MINUTES OF SPECIAL PUBLIC MEETING

PUBLIC BODY: ADVISORY COMMITTEE ON MIDWIFERY

DATE: THURSDAY, DECEMBER 3RD, 2020 AT 9:00 AM

LOCATION: OKLAHOMA STATE DEPARTMENT OF HEALTH

CONTACT PERSON: TRAVIS SPLAWN TELEPHONE: (405) 426-8250

I: Call to Order
Nicki Imes called the meeting to order at 9:06 am.

II: Roll Call
Travis Splawn initiated a roll call for the meeting.

Members present: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes.

Members absent: Kate Arnold

OSDH Staff present: Travis Splawn, Nicole Nash, Samuel Cannella

III: Statement of Compliance with the Open Meetings Act
Travis Splawn read the statement of compliance: *This special meeting of the Advisory Committee on Midwifery, scheduled to begin at 9:00 a.m. on this December the 3rd, 2020, was convened in accordance with the Oklahoma Open Meeting Act [25 O.S., §§ 301 et seq.] Further, an advance public notice that was sent to the Secretary of State's Office of Administrative Rules by Internet, prior to this time today, specifying the time and place of the meeting here convened, preceded this meeting. Notice of this meeting was given at least twenty-four (24) hours prior here to and no one filed a written request of notice of meetings of this public body to date.*

IV: Discussion, review, and possible action relating to language for Informed Consent
Travis Splawn pointed out two updated documents in the meeting packet. Disclosure statement and general informed consent.

Shaun Baranowski asked about general informed consent form. Discussion about definitions of the different types of midwives listed on the form. Definitions were pulled from MANA.org website. Shaun Baranowski concerned that the definitions would be misleading. Discussion about unlicensed midwives and using the informed consent form. Discussion of modifying definitions to include that the unlicensed midwife is not a physician or CNM. Shaun Barabnowski and Sarah Foster discussed experience differences related to CPM and CNM certifications. Discussion to cite website Mana.org for definitions on form. Shaun Baranowski referenced ACNM for definition of different types of midwives. Shaun Baranowski requested Informed consent form from her practice. **Motion to cite website that definitions come from (MANA) by Sarah Hall, second by Michelle Hernandez. All present voted yes.**

Topic moved to breech informed consent form. Travis Splawn pointed out notes on breech form from Kate Arnold in packet. Lecye Doolen mentioned some items needed to be defined for

clarity. Discussion of use of a gender neutral pronoun related to midwives and mothers. Discussion about breech birth related to Shepherd's Law, Nicole Nash stated legal interpretation of language in bill that allows for breech birth.
Sarah Foster motioned to universally adopt gender-neutral pronouns in the documents. Lecye Doolen seconded. All present voted yes.

Lecye Doolen discussed removing last sentence of first paragraph and there was further discussion about planned vs unplanned breech home birth and the informed consent process related to that. Last sentence determined to be too casual after Sarah Foster read a proposed second paragraph.
Lecye Doolen made a motion to strike the last sentence of paragraph one. Sarah Foster seconded. All present voted yes.

Nicole Nash read proposed rules related to ultrasounds during VBAC to see if it was related. Discussion of breech processes related to ultrasounds. Discussed adding an ultrasound for breech and it was noted for discussion in the permanent rules. Sarah Foster read version of 2nd paragraph for language. Travis Splawn clarified the removal of the sentence about additional assistance. Discussion about moving that to permanent rules discussion.
Sarah Foster made a motion for the second paragraph to state "It is recommended by the American College of Obstetrics and Gynecologists (ACOG), that breech babies be delivered by cesarean, and it considers breech presentation to be an absolute contraindication to planned home birth. This is due to a higher risk of perinatal death. Although there are increased risks to the baby born by vaginal breech there are also risks to both mom and the baby associated with surgical birth." Sarah Hall seconded. All present voted yes.

