

**MINUTES**

**UTAH  
DIRECT ENTRY MIDWIFE  
BOARD**

**September 15, 2008**

**Room 474 – 4<sup>th</sup> Floor –9:00 A.M.  
Heber Wells Building  
Salt Lake City, UT 84111**

**CONVENED:** 9:18 a.m.

**ADJOURNED:** 10:40 a.m.

**Secretary:**

Shirlene Kimball

**Division Director:**

F. David Stanley

**Division Staff:**

Wayne Holman (10:10 a.m.)

**Conducting:**

Holly Richardson

**Board Members Present:**

Heather Johnston

Suzanne Smith

Holly Richardson

**Board Members Excused:**

Krista Black

**TOPICS FOR DISCUSSION**

**DECISIONS AND RECOMMENDATIONS**

**ADMINISTRATIVE BUSINESS:**

July 9, 2008 Minutes:

Approved as written. All Board members in favor.

Discussion regarding the 2007-2008 report to the Health and Human Services Interim Committee:

Ms. Smith provided Board members with a draft of the Report of Outcomes from July 1, 2007 through June 30, 2008. Ms. Smith stated this is the first report to cover a complete year of data. She indicated the data source is the same as previous years. Ms. Smith indicated the number of licensed LDEMs remain at sixteen.

Ms. Smith stated the numbers discussed in the report were inaccurate owing to not all data being submitted at this time. Board members reviewed and discussed the draft. Transfers of Care: Ms. Johnston questioned whether or not more detail is available regarding who transferred care. Ms. Smith indicated the information is in the data, but she did not add it to the report. Ms. Johnston stated she feels this information is necessary and needs to be included

along with the reason for the transfer. Ms. Johnston stated the data was used against LDEMs during the 2008 Legislative session because it appeared breech births were planned for home birth. It was not clear in the report which breech births were planned or unplanned. Ms. Richardson stated she agrees the reasons for the transfers need to be available in order to show LDEMs are transferring appropriately.

Ms. Smith reported the data indicates 25 clients who started their labors under the care of an LDEM were transferred to the hospital prior to the birth of the baby. All of the transfers occurred by private car and none were considered emergencies. Ms. Smith reported the majority of transferred clients were for pain relief. If the transfer was made for an epidural, which is not a complication, the hospital still reports it as a failed home birth. Ms. Johnston note the report indicates two babies were transferred, one by ambulance and one by private car. The report only addresses the baby transferred by ambulance (born before the midwife arrived and the family called 911) but does not address the baby transferred by private car. Ms. Smith stated the transfer rate was 11.8% and in all transfers, the outcomes were good for both mothers and babies.

Cesarean sections: Ms. Smith stated the information collected on breeches, VBAC and twins was reported according to the rules in place at the time of service. This report explains the changes made in these areas during the 2008 Legislative Session. Ms. Smith indicated of the 313 laboring women, 9 (2.9%) delivered by c-section at the hospital. There were six breech babies, with four mothers choosing to transfer to the hospital prior to labor. Board members suggested adding in that four of the nine who had waiveable conditions did not waive. The percentage was not listed in this section and Board members requested this be added in order to be consistent with other sections.

Episiotomies: The outcomes for both mothers and babies were excellent.

APGAR Scores: The highlighted section is new to the report this year. Board members indicated the

explanation is good; however, the numbers need to be updated. Ms. Smith indicated she will update the number once all reports have been received.

**Morbidity and Mortality:** Ms. Smith stated the numbers look horrible but the reasons are not because of the midwife care. Ms. Smith stated she is not sure how to describe this area, none of the cases of newborn complications were determined to be preventable or a result of inappropriate care. All of the baby's problems were minor (jaundice, hematoma), congenital defects, or genetic abnormalities, but there was no morbidity which could be attributed to the care of the LDEM. The summary need to indicate this many babies had issues, but none were related to the care of the midwife.

**Maternal Complications:** Ms. Smith indicated she had to review cases to determine whether or not there was an actual complication or not (for example, post partum depression). Severe depression is transferable, but if simply depression, no transfer is required. Ms. Smith indicated she excluded yeast and breast infections.

Board members suggested charting the data and keeping the report to two pages. The charts should include: VBAC; cesarean rate; APGAR scores; transfer of care and what the transfers were for (such as epidural for pain management), how many transferred in labor and out of labor and length of labor. Ms. Smith indicated the report does not collect the data for prolonged pushing, it only identifies as prolonged labor over 24 hours. If we need to change the DOPL dataset to collect this data we can. Ms. Johnston stated it would be valuable to collect the pushing time and the labor time data and this would be a good research project for a student.

Board members determined the report will consist of an executive summary consisting of one paragraph and 4 graph charts, then behind the executive summary a more detailed report using medical language. Ms. Richardson stated the analysis paragraph or the abstract paragraph on the cover page would be the executive summary. Mr. Stanley agreed.

Ms. Smith stated the Board should consider an accumulative number on the last report. Board members discussed continuing gathering the data after the requirement to report to Health and Human Services Interim Committee has ended. Board members indicated this is good information to have and would be happy to continue to gather the information and publish a report.

Next Meeting:

The next meeting is scheduled for Thursday, October 2, 2008 at 1:00 p.m.

*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.*

October 2, 2008  
Date Approved

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

October 2, 2008  
Date Approved

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