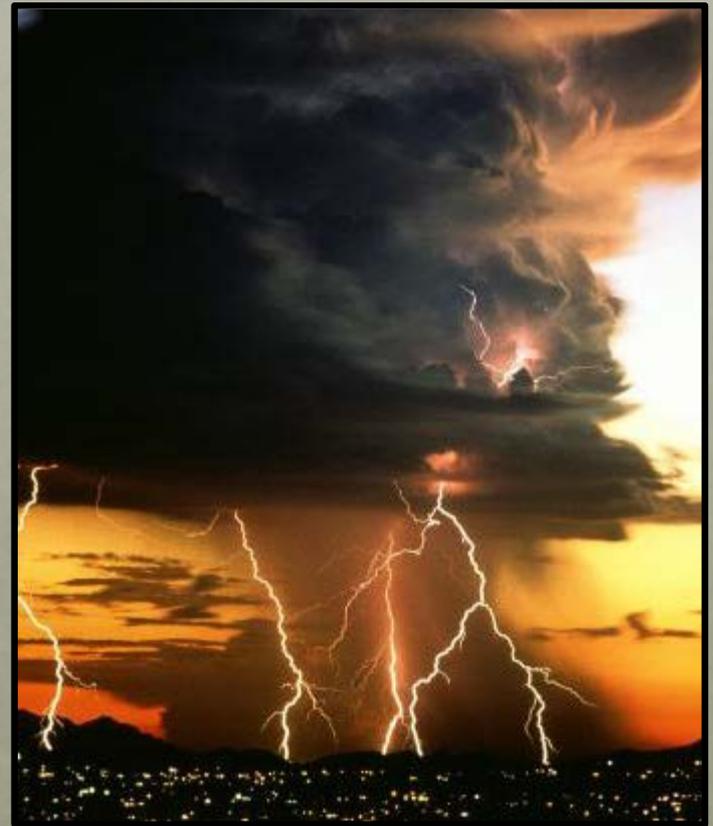
Recommendations

- We must know Arizona outcomes of LMs before proceeding
- Limit homebirth to a low risk population
- Bridge the gap between homebirth providers & hospital providers for seamless consultation, collaboration and transfer of care



High Risk Pregnancy at Home?

Lynn Kennedy, CNM, DNP



High Risk Pregnancy

A pregnancy in which some condition puts the mother, the fetus or both at higher-than-normal risk for complications during or after the pregnancy and birth.

Beers, Mark H., et al., 2004



Vaginal Birth After Cesarean (VBAC)

VBAC : Vaginal birth after Cesarean

TOLAC: Trial of labor after Cesarean

Risk:

Failed TOLAC

- (20-40% require repeat cesarean)

-

Abnormal placenta attachment

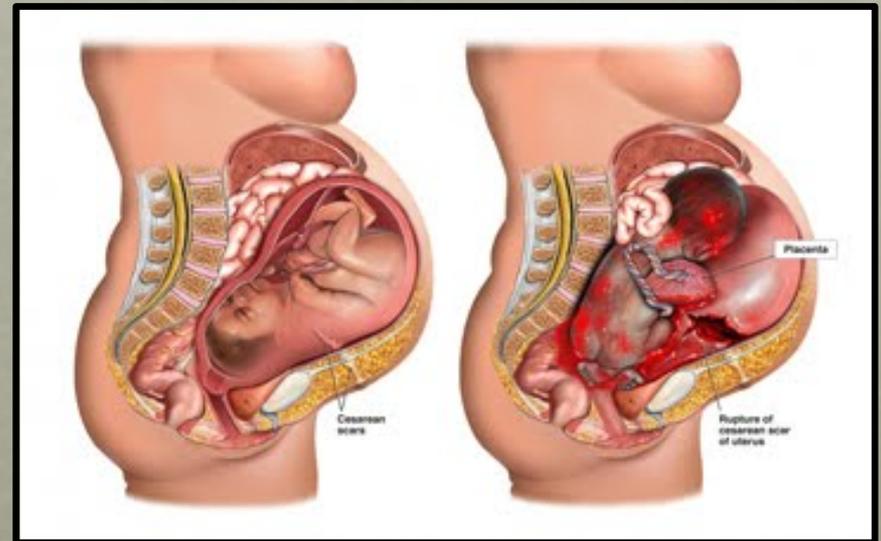
-

Uterine Rupture

Maternal Hemorrhage (500-2000 ml)

Maternal Morbidity/ Mortality

(5% of all maternal deaths/year)



Recommendation

- VBAC is not recommended in the homebirth setting

WHO (1996), ACNM
(2011)

ACOG (2004), VBAC.COM
(2013)



Vaginal Breech Birth

Define:

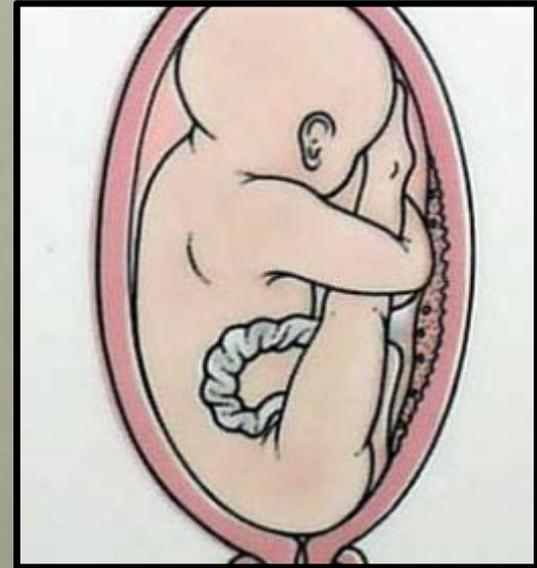
Infant Delivered buttocks or feet first

Risk:

Trapped head,

Umbilical cord prolapse

Fetal Anoxia



Vaginal Breech Birth

Recommendations:

A provider skilled and experienced in vaginal breech delivery is be present at the birth.

The hospital operating room team is immediately available for emergency cesarean delivery.