Discussed next paragraph about frank breech presentation. Sarah Foster wanted to add "or complete" after breech and move lower in the document under "these risks may be minimized". Discussed next section about the three options for delivery. Sarah Foster mentioned removing "at 39 weeks gestational age from breech option #1. **Michelle Hernandez made a motion to strike at "39 weeks gestational age from option #1. Sarah Foster seconded. Discussion added "determined by a physician" in place of the removed language. Michelle Hernandez amended motion to "as determined by a physician" after "a planned cesarean section" Sarah Foster seconded. All present voted yes.**

Discussion of option #2 for breech. Lecye Doolen wanted a definition about a cephalic version. Discussion of the language for definition and entry. Shaun Baranowski asked about versions performed by midwives. Sarah Foster, Nicki Imes explained processes. Nicki Imes explained that this was not a form for consent to external cephalic version and that this was just listing the options available. Lecye Doolen asked for clarification on creating other documents related to procedures and Nicki Imes, Travis Splawn, and Nicole Nash explained the specific items allowed under the law, which is: Informed Consent, Breech, VBAC, Multiple, and Disclosure. Also mentioned it would need more legal analysis and that it could be considered at a later meeting in consideration of time. **Michelle Hernandez motioned to change language of #2 to "An external cephalic version which means attempting to manually turn the baby to a head down position to increase the chance for a vaginal delivery" Sarah Hall seconded. All present voted yes.**

Discussed item #3 and wanted to leave as is. Moved conversation to home birth risks. Michelle Hernandez wanted to remove this section from the breech document. Sarah Hall wanted information included in another document, discussion about using information from a midwife organization on the general informed consent form. Decided that that breech form would remove the home birth risks and that item would be considered at a later meeting. **Sarah Foster**

motioned to removed the "home birth risks" section from breech document. Michelle Hernandez seconded. All present voted yes.

Nicki Imes moved discussion to next section of "be aware of the following risks". Wanted to go through the list. Shaun Baranowski asked about genetic anomalies and home birth, and if the first statement was needed. It was decided to keep in. Sarah Foster discussed adding "The distance from a NICU and pediatrician may increase risk of morbidity and mortality to the infant." Lecye Doolen asked about episiotomy and Sarah Foster explained when those would happen in a midwife setting, typically in an emergency setting. Lecye Doolen asked for a better definition for that item. **Nicki Imes set a small break at 10:42 for about 10 min.** Discussed tabling twins consent until the next meeting. Sarah Foster gave a definition of "injury to the area between the vagina and the anus, surgical cut to the area between the vagina and the anus." Discussed language for cord prolapse definition. Language suggested was "where the cord presents before the baby through a dilated cervix" Recommended removing "is treated by emergency cesarean in a hospital" Sara Hall suggested adding "or possible hysterectomy" to the postpartum hemorrhage item. Sarah Foster read document with changes. Mentioned removing "is a surgical emergency" from head entrapment section. Nicki Imes suggested adding "increased risk" to beginning of postpartum hemorrhage item. Sarah Hall added "fetal" in front of head entrapment item. **Sarah Foster motioned to adopt that section with changes mentioned Sarah Baranowski seconded. All present voted yes.**

Moved to next paragraph about minimizing risks. Nicki Imes read items and discussed adding the item from above about frank breech position to the area below this one. Sarah Hall discussed redundancy of first couple of items under minimizing risks. Discussion to strike second item and remove "assessments of labor" then add "as confirmed by ultrasound" to after "early detection of malpresentation". Lecye Doolen asked for clarification on delaying pushing item. Sarah Hall recommended moving order of good communication item closer to client cooperation. Sarah Hall mentioned adding "and assistant" to last item. Nicole Nash added clarification of where "and assistant" would go in paragraph for legal purposes. Travis Splawn read back paragraph with changes**. Sarah Hall made motion to accept the changes. Michelle Hernandez seconded. In discussion Nicole Nash asked about assistants present at birth**. **All present voted yes.**

Moved to 'My midwife has explained" section. Nicki Imes read items listed. Sarah Foster recommended adding "or complete" after "frank" for that item. Discussion on clarifying first item, changed "a transport for" to "transfer to a hospital for" and added "to myself or my newborn" after birth injuries. Added "at any time" to second item about transfer of care. Lecye Doolen recommended adding a section under breech experience that shows experience, with blanks to fill in that state "attended, performed, and continuing education hours in breech births". Added "promptly" to notifying of labor symptoms. Changed "a hospital for delivery" to "to the care of a physician in a hospital for delivery" on the frank breech item. Travis Splawn read back section with changes. **Motion made by Michelle Hernandez to accept changes. Sarah Foster seconded. All present voted Yes**.

