

MINUTES

**UTAH
DIRECT ENTRY MIDWIFE
ADMINISTRATIVE RULES ADVISORY
COMMITTEE**

October 2, 2008

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

CONVENED: 3:07 p.m.

ADJOURNED: 4:54 p.m.

Bureau Manager:
Secretary:

Laura Poe
Shirlene Kimball

Conducting:

Suzanne Smith, LDEM co-chair

Committee Members Present:

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

Guests:

Tara Tulley, LDEM
Reta Partner, UFOM
Briana Blackwelder, CPM
Cathy Larson, LDEM
Pam Udy, Int'l Cesarean Awareness Network
Kathy Pope, Student Public Health Program
Annette Mahler, ACOG UT section
Heidi Sylvester Utah Friends of Midwives
Whitney McNeil, UFOM

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

September 4, 2008 minutes:

Ms. Richardson made a Motion to approve the minutes with corrections. Dr. Wheeler seconded the Motion. All Committee members in favor.

DISCUSSION ITEMS:

Parking lot issues:

Several Committee members had questions regarding the parking lot issues listed in the September 4, 2008 minutes. Ms. Poe indicated parking lot issues are

issues that the Committee has not had a chance to discuss and at some point the Committee will look at each issue and determine where it needs to be placed in rule, or if it needs to be placed in rule.

The following are parking lot issues to be addressed:

- Red cell isoimmunization
- Non-reassuring FHT
- Hypertension
- Common conditions
- High risk VBAC conditions (This issue will be discussed at the December Committee meeting. A copy of the articles/studies from the list provided by Dr. Wheeler will be sent to Committee members prior to that meeting). Dr. Lamb indicated he reviewed section 58-77-204(4) of the enrolled copy of the bill which reads: "The Division shall adopt administrative rules regarding conditions that require (b) mandatory transfer of patient care before the onset of labor to a physician licensed under. . . . upon evidence of: (v) more than two prior c-sections, unless restricted by the division by rule". Dr. Lamb stated it sounds like the number of prior c-sections could be restricted by rule. He requested the Committee carefully review the literature regarding VBACs because moving from one c-section to two c-sections is a significant risk. Ms. Richardson indicated the intent of the bill was up to two VBACs unless already excluded and whether or not there is a high risk condition.

Other parking lot issues:

- What happens if the LDEM can't find a consulting physician
- Informed refusal.

Parking lot discussion –
Non-reassuring fetal heart pattern:

Dr. Lamb questioned the LDEMs regarding monitoring practice and whether or not monitoring is continuous. Committee members indicated most LDEMs have their own process of listening and do not use a continuous Doppler. Ms. Johnston explained her monitoring process. Ms. Poe stated it is important that non reassuring heart pattern means the same to the midwife as it does to the physician. Dr. Lamb stated he would rather find a definition in a textbook and reference it versus developing a definition. Dr.

Wheeler stated she agrees and referring to a standard textbook would be helpful.

Ms. Smith stated the Committee's role is to define which conditions go into which bucket, not to define practice. Ms. Smith expressed concern that if we reference a textbook, the textbook may become outdated or may be limiting. Ms. Smith stated the community might not agree on one standard and feels the midwife should be able to choose the standard.

Dr. Wheeler stated medical literature indicates the majority of problems are from homebirths where the fetus had a non-reassuring heart pattern that was not detected by the midwife. The concern is that the midwife is not identifying there is a bad pattern. Ms. Johnston stated she doesn't feel rules would help in this type of situation. This situation would require the Division look at the particular midwife to see if there are competency issues. However, if the problem is the time delay, what should be placed in rule to address this issue? Dr. Lamb indicated for the medical profession at St. Mark's Hospital, there is a 12 hour course on fetal heart monitoring which keeps the professional current and up-to-date. Ms. Richardson questioned whether or not completion of continuing education hours in this specific area would be sufficient. Ms. Poe indicated if the Committee feels requiring continuing education in this area would help, it could be placed in the renewal section as a requirement for renewal. Ms. Ellis stated not everyone monitors the same and she is not suggesting continuous monitoring, but believes there needs to be a minimum standard for monitoring fetal heart tones and if a standard is established in rule, it would also be good to require continuing education. Ms. Johnston stated she would not be opposed to requiring continuing education for monitoring. Ms. Richardson stated she would rather see continuing education put in place rather than referencing a textbook.

Recommendations from the Committee: Have the LDEM Board develop a continuing education requirement for non-reassuring fetal heart rate.

Next meeting agenda:

The next meeting will be held November 6, 2008 unless Ms. Poe is out of town. The following meeting will be scheduled for December 4, 2008.

Discussion items for November:

- 1). CE requirement
- 2). Hypertension

Discussion items for December: VBAC.

Review September 4, 2008 Proposed Rule
Draft:

Committee members reviewed the September 4, 2008 proposed rule draft and indicated the changes are accurately reflected. Committee members made the additional suggestion: Page 4, xii: Delete the word “uterine” after the word known and the word “an: before extension. After discussion it was recommended to leave xii as written except remove the “an” before extension.

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.

November 6, 2008
Date Approved

(ss) Suzanne Smith
Suzanne Smith, Co-chair Direct Entry Midwife
Administrative Rules Committee

November 6, 2008
Date Approved

(ss) Deborah Ellis
Deborah Ellis, CNM, Co-chair Direct Entry Midwife
Administrative Rules Committee

November 6, 2008
Date Approved

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