

## MINUTES

### UTAH DIRECT ENTRY MIDWIFE ADMINISTRATIVE RULES ADVISORY COMMITTEE

December 4, 2008

Room 210 – 2nd Floor –3:00 p.m.  
Heber Wells Building  
Salt Lake City, UT 84111

**CONVENED:** 3:04 p.m.

**ADJOURNED:** 5:04 p.m.

**Bureau Manager:**  
**Secretary:**

Laura Poe  
Shirlene Kimball

**Conducting:**

Suzanne Smith, co-chair

**Committee Members Present:**

Holly Richardson, LDEM  
Suzanne Smith, LDEM  
Stephen Lamb, MD  
Deborah Ellis, CNM  
Heather Johnston, LDEM  
Catherine Wheeler, MD (arrived at 4:00 p.m.)

**Guests:**

Reta Partner, President, Utah Friends of Midwives  
Tara Bitter, Utah Friends of Midwives  
Michelle Scharf, Utah Birth Network  
Sara Forsberg  
Olivia Forsberg  
Whitney McNeil, Utah Friends of Midwives  
David McNeil  
Pam Udy, Int'l Cesarean Awareness Network  
Heidi Sylvester Utah Friends of Midwives  
Evan F. Evans, MD ALOS  
Jessica Stahle, Utah Friends of Midwives  
Katie Skillin  
Annette Mahler, Utah section, ACOG  
Cathy O'Bryant

#### **TOPICS FOR DISCUSSION**

##### **ADMINISTRATIVE BUSINESS:**

November 6, 2008 minutes:

#### **DECISIONS AND RECOMMENDATIONS**

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

**DISCUSSION ITEMS:**

Parking lot issues:

Red cell isoimmunization  
Other common conditions  
Consulting physician  
Informed refusal.  
Data collection.

Continued discussion regarding Hypertension:

Dr. Lamb commented that after the discussion regarding hypertension last month, he has given a lot of thought to the proposed changes that were suggested. He stated that adding to the rules “two readings six to forty-eight hours apart” under (2)(a) antepartum (iv) feels like we are trying to dictate practice. Dr. Lamb stated we should not go into detail of how each diagnosis is made and allow for the judgment of the practitioner. Dr. Lamb suggested removal of the 48 hours and the sentence end after “two readings at least 6 hours apart”. Ms. Smith stated she agrees.

At the top of page four, (5)(a)(i)(A) end the sentence after “at least 6 hours apart”. Change the *and* to an *or* in (5)(a)(i)(B) . . . visual disturbances *or* decreased fetal movement.

Dr. Lamb questioned whether or not the midwife refers the client for ultrasound? Ms. Smith and Ms. Richardson stated yes, if the midwife has a concern or is worried about severe preeclampsia, there is a way to obtain an ultrasound.

Moderate Hypertension. Ms. Smith suggested in (4)(b) intrapartum (ii) define moderate hypertension as sustained diastolic blood pressure of greater than 110mm or a systolic pressure of greater than 160mm in two readings at least six hours apart.

VBAC discussion:

Ms. Poe reminded guests the Statute is not up for debate. The statute requires mandatory transfer for more than 2 VBACs unless restricted or if other parameters are not met. The Committee needs to determine whether or not home birth is safe after two VBACs or should the rules require mandatory transfer at one and what parameters make it more dangerous or

the conditions that make it necessary to transfer. Ms. Johnston stated it is determined by what level of risk the women finds acceptable. Ms. Uddy, a member of the public, stated she considers going into the hospital after a third VBAC as unacceptable and as a mother, if the midwife says there is a 20% risk that is acceptable. She stated she just wants the opportunity to labor and does not want the Committee to restrict her options.

Ms. Ellis reported she attended grand rounds at the University of Utah where a presentation was given regarding VBACs. She stated studies were presented that the risk of adverse outcomes and something happening to mom and baby combined were one out of 2000. She reported a woman with a previous vaginal delivery, who had one c-section and no other risk factors, had the best outcome. Dr. Lamb questioned whether or not the presentation distinguished between short-term significant outcomes vs. long-term, chronic adverse outcomes. Ms. Ellis reported that no distinction was made during the presentation.