Next section was certifications. Nicki Imes recommended removing the certification sections. **Nicki Imes made a motion to remove the certification sections. Sarah Foster seconded. All present voted yes.**

Moved to signature section. Discussion of delineating more in this area. **Sarah Foster motioned to change "home birth" language to "out of hospital" Sarah Hall seconded. All present voted yes**.
Suggested language was to provide two choices. "I am choosing a vaginal breech out of hospital birth under the care of my midwife" and "I am choosing to transfer care to a physician"

Nicki Imes made a motion to accept the changes to the language. Michelle Hernandez seconded. All present voted yes.

Moved to references. Recommended removing “planned home birth” reference and to keep “mode of singleton breech” reference. Discussed adding a MANA reference as well as ACOG committee members stated that they would send MANA reference to OSDH to be added. **Nicki Imes motioned to strike the “planned home birth” reference and keep the “mode of singleton breech” reference. Sarah Foster seconded. All present voted yes.**

Nicki Imes set lunch break at 11:30, at 12:40 Nicki Imes called the meeting to order.

Tabled twin informed consent document until the next meeting. Moved to next agenda item.

V: Discussion, review, and possible recommendations on proposed permanent and emergency rules for Licensed Midwives

Nicki Imes noted that review should be done by section. Started with 1-2. Definitions. Lecye Doolen asked about student midwives. Nicki Imes explained differences between unlicensed and student midwives. Modified definition to include “or indirect” when discussing supervision and added “based on their level of training” at the end of the definition. Shaun Baranowski asked about Normal Fetal Heart Tones and discussion about clarifying definition to add “and reassuring fetal status” to the end of the definition. Sarah Foster asked about Low Risk Client definition and compared it to definition of Normal. Decided to leave both definitions in as worded and see how it was used in the rest of the document. Travis Splawn reviewed changes.

Under section 1-4 Shaun Baranowski asked if changes could be made to required anyone practicing midwifery to be licensed. Discussion said that law allows for unlicensed midwives.

Under 1-7 Travis Splawn noted removal of section due to unapplicability.

Lecye Doolen asked about termination of service under 1-6. Noted that it was addressed later.

Travis Splawn noted clarifications about rules used for advisory committee and that most are listed in statute.

Sarah Hall asked about certificate expiration dates as reference in section 1-10, and asked about notifications of renewals. Discussion of capturing information relating to expirations at the Department and processes. Michelle Hernandez recommended adding language that the CPM provides a copy of their renewal to the Department upon renewal. Language added under 1-10 was “Upon renewal of the NARM or AMCB certification, the Licensed Midwife shall submit a copy of the new certificate to the Department.”

Lecye Doolen asked question about term timeframes for committee members. Travis Splawn explained that a statue change request is being submitted to correct conflict in term timeframes.

Under 5-1 discussion about Low Risk and Normal and how they are used in this section. Sarah Foster expressed concern on how “low risk” was used in other states. Discussion about adding as defined by these rules. Nicole Nash clarified that a court would reference the definitions in these rules automatically so the change may not be needed. Stated they may come back to this area when looking further on. Shaun Baranowski asked about hospital privileges under section (c), discussion about what that would look like. Discussion about CM’s and their ability to practice in Oklahoma.

Michelle Hernandez asked about adding the NARM or AMCB renewals to section 5-3. Travis Splawn stated he preferred it with the language about maintaining certifications, but left it to committee to decide. Kept as is under 1-10.

Sarah Hall ask about unlicensed and licensed for disclosures under 5-4. Discussion about differences with those listed.

Shaun Baranowski wanted to returned to 5-1 to discuss hospital privileges. Discussion about adding “with appropriate hospital privileges” after “midwives may provide care in hospitals” under section (c).

Under 5-4 Shaun Baranowski asked about malpractice insurance and if it was common. Noted that is was not common.

Lecye Doolen asked about updates to arrest records and it was noted that it is mentioned in a later section.

Sarah Foster asked about 5-4 (5) being redundant. Noted that is was required by statute. Shaun Baranowski asked about NARM requirements for continuing education. The CPMs on the committee explained the amount and frequency of continuing education requirements. Lecye Doolen asked to discuss item (c) about terminating the midwife agreement. Discussed concerns about terminating service during labor and noted other later sections that address separation of care during labor. Michelle Hernandez recommended language to (c) to state “Before the onset of labor” at the beginning of the sentence.

Sarah Foster mentioned under 5-5 (a) the phrase “prior to all standard tests and treatments” was discussed to be removed so that consent would not have to be given before every treatment.