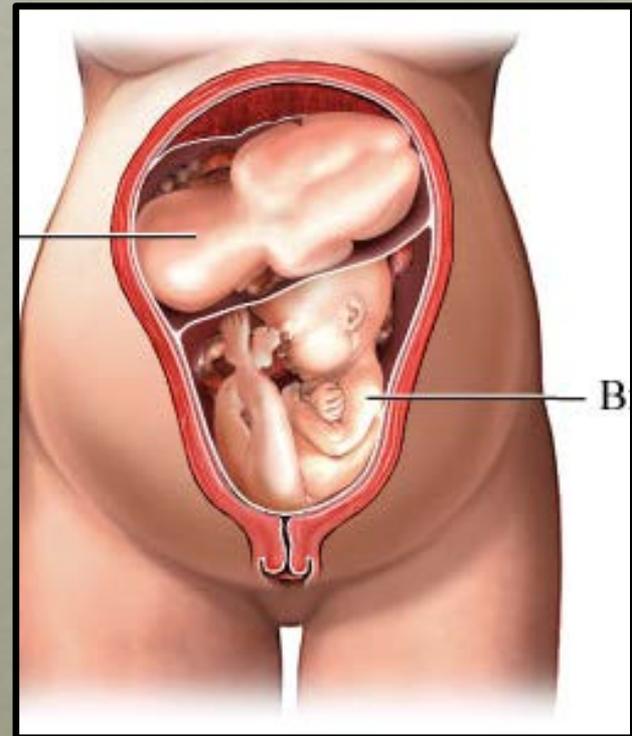


Twin Pregnancy

Twin Pregnancy is a high-risk pregnancy associated with significant increase in maternal mortality and morbidity.

Delivery Risk:

- Low birth weight infant
- Malposition of 2nd twin
- Cord prolapse
- Postpartum hemorrhage
- Preterm delivery



Twin Pregnancy

Recommendation:

With Intrapartum management of complications such as:

1. preterm labor
2. fetal distress
3. hypertension
4. Postpartum Hemorrhage
5. premature rupture of membranes
6. Malpresentation

The morbidity and mortality can be improved



What Is competency?

A standard of competency is defined by clear statements for successful performance.

1. Knowledge (understands facts and procedures)
2. Traits (Characteristics, behaviors or responses)
3. Skill (Capacity to perform specific actions)
4. Abilities (Attributes inherited or acquired)

Example: All persons wishing to drive a car are required to take the same written exam and practical driving test. After successful completion, the driver is a competent novice.

Comparison of Certified Nurse-Midwives (CNM) and Certified Professional Midwives (CPM)

	CNM	CPM/LM
Professional Associations	American College of Nurse-Midwives (ACNM)	Midwives Alliance of North America (MANA) National Association of Certified Professional Midwives (NACPM)
Certifying Organization	American Midwifery Certification Board (AMCB)	North American Registry of Midwives (NARM)
Certification Requirement	<ol style="list-style-type: none"> 1. Graduation from a nurse-midwifery education program accredited by Accreditation Commission for Midwifery Education (ACME); 2. Verification by program director of completion of education program; 3. Active registered nurse (RN) license 	<ol style="list-style-type: none"> 1. Completion of NARM's Portfolio Evaluation Process (PEP) pathway 2. Completion of state licensure program.

Comparison of Certified Nurse-Midwives and Certified Professional Midwives

	CNM	CPM/LM
Minimum Education for Admission to Program	<ol style="list-style-type: none"> 1. Bachelor's degree from accredited college/university 2. RN license prior to entry into the midwifery education program 	<ol style="list-style-type: none"> 1. High School diploma or GED required
Clinical Experience Requirement	<ol style="list-style-type: none"> 1. Clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008). 2. Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who has clinical expertise and didactic knowledge commensurate with content taught. 3. Clinical skills include primary care for women throughout the lifespan; including reproductive health care, pregnancy, birth, care of the normal newborn and management of sexually transmitted infections in male partners. 	<ol style="list-style-type: none"> 1. Clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America. 2. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births. 3. Clinical skills include management of prenatal, birth and postpartum care for women and newborns.

Comparison of Certified Nurse-Midwives and Certified Professional Midwives

	CNM	CPM/LM
Degree Granted	<ol style="list-style-type: none"> 1. Master's or doctoral degree 2. A master's degree is required for the AMCB certification exam 	<ol style="list-style-type: none"> 1. Portfolio Evaluation Process (PEP) 2. No degree is granted through the PEP pathway. 3. No min. degree requirement for the CPM certification exam.
Legal Status / LICENSURE	Licensed in all 50 states plus the District of Columbia and US territories	Regulated in 26 states (variously by licensure, certification, registration, voluntary licensure, or permit)
Prescriptive Authority	All US jurisdictions	None
Practice Settings	All settings — hospitals, birth centers, homes, and clinics.	Homes, birth centers, and clinics.

Key Points

Accountability: assuming responsibility for one's own practice,
legal obligation
ethical responsibility
moral responsibility.

It is essential to set clear expectations for professional behavior. A Scope-of-Practice defines expected acceptable behavior and consequences for noncompliance. A Licensed Midwife has a legal obligation to practice within the scope as defined in the Arizona Statute.

The expectation of Professional behavior is:

- LM reporting all birth data
- Arizona Health Department oversight of the data



Prescriptive Authority

Brittani Hamilton, CNM,MSN



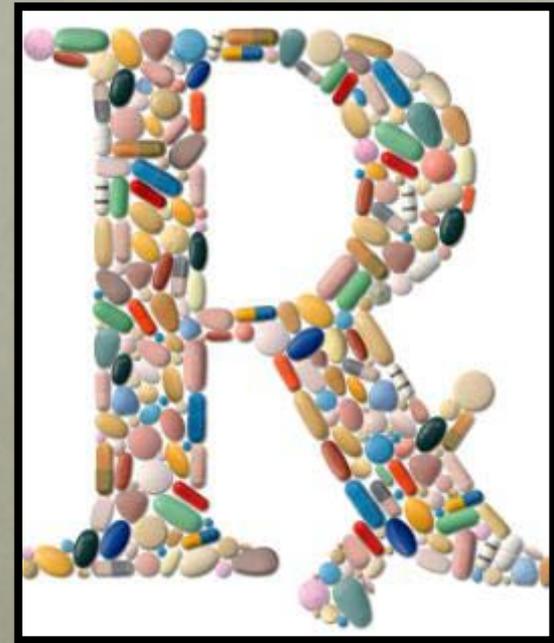
Arizona Prescriptive Authority

- In Arizona there are 9 different health care professionals with prescriptive privileges:
 - Doctor of Medicine (MD)
 - Doctor of Osteopathy (DO)
 - Physician Assistants (PA)
 - Registered Nurse Practitioners (CNMs)
 - Naturopathic Doctors (NMD)
 - Podiatrists
 - Optometrists
 - Veterinarians
 - Dentists



Prescriptive Authority Background

- Individual states govern who has prescriptive privileges.
- In Arizona all specialties have graduate level education from accredited training programs
- Must be regulated by the Boards of Nursing, Medicine, Dentistry, Optometry, Veterinary, Podiatry, Optometry, Osteopathy



LM's Current Medication Use

- Oxygen
- Pitocin
- Rhogam
- Vitamin k
- Erythromycin



Concerns of Expanding Medication List

Additional medications infer the process of birth has deviated from normal and is in need of medical attention.