Ms. Uddy stated the number of OBs who support a woman having a VBAC decreases if the woman has had two or more VBACs. Dr. Evans stated we need to protect those babies in the small percentage because that child lives with the decision and it should be part of the rule to check the integrity of the incision. Ms. Smith indicated there are already limitations in the statute and the Committee needs to determine if there are any further restrictions that need to be made in rule. Dr. Lamb stated he sees four unresolved issues. The first issue is to determine acceptable uterine incision types and whether to require documentation of the incision type. The second is informed consent; should there be a standardized form that all midwives use that would inform the patient and protect the practitioner? The third is should a VBAC be done after one c-section, or two, etc. The fourth issue is that upon a review of the studies presented, a number of those studies point to risk factors and define criteria regarding who would be a good candidate for VBAC other than by type of incision. We need to use guidelines that narrow the field so that the success rate

is high. Ms. Poe indicated that the Statute states a VBAC cannot be performed more than twice, so we have to determine if we will allow up to two VBACs, or will only one be accepted, and under what conditions. Conditions which would limit VBACs to one would be a prior c-section without doing an ultrasound first, type of uterine incision, and informed consent. Dr. Lamb stated the informed consent should go over what can happen at home and also what can happen at the hospital and include the benefits and the risks. Ms. Poe stated if we put into the rules what an informed consent has to look like, then it cannot be changed until we change the rule. The Committee could place in rule what needs to be included in the informed consent. Ms. Richardson stated we could use MANAs informed consent. Dr. Lamb stated it does not necessarily have to go into the rule, but a form needs to be developed and approved by the Committee. Dr. Wheeler stated the informed consent must be evidence based, up to date, list risks and benefits, vaginal birth complications, etc. Ms. Smith stated the Committee could put in the general requirements that need to be included in the informed consent, and then the LDEM could use her own form, as long as it meets established standards and the clients are informed. Ms. Johnston stated everyone signs an informed consent, whether VBAC or not. The client currently has to sign a waiver and the LDEM presents the risks to them. There is already an informed consent, just don't have specific criteria for VBAC. Dr. Wheeler stated the VBAC informed consent would be a separate document. Ms. Smith stated the midwife should use her own form rather than have one form for everyone, as long as the form includes the same content.

The consent form should detail the risks and benefits of VBAC, risks and benefits of cesareans after a trial of labor, risks and benefits of scheduled cesareans and risks and benefits of repeated cesareans.

Ms. Poe stated the requirement for an ultrasound for VBAC could be included in the informed consent and if an ultrasound is not done, it would be considered unprofessional conduct. Dr. Lamb stated he also feels

it is necessary that the LDEM obtain the documentation of the previous incision type and location. Ms. Smith stated she disagrees and feels this would be one more way to take away a woman's right because if the client could not produce the documentation, she could not deliver with the LDEM. Dr. Lamb stated the mandate is to try to facilitate the process for patients who are low risk to do home birth. There needs to be documentation that they are low risk and there needs to be a way to obtain or ascertain if a mother understands the risk and she is fine with the risks. Some mothers don't remember or may never have been told the type of incision that was made on a previous c-section. Several guests voiced concern that by requiring documentation of the incision site and type, a mothers' right to choose to deliver at home would be taken away. Dr. Lamb stated the Committee's role is to protect the public. Ms. Smith questioned if the Board should determine how low a risk to accept or should the mother be permitted to decide how much of a risk should be allowed. Ms. Smith stated she would not be willing to take the women off her client list just because she can not produce a piece of paper documenting the type of uterine incision. Dr. Wheeler stated she understands and respects mother's rights, but she is also concerned about the baby. She stated she is a huge VBAC advocate if there is access to emergency care. Dr. Wheeler stated we can identify the mothers who statistically would have the worse outcomes and not allow them to deliver at home. Ms. Johnston stated most LDEMs would avoid those mothers who they feel won't have a safe home delivery. Ms. Poe questioned if an attempt was made to find out the type of incision, a records request had been made and an informed consent specifically addressing unknown scar types and the additional risks would be sufficient to allow the client to choose a VBAC at home. Dr. Wheeler stated it must be a reasonable attempt, only one request is not enough. The attempts must be tracked and included in the outcomes data report. The informed consent must include that there is an unknown scar type, the number of attempts made to find out the scar type, and having been fully informed of the additional risk of a VBAC with an unknown

scar type, the client chooses to proceed with the VBAC and home delivery. Dr. Lamb stated he would not be in favor of allowing a VBAC home delivery without obtaining the operative report and knowing the type of scar. He indicated they may need to call multiple times to get the information, but it can be done. We are not protecting the public by not requiring this information.

Next meeting agenda:

The next meeting will be held January 15, 2009 at 1:00 p.m. We will discuss the selection criteria for VBAC at this meeting.

*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.*

January 15, 2009  
Date Approved

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

January 15, 2009  
Date Approved

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

January 15, 2009  
Date Approved

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