Under section 5-6 discussion started with note on placenta previa and clarifying third trimester. Decided to use language from another section that explains better. Changed to read as “Documented placenta previa in the third trimester; the placenta shall not be previa. To determine this, at 32 to 34 weeks gestation, the Client must obtain and official ultrasound report with images performed by a Registered Diagnostic Medical Stenographer (RDMS) to determine that the location of the placenta is not previa. The ultrasound should also include presentation and estimated fetal weight.” Shaun Baranowski asked about the signed physician release statement in 5-6. There was concern about releasing certain conditions. Sarah Hall wanted clarification on the language to show support of out of hospital birth from a physician. Discussion about how these releases would be obtained through physician or MFM. Nicole Nash asked about clarification on who obtains the release the midwife or the Client, language changed to have the Client obtain the release. Michelle Hernandez asked to remove “history of” from DVT/PE language. Discussion of language on epilepsy to “uncontrolled seizure disorder” Shaun Baranowski asked about these being high risk, and the Client understanding that risk if they obtain the physician release. Recommended adding language that states “are not considered low risk and” since low risk was already defined. Discussion around if Midwives would still take a Client with certain severe symptoms. Recommendation from Nicki Imes to split list into preclusions and preclusions with a physician recommendation. Sarah Hall shared a document listing high-risk pregnancy items to help guide the lists. Stated that her practice uses this document. Other discussions about conditions to consider. The list of conditions were split with the below items under complete preclusion of care:

(1) Severe asthma

(2) Cyanotic heart disease or presence of a prosthetic valve

(3) New York Heart Association class two heart failure

(4) History of cardiac surgery

(5) Pulmonary Hypertension

(6) Hemoglobinopathys; Sickle cell disease, thalassemia

(7) Chronic hypertension with renal or heart disease

(8) Severe obstructive pulmonary disease

(9) Chronic renal disease with a creatinine of greater than 1.5

(10) Lupus

(11) Marfan syndrome

(12) History if intracranial injury (stroke, AV malformation, or aneurisms)

(13) Prolonged anti-coagulation

(14) Type 1 diabetes

(15) severe polyhydramnios less than 34 weeks

(16) Triplets or greater

(17) monoamniotic Twins

(18) Conjoined twins

(19) Placenta accrete

(20) Documented placenta previa in the third trimester; the placenta shall not be previa. To determine this, at 32 to 34 weeks gestation, the Client must obtain and official ultrasound report with images performed by a Registered Diagnostic Medical Stenographer (RDMS) to determine that the location of the placenta is not previa. The ultrasound should also include presentation and estimated fetal weight.

(21) Uncontrolled seizure disorder

(22) Evidence of placenta abruption

(23) Evidence of preeclampsia/eclampsia

(24) Active tuberculosis or other serious pulmonary pathology

(25) Inadequately treated Syphilis,

(26) Asthma, if severe or uncontrolled by medication;

(27) Hepatic disorders (cholestasis)

(28) Uncontrolled Endocrine disorders

(29) Significant hematological disorders

(30) Active cancer

(31) Active alcoholism or abuse

(32) Active drug addiction or abuse

(33) Positive for HIV antibody

It was decided that the conditions listed below are precluded unless the Client can obtain a physician release.

(1) History of seizure disorder

(2) History of preterm labor or cervical insufficiency

(3) Evidence of shortened cervix

(4) Positive for Hepatitis B

(5) Chronic hypertension

(6) Isoimmunization

(7) History of post-partum hemorrhage with concurrent anemia

(8) History of unexplained, recurrent stillbirths, or neonatal death

(9) Psychiatric disorder or a history of severe psychiatric illness within the last six (6) months as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM)

(10) Pregnancy that extends beyond 42 weeks 0/7 days gestational age

(11) Two or more previous cesarean deliveries unless client has also had a successful vaginal delivery since the last cesarean delivery

(12) BMI over 40 at onset of pregnancy

Sarah Hall asked about the type of physician for the release if it needed to be specified, for example, an OB/GYN. Discussion of obstacles that specifying the type of physician may create from Michelle Hernandez and Sarah Foster. Lecye Doolen recommended leaving it as physician since the midwife has the opportunity to review the release and accept or reject it. Advance maternal age was considered, and it was decided that it would not be included. Active herpes was asked about and it was noted that it was covered later in the rules.