The role of midwives is to provide care for women with a normal labor and birth. The art of midwifery is in recognizing when the process deviates and becomes high risk. Safety of mother and infant must be paramount.



Conclusion



Jeffrey Northup, DO

6:10-6:30 pm

ARIZONA PERINATAL TRUST EXPERIENCE 1975-2013 PRESENTATION



Health and Wellness for all Arizonans

azdhs.gov



PERINATAL CARE IN ARIZONA

1975-2013



**THE EXPERIENCE OF THE
ARIZONA PERINATAL TRUST**

NEONATAL MORTALITY

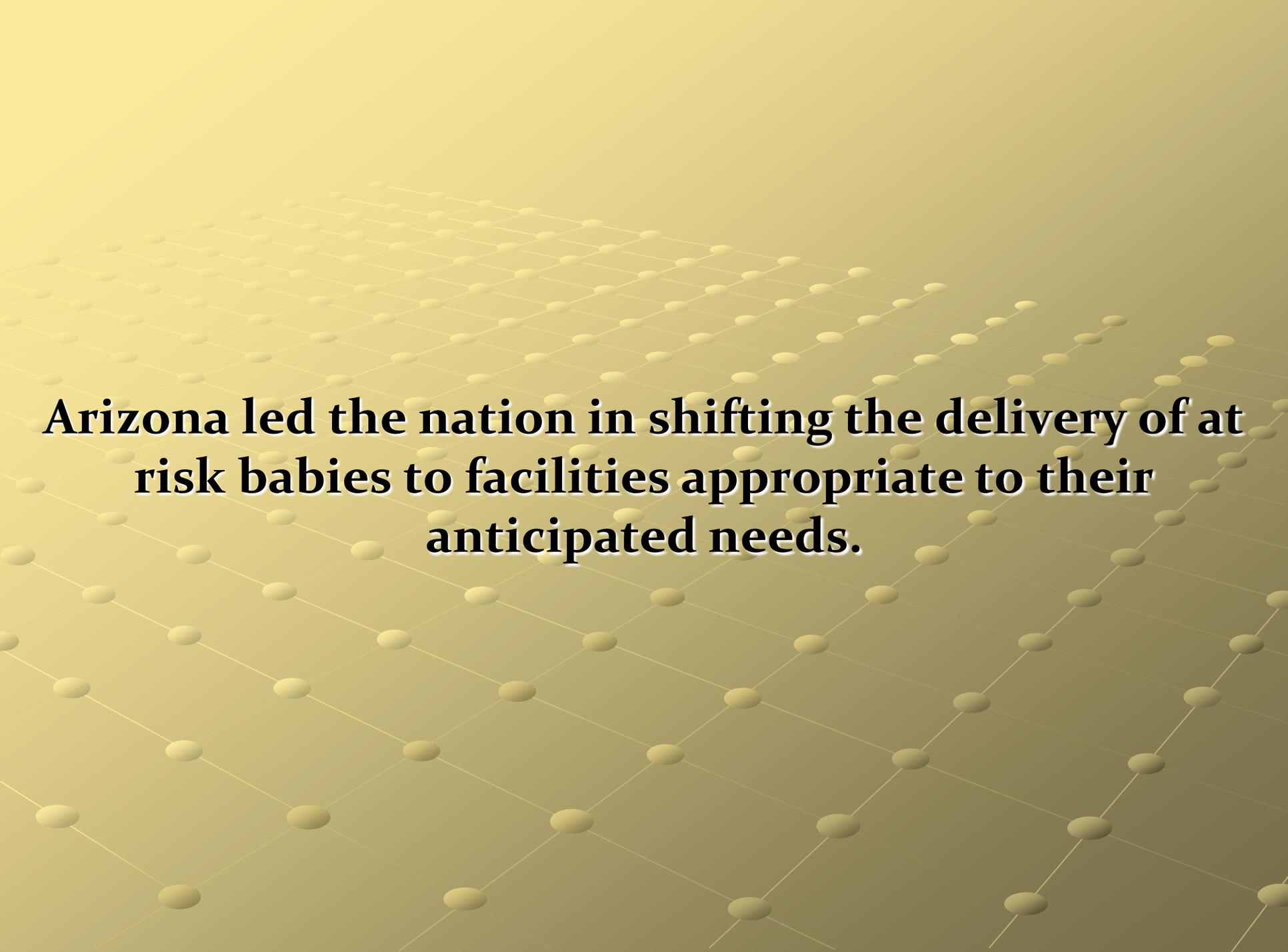
- 1950 - 25.7/1,000

- 2011 - 4.0

- Arizona ranks 21st in the United States (2008)
- Arizona went from the lowest quartile in 1950's to the highest quartile in 1970's (Clements, 2002)



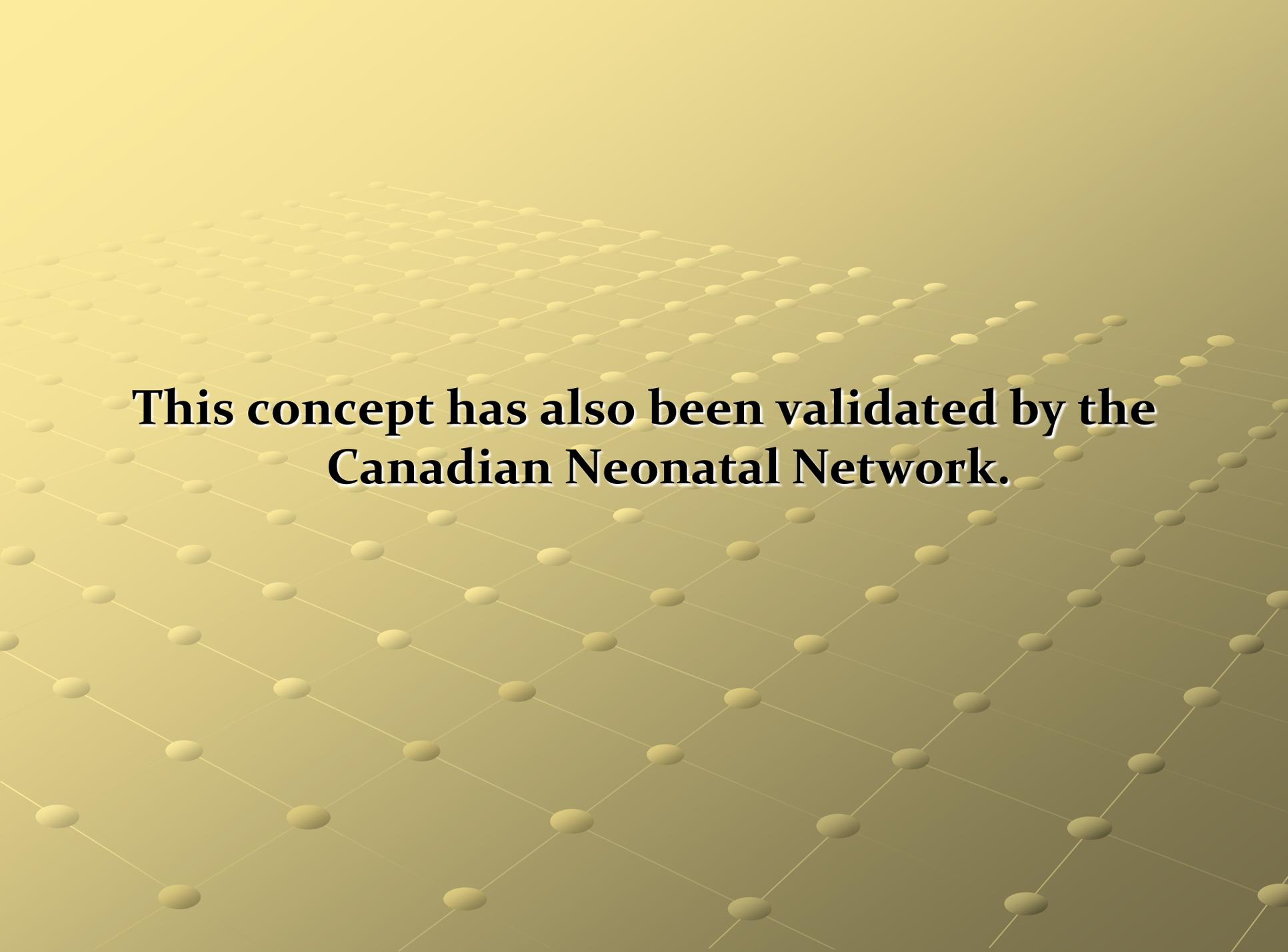
HOW DID THAT HAPPEN???

The background of the slide is a 3D grid of small, light-yellow spheres. The spheres are arranged in a perspective view, receding into the distance. The grid lines are thin and light-colored, connecting the spheres. The overall color scheme is a warm, golden-yellow.

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

**Neonatal transports fell from 18/1,000 in 1975
to 9.1/1,000 in 2011**

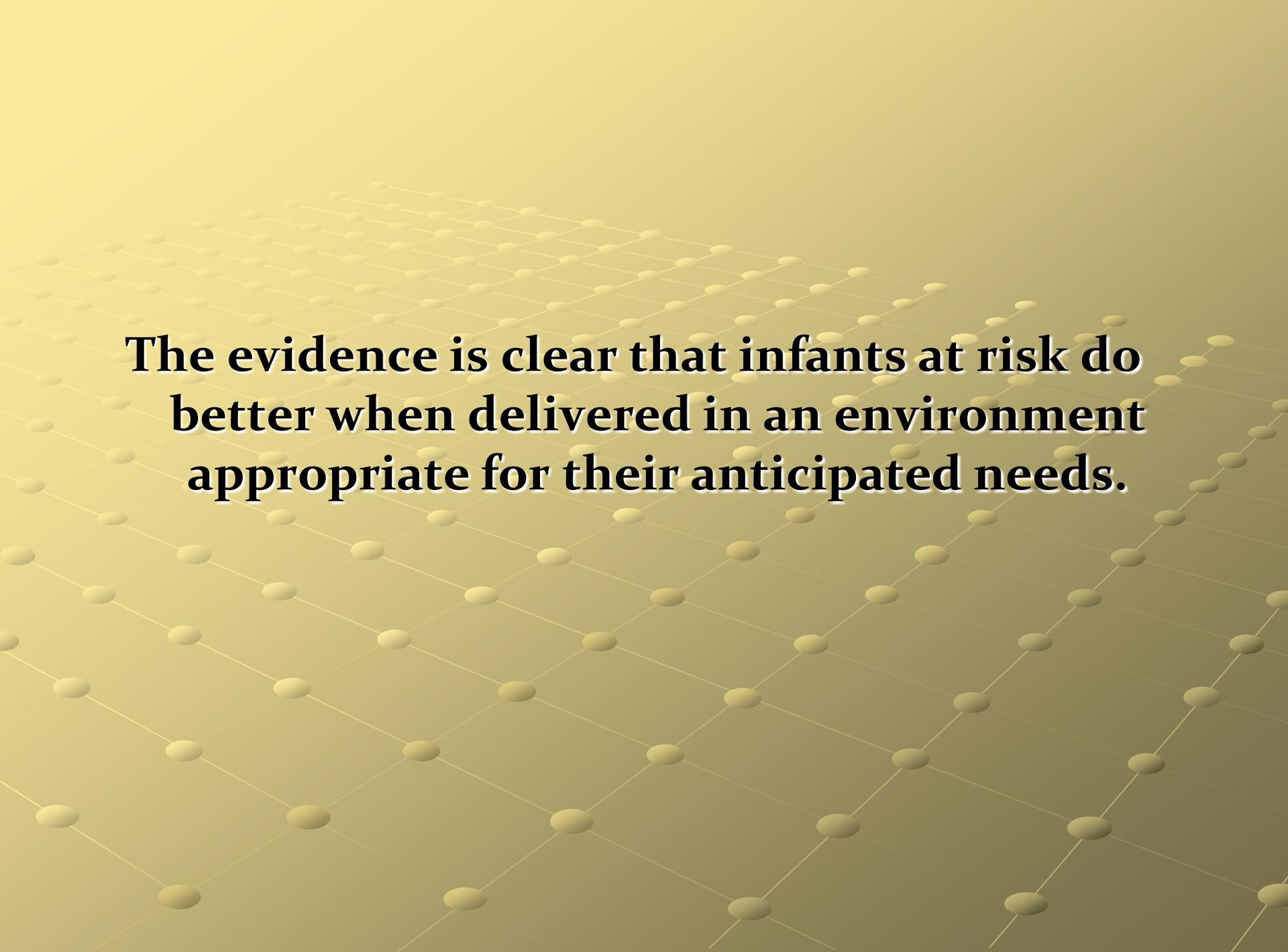
**Maternal transports rose from 0/1,000 in 1975
to 10.1/1,000 in 2011**