Moved to 5-6.1 Discussion about disclosure statements specific to VBAC and there was a recommendation to remove item (1) since VBAC was decided to be more of an Informed Consent document. Item number (3) was considered and discussion about the 20 min transportation limit, and providing a physician backup was discussed. Michelle Hernandez discussed process of transferring clients. Stated that physician and hospital are already listed in emergency plan. Discussion about leaving the 20 min item in the code would restrict the access to clients. Committee looked at VBAC consent form to see what language is also on that form. Concern about safety of clients that are over 20 min away that may have a rupture. Recommendation that if the 20 min item is removed from the code, then a provision on increased distance as related to increased risk would need to be added to the VBAC informed consent document. Also a discussion about removing the option to opt out of a diagnostic ultrasound from the VBAC informed consent form. Continued discussion of removing choice vs. safety of clients. Nicki Imes mentioned that these rules would also be open for public comment when they go to the legislature. Sarah Hall recommended adding a separate provision specific to the 20 min travel distance. Suggestion of bolding the statement about 20 min travel on the informed consent document.

Nicki Imes interrupted the discussion to mention the time and the possibility of extending the meeting. Discussion of permanent and emergency rules by Nicole Nash and the timelines for submission for the agency. Joy Fugett explained further timelines and processes on rulemaking. **Sarah Hall motioned for a vote to extend the meeting past 4 pm. Seconded by Sarah Foster. All present voted yes.**

Resumed conversation about VBAC regulations. There was a question about what the emergency plan requires, listed in 5-4. In discussion about removing the 20 min requirement, Nicole Nash recommended to avoid creating conflicting language in case the Commissioner did not accept changes. Lecye Doolen recommended a vote to decide removing the 20 min requirement and using informed consent. **Sarah Foster motioned to remove language from number (3) and move the recommendation for 20 min to the VBAC informed consent. Michelle Hernandez seconded. Vote was: Nicki Imes-yes, Sarah Hall-yes, Michelle Hernandez-yes, Shaun Baranowski-no, Lecye Doolen-no, Sarah Foster-yes. Motion passed.**

Motion by Sarah Hall to remove the "do not agree" from the diagnostic ultrasound portion of the VBAC consent form. Michelle Hernandez seconded. All present voted yes.

Discussion about specific language would be added to the VBAC informed consent related to the 20 min travel time. Language decided was similar to: "The place of birth is/is not within twenty (20) minutes of transport to the nearest hospital with twenty-four (24) hour obstetrical and anesthesia services available. If transport is over 20 minutes, increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death."

Discussion of a second item to add related to VBAC after multiple cesareans. Language was decided as: "TOLAC after two cesareans doubles the risk of uterine rupture. It is believed each additional cesarean would carry additional risk factors for uterine rupture, hemorrhage and death"

Audio recording used for minutes interrupted at this point. Minutes below are from written notes taken at meeting

Sarah Hall mentioned adding one more item to the VBAC consent form. Language discussed was: "The American College of Obstetricians and Gynecologists considers previous cesarean an absolute contraindication to planned out-of-hospital birth. This is due to a higher risk of perinatal and maternal death."

Michelle Hernandez motioned to accept the changes added to the VBAC informed consent form. Sarah Foster seconded. All present voted yes.

Under item 4 of 5-6.1 the language "this section" was changed to "these rules" and under (b) (2) there was discussion on the language for uterine scars. "into the endometrium" was changed to "through the myometrium". Other changes discussed were on item (c). The words "or complete" were added when describing frank breech. A new section (d) was added in relation to multiple deliveries. The language suggested was:

"For planned multiple deliveries the following additional requirements must be met:

1. Multiples shall be no more than two fetuses.

2. Determination of chorionicity by late first trimester or early second trimester by ultrasound with images performed by a Registered Diagnostic Medical Stenographer (RDMS). If the

chorionicity is not di/di the Licensed Midwife should transfer care to a physician upon diagnosis.

3. Discordance of greater than 20% of fetal difference should be referred to a physician at time of recognition.

4. A MFM consultation by the Licensed Midwife is required when twin pregnancy is identified. If the consultation is not obtained, the Licensed Midwife shall refer to a physician.

5. The presenting twin (baby A) must be head down at term.

6. At least three Licensed Midwives should attend the birth

Under section 5-7 the provision under (a)(1)(A) that stated that the midwife shall inform the woman seeking an out of hospital birth about risks and benefits was recommended to be removed since this is addressed elsewhere. Language was also added under (a)(1)(C) at the end of the sentence about Client refusal of screenings that states: "Client refusal of any test or screening that is necessary to determine any condition precluding midwifery care shall require transfer of care." Discussion continued in this section related to home visits as mentioned in (a)(2)(B). Concerns over making a requirement to visit the home, and discussion of what benefits the visit would bring. Recommended language to add "virtual" visits was discussed and concerns were some of the limitations that may cause. **After discussion, a motion was made by Michelle Hernandez and seconded by Sarah Foster to add virtual visits to the language**. **The vote was: Nicki Imes-yes, Michelle Hernandez-yes, Sarah Foster-yes, Shaun Baranowski-no, Lecye Doolen-no, Sarah Hall-yes. Motion passed.** This item was also moved out from under (a)(2)(B) into its own section (a)(2)(C).

Shaun Baranowski left the meeting at 5:38, quorum still maintained with remaining members

Still under section 5-7 under (b)(1)(A) there was discussion about moving the examination for dilation, effacement, and station from required, to being offered. The reasoning behind this was for mothers who may have suffered trauma, and would object to this examination. The language was changed to remove "dilation, effacement, and station" from the requirement section and add "and offer an internal vaginal examination to determine cervical dilation, effacement, and station" at the end of the sentence.

Under section 5-8 and item was added to the referral section (a) that mirrored previous language added in section 5-6.1. Language added for referral stated: "Identifies twins other than di/di." Under the medical consultation section (b) under (1) "greater than trace" was changed to "marked" for glucosuria and "greater than trace" was removed from in front of proteinuria. Item (4) in the same section related to gestational size was discussed and the phrase "through physical evaluation or diagnostic examination" was added at the end of the sentence.

*** Audio recording resumed at this point. Minutes below reflect the audio recording***

Discussion of item (7) from 5-8 to add "unexplained" before the word "fever" and to change the temperature from 100.4 to 101F. Then discussed item (6) which mentions Thrombocytopenia, it had a phrase added to the end of the sentence. The language added was "that does not improve with treatment". Sarah Foster recommending changing item (8) from "excessive vomiting after 24 weeks gestation" to "hyperemesis". Discussion about low blood pressure, noted that it was listed later in code. Recommendation on (9) to add the word "thick" in front of meconium and the phrase "with non-reassuring fetal heart tones" at the end

of the sentence. Under item (11) and (12) the phrase "in accordance with AGOG practice standards" was recommended to be removed. On item (11) Sarah Foster recommended language to be added after the word "station" that states "after 4 hours of adequate uterine activity in active labor". On item (12) Sarah Foster recommended that the language "after adequate pushing effort for 4 hours" after the word "labor". Lecye Doolen asked about a timeframe for rupturing and its relation to item number (7). There was a discussion about different scenarios that would affect transfer and the concerns of ruptures after 24 hours. Suggested language added to item (7) was "and birth has not reached second stage at 24 hours or" after "ruptured membranes". Lecye Doolen requested that a definition of hypovolemia be added in parenthesis on item number (15) so "low blood volume" was added. Discussion of changing item (13) from one hour to 30 mins and it was discussed and not changed. Lecye Doolen asked for more clarification on placental fragments on item (17). Language added in parenthesis after the word "membranes" that states: "pieces of the placenta or amniotic sac retained in the uterus". Also moved the word "retained" from before the word "placental". Sarah Hall recommended changing cc to ml on item (16) and a discussion was had about 500 vs 1000 ml blood loss. Recommended language from Sarah Hall was to add "and the mother is symptomatic" to the end of the sentence with 500 ml as the suggested volume.

Moved to 5-9 section for Newborn Care. Discussion of refusal forms related to medications and vaccinations. Sarah Foster suggested changing language from "referral" to "recommendation" to a physician in section (a). Sarah Hall asked about Vitamin K under item (b)(7) and a requirement for documented refusal. Nicole Nash clarified that the committee could not create a form for this refusal, but could suggest language in rules to add requirements. Nicki Imes suggested language about refusal that stated "If refused the Licensed Midwife shall document the refusal." Sarah Hall also recommended adding similar language on erythromycin as a separate entry. Language submitted was "the Licensed Midwife shall ensure that erythromycin is available at the time of delivery. If refused, the Licensed Midwife shall document the refusal." Discussion about creating a suggested refusal form. Nicole Nash stated that someone or a couple of people (3 or less) could work on a sample form and then present to the committee on a future meeting.