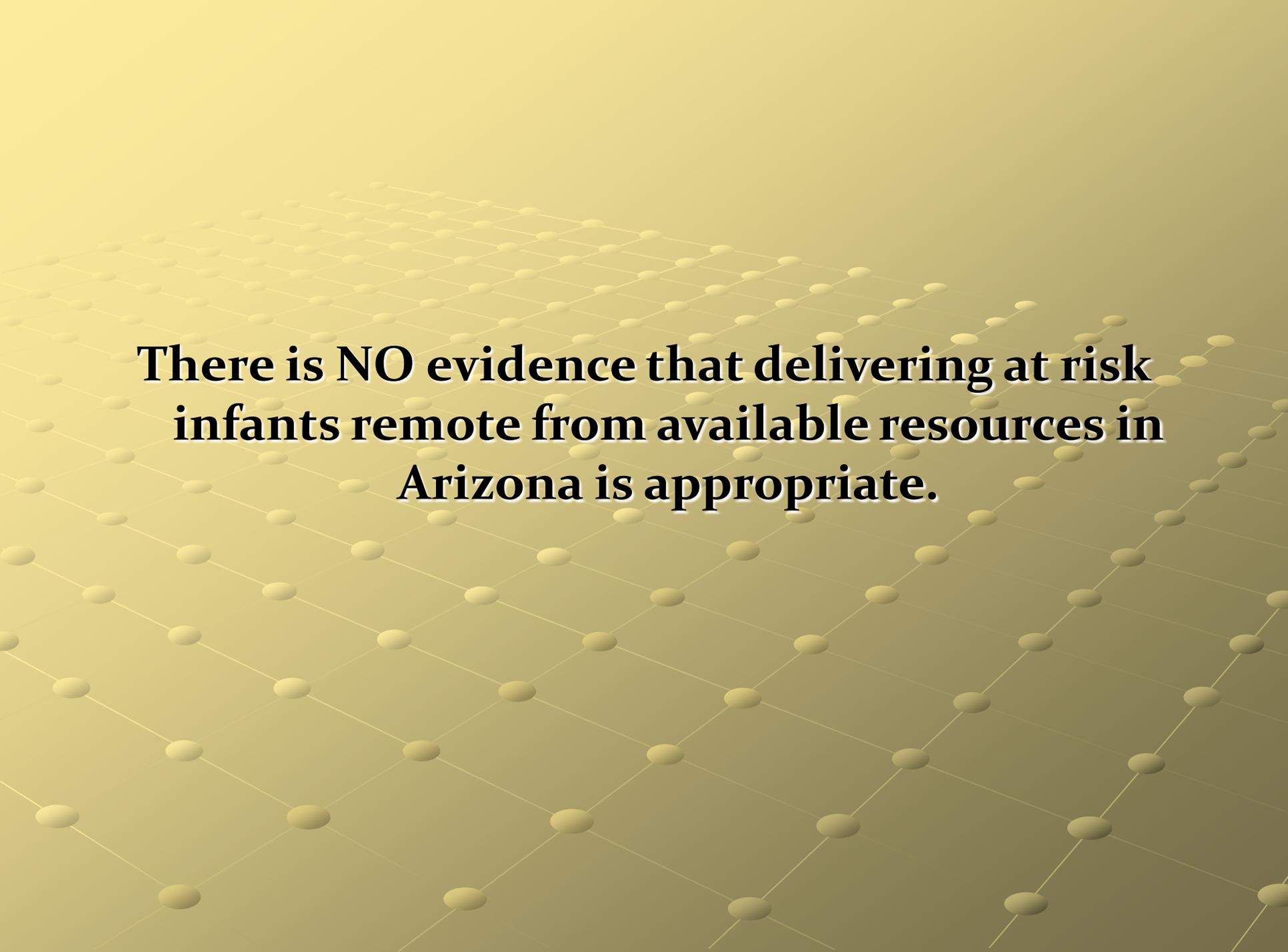
**This concept has also been validated by the
Canadian Neonatal Network.**



CONCLUSION:

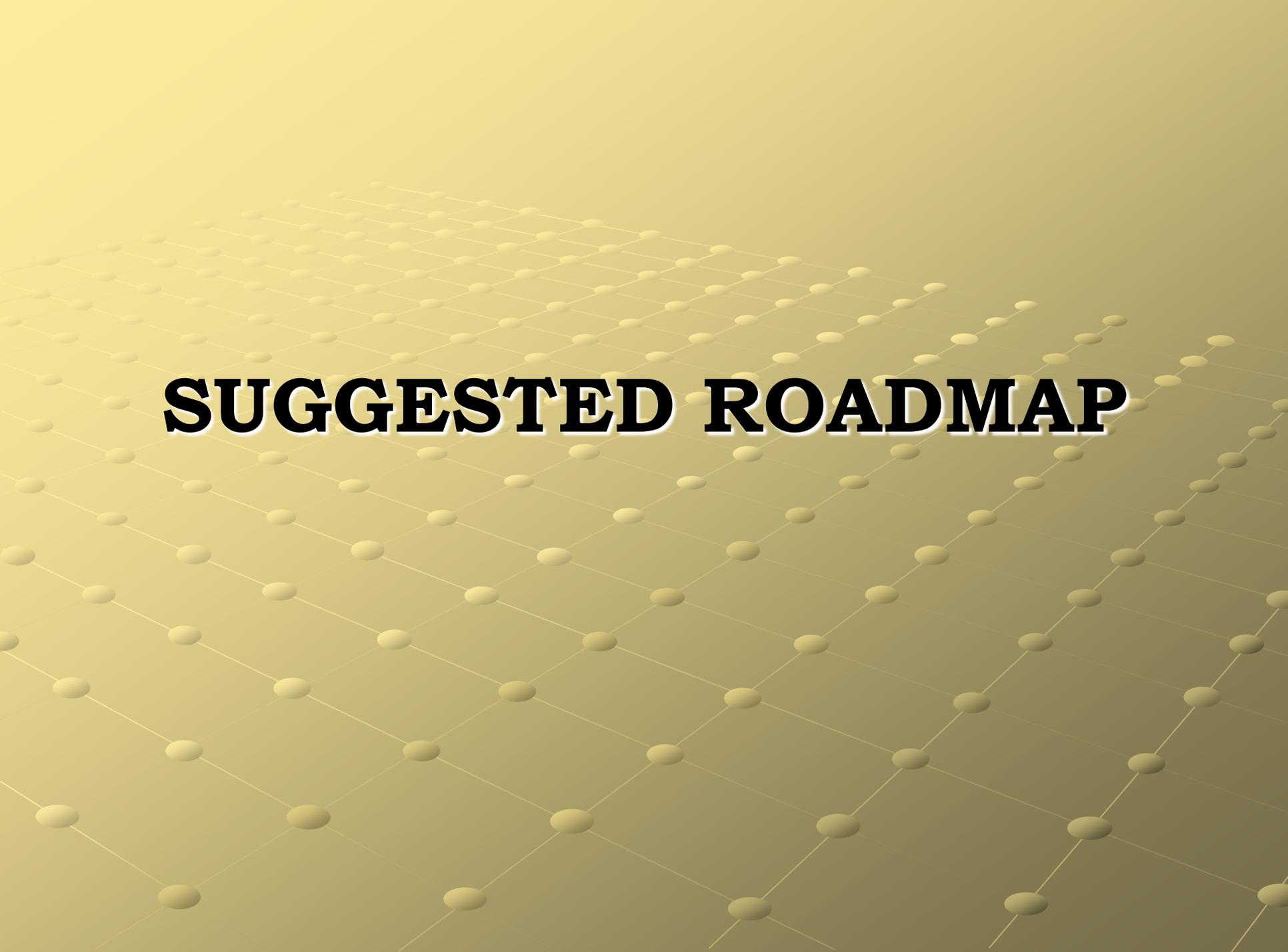


The evidence is clear that infants at risk do better when delivered in an environment appropriate for their anticipated needs.

The background of the slide is a 3D grid of small, light-yellow spheres connected by thin lines, creating a perspective effect that recedes into the distance. The overall color scheme is a warm, golden-yellow.

There is NO evidence that delivering at risk infants remote from available resources in Arizona is appropriate.

Arizona has an excellent Perinatal Transport System, but from the time an emergency is identified to arrival at a care center, LITTLE IN THE WAY OF TREATMENT CAN BE ACCOMPLISHED.

The background features a 3D grid of yellow spheres, each connected to its neighbors by thin, light-colored lines. The grid is arranged in a perspective view, receding into the distance. The spheres have a slight shadow, giving them a three-dimensional appearance. The overall color scheme is a warm, golden-yellow.

SUGGESTED ROADMAP

The background of the slide is a 3D grid of yellow spheres, arranged in a perspective view that recedes into the distance. The spheres are connected by thin, light-colored lines, creating a mesh-like structure. The overall color scheme is a warm, golden-yellow gradient.

**Pause in the quest to expand
Scope of Practice 24 – 36 months**

A 3D grid of yellow spheres is arranged in a perspective view, receding into the distance. The spheres are connected by thin white lines, forming a diamond-shaped lattice. The background is a solid yellow color with a subtle gradient.

1.) Standardize requirements and processes.

MATERNAL OUTCOMES (n=3118)