Moved discussion to 5-10. Sarah Hall asked about how an abnormal cry, respiratory distress, and cardiac irregularities and how midwives address those items. Michelle Hernandez and Sarah Foster discussed processes. Recommendation to define pulse oxygenation and CCHD to critical congenital heart disease and NRP to neonatal resuscitation program. Nicole Nash recommended leaving as a reference to NRP guidelines. Lecye Doolen asked about abnormal cry and what that entails. Discussion about if that item needed changed to be more direct or to say "cat-like". Decided to not recommend a change.

Audio Recording stops at this point. Minutes below are from written notes taken at the meeting

Further discussion under 5-10 on low birth weight under 5 pounds. Recommended adding "and with any of the following" to the end of the sentence on (10) with the following four conditions below: Lethargy, low temperature, poor suck, and jitteriness. Item (c) was asked to be duplicated under Scope of work. A recommendation was made to add the language "The Licensed Midwife shall inform parents of recommended guidelines for GBS prophylaxis, if the prophylaxis is not administered the License Midwife shall recommend physician evaluation within 24 hours of birth" as a separate entry (e).

Under 5-11 (a)(4) a recommendation was made to use the same format as the antepartum schedule in 5-7. One addition was recommended to the information in (a)(4), a visit at day 5 or 6. Under (b)(3) the language "3rd or 4th degree" was recommended to be added after "has" when discussing lacerations. Discussion on item (c)(3) related to depression with changes recommended to remove "or refractory" and to add "by evaluation with a validated instrument to diagnose postpartum depression conducted as necessary and no later than 6 week visit" at the end of the sentence.

The next recommendation was under section 5-13 under item (a)(8). This relates to anti-hemorrhagic drugs. Recommendation to add examples in the code, so "such as but not limited to Pitocin, misoprostol, and methergine" was added at the end of the sentence. An additional section, part (c) was recommended to be added with the language of "Medication listed in this section shall be stored as directed by the manufacturer and shall not be administered to any person after the expiration date listed."

Under 5-14 the sentence calling for a vaccine refusal that is documented for medical reasons was struck, as this was outside the midwives scope.

Under 5-15 item (b) the committee recommended that the age of majority (18) be used instead of the age of majority plus seven (25).

Under 5-16 item (c) there was a recommendation to add the list mentioned on the website. Nicole Nash advised that this section may not be needed in this code. Item (d) had a recommendation to add "The Department will provide this information to the Advisory Committee on Midwifery" at the end of the sentence so the Advisory committee will be notified of any criminal convictions. There was discussion of the reporting requirements listed in item (e). The report was recommended to be reduced to one per year instead of two and two additional reporting items were added. These were "The number and outcome of VBAC, multiple, and breech births" and "The number of fetal loss after 20 weeks gestation".

Under 5-18 the wording "if available" was added after mention of the infants physician to be more inclusive of patients without a selected physician. This was to be throughout this section.

In 7-5 the word "committee" was changed to Commissioner to reflect the appropriate entity that denies a license application.

Under 9-4 the word "required" was added before "signed informed consent" on item (c)(17)

Under Appendix A the words "or ordered by a physician" were added after "formulary" in the second to last box of the appendix.

Nicki Imes motioned to accept the listed recommendations as a whole. Sarah Foster seconded. All present voted yes with Shaun Baranowski absent.

There was a request for a vote on submitting these rules as emergency rules.

Sarah Foster motioned to submit these rules as emergency rules. Sarah Hall seconded. All present voted yes with Shaun Baranowski absent.

VI: Review, discussion, and possible action on any license applications received

One license application was received and reviewed by the committee. The certification listed was not NARM or AMCB. Discussion was that the applicant could use a bridge program to obtain NARM certification and reapply. **Sarah Foster motioned to recommend denial of the**

application based on lack of NARM or AMCB certification. Lecye Doolen seconded. All present voted yes with Shaun Baranowski absent.

VII: Review, discussion, and possible action on any complaints received

No complaints were received.

VIII: New Business

There was no new business.

IX: Adjournment

Nicki Imes motioned for adjournment. Lecye Doolen seconded. All present voted yes with Shaun Baranoski absent. Adjourned at 8:53 pm.