● **Normal: 506**

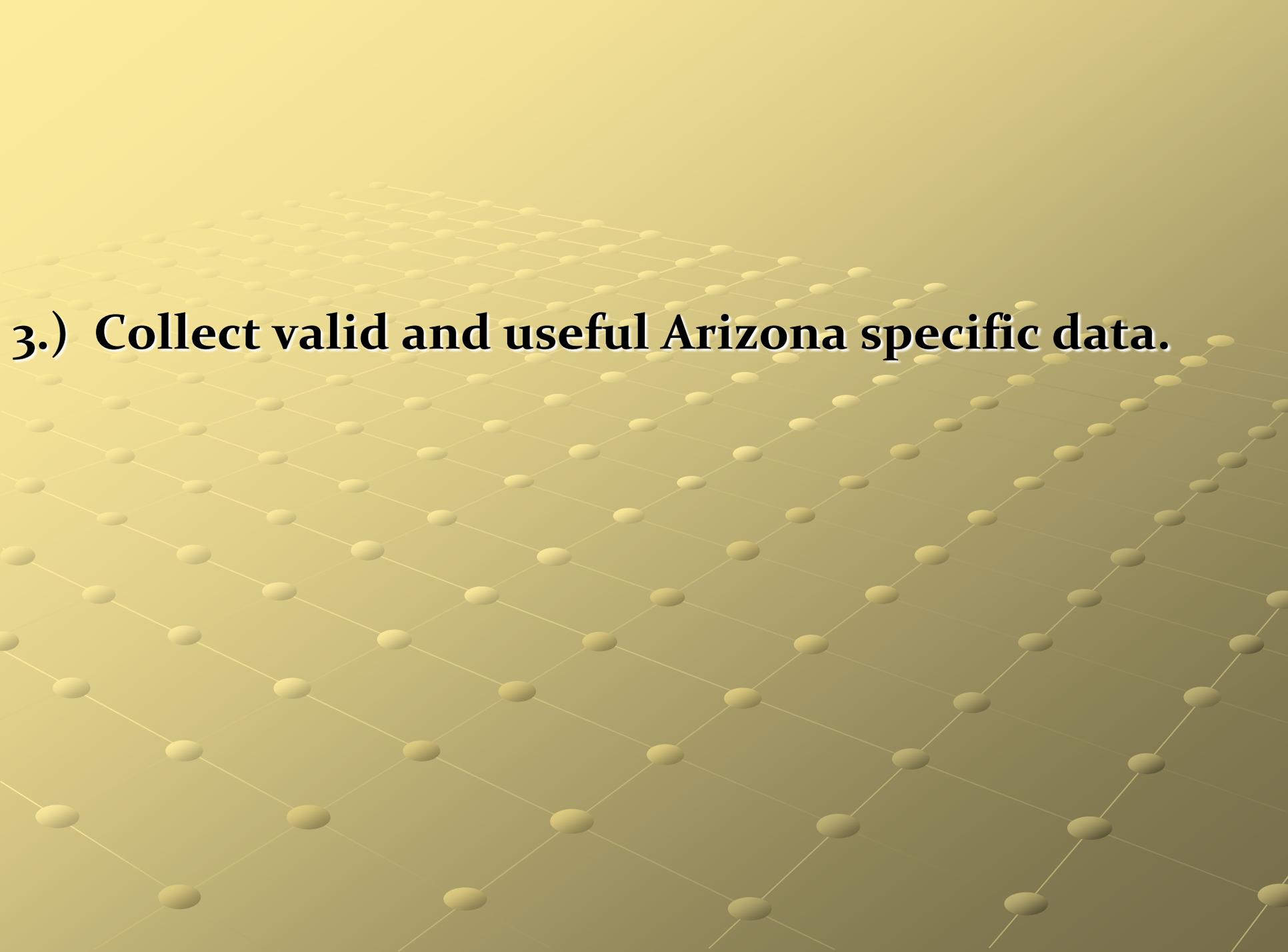
● **Abnormal: 1**

● **Expired: 0**

● **Missing: 2611**

(ADHS Midwife Quarterly Reports, 1/1/2007-12/31/2012)

2.) Standardize educational requirements for core privileges and determine what additional education and experience would be necessary to expand scope of practice in the future.

A 3D grid of yellow spheres is arranged in a perspective view, receding into the distance. The spheres are connected by thin, light-colored lines, forming a mesh that covers the entire background. The background itself is a solid, light yellow color. The text is centered horizontally and positioned in the upper-middle part of the image.

3.) Collect valid and useful Arizona specific data.

APGAR Score at 1 min (n=3118)

- 0 - 3: 30
- 4 - 6: 141
- 7 + : 2,610
- Missing: 337

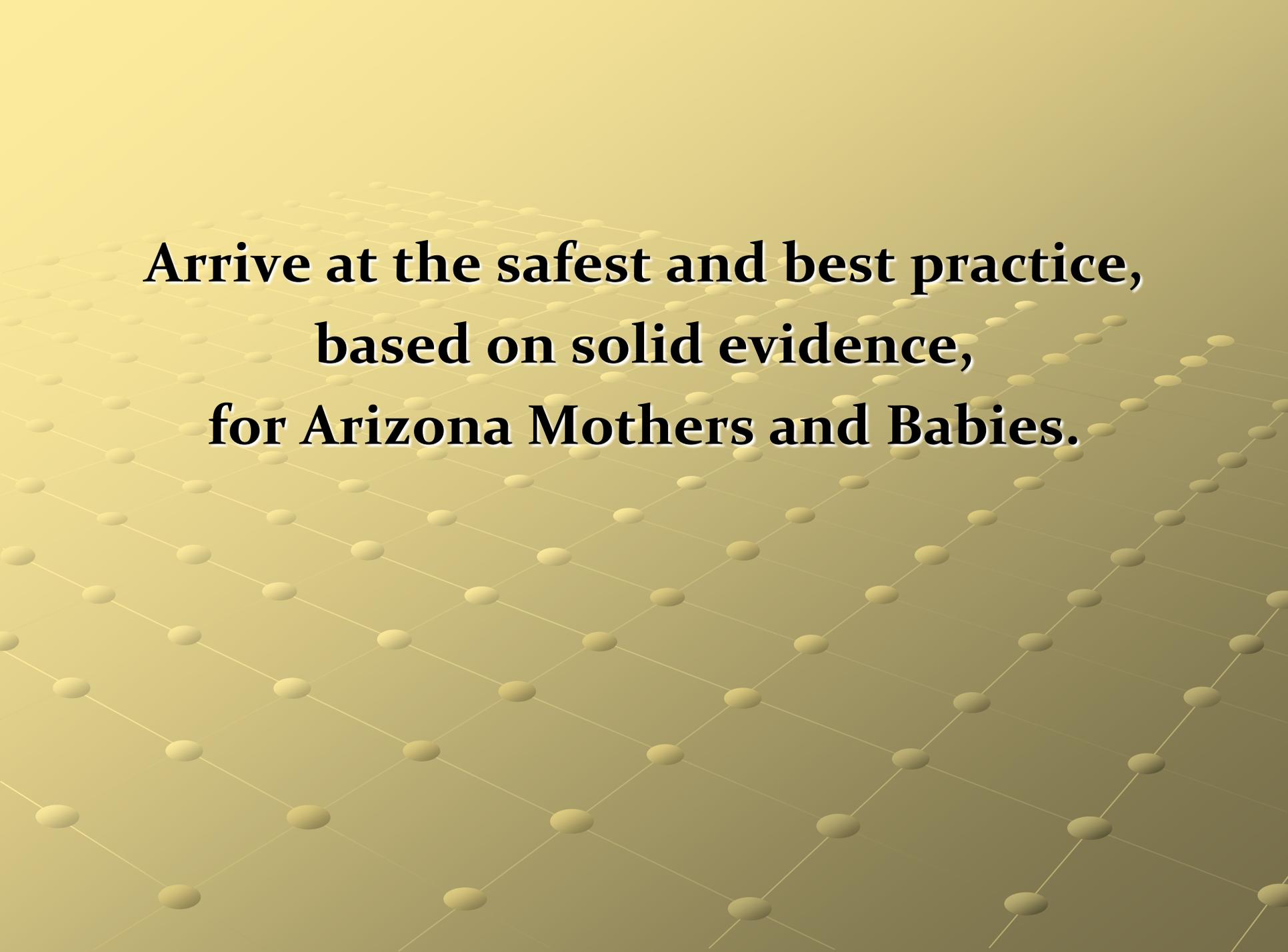
APGAR Score at 5 min (n=3118)

- 0 - 3: 3
- 4 - 6: 15
- 7 + : 2,760
- Missing: 340

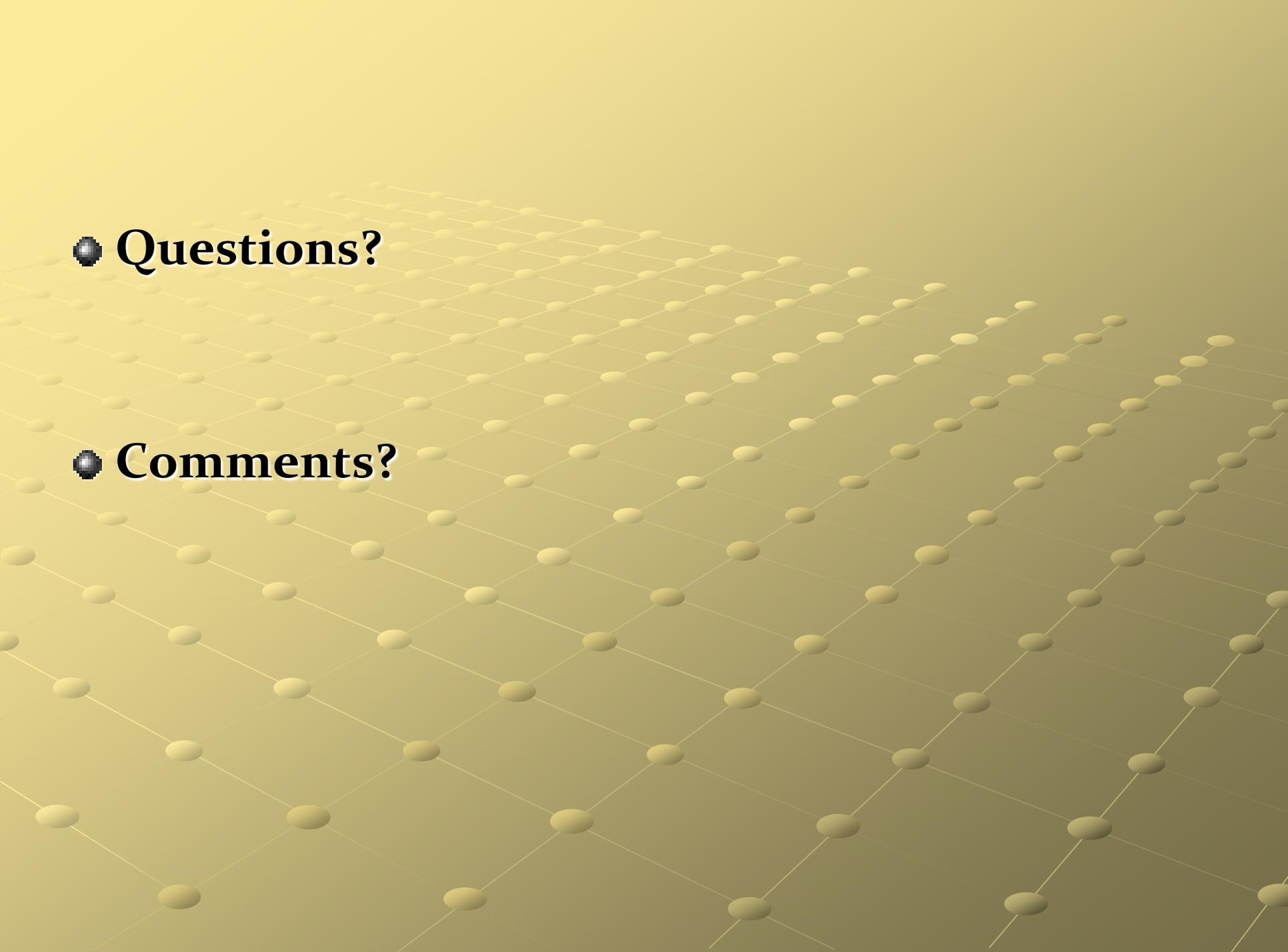
(ADHS Midwife Quarterly Reports 1/1/2007-12/31/2012)



4.) Establish dialogue between the midwifery community and mainstream medicine.



**Arrive at the safest and best practice,
based on solid evidence,
for Arizona Mothers and Babies.**



● **Questions?**

● **Comments?**

Thank You!

Thomas Salow, J.D., Acting Deputy Assistant Director, Division of Licensing and Manager, Office of Administrative Counsel and Rules 6:30-7:10PM

DISCUSSION OF RULES FOR MIDWIFERY SCOPE OF PRACTICE



Health and Wellness for all Arizonans

azdhs.gov



Scope of Practice Rules

Administrative

- New reporting requirements and form
 - Electronic submission
 - Required when patient services terminated
 - Within 30 days of termination
- New administrative rules go into effect July 1, 2013

Scope of Practice Rules

Informed Consent

- Informed consent provided by midwife
- Must be maintained in patient record
- 2 types of informed consent:
 - General informed consent for all patients
 - Specific informed consent based on higher risk condition (VBAC, breech, multiples)
- General informed consent goes into effect July 1, 2013

Scope of Practice Rules

Emergency Action Plan

- Completed and kept on file for every patient
- Midwife must attest that hospital delivery of the infant by an obstetrician could occur within 30 minutes, if an emergency delivery is necessary
- Must call charge nurse at hospital identified in emergency action plan for all patients
 - When patient goes into labor
 - When patient delivers or requires transport
- Emergency Action Plan goes into effect July 1, 2013

Scope of Practice Rules

Scope of practice

- Must be NARM certified to manage higher risk pregnancies
 - Those not NARM certified will not be able to expand their scope of practice
- Goes into effect July 1, 2014

Scope of Practice Rules

- Advisory Committee
 - Committee established to
 - Review data from midwife reports
 - Examine evidenced based research
 - Recommend to the director changes in regulatory rules
 - Consist of: 2 licensed midwives, 2 public members, 2 physicians with experience in obstetrics, 1 physician with experience in family medicine, 1 nurse midwife
 - Advisory Committee goes into effect July 1, 2013

Will Humble

7:10-7:55 pm

CALL TO PUBLIC



Health and Wellness for all Arizonans

azdhs.gov



Will Humble

7:55-8:00 pm

FUTURE AGENDA ITEMS AND CLOSING REMARKS



Health and Wellness for all Arizonans

azdhs.gov

