OKLAHOMA
State Department
of Health

MINUTES OF REGULAR PUBLIC MEETING

PUBLIC BODY:	ADVISORY COMMITTEE ON MIDWIFERY
DATE:	WEDNESDAY, NOVEMBER 13, 2024, 1:00PM
LOCATION:	OKLAHOMA STATE DEPARTMENT OF HEALTH 123 ROBERT S. KERR AVE., FLOOR 28, OKC, OK 73102
CONTACT PERSON:	MATT MCDONALD TELEPHONE: (405) 426-8250

1. Call to Order

Nikki Imes called the meeting to order at 1:09 pm at the Oklahoma State Department of Health.

2. Roll Call

Matt McDonald called roll and a quorum was met.

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

Members absent: Michelle Brunnabend and Sarah Hall

Staff present: Matt McDonald

Others present: None

3. Review and Discuss Meeting Minutes from September 11, 2024

Shaun Baranowski made a motion to accept the minutes. Michelle Hernandez seconded the motion.

Roll Call

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Michelle Hernandez, and Nikki Imes.

Motion carries.

4. Discussion and Recommendation: Licensure Applications

- Karis Johnson – Licensed Midwife Application

  Sarah Foster made a motion to approve for licensure. Michelle Hernandez seconded the motion.

Roll Call
Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Michelle Hernandez, and Nikki Imes.

Motion carries.

- Matison Davis- Licensed Midwife Application

Michelle Hernandez made a motion to approve for licensure. Nikki Imes seconded the motion.

Roll Call
Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Michelle Hernandez, and Nikki Imes.

Motion carries.

5. Review and Recommendations for Consent Form Updates

The committee continued reviewing the consent form for possible changes and updates to be made to the current form. Below are the changes that were discussed:

1. I voluntarily consent for out-of-hospital birth with a: *(Select one option below.)*

Certified Professional Midwife: The CPM is the only midwifery credential that requires knowledge about and experience in out-of-hospital settings. Their education and clinical training focus on providing midwifery model care in homes and freestanding birth centers. In some states, CPMs may also practice in clinics and physician offices providing well-woman and maternity care. They have either completed an apprenticeship with a minimum of 2 years or a MEAC approved degree program.
Certified Midwife: The CM has or receives a background in a field other than nursing, then graduates from a master's level midwifery education program. They have similar training to CNMs, conform to the same standards as CNMs, but are not required to have the nursing component.
Certified Nurse-Midwife: The CNM is trained in both nursing and midwifery. Their training can be done in a variety of settings, and the vast majority of CNMs practice in clinics and hospitals. Although their training occurs in medical settings, The CNM scope of practice allows them to provide care in any birth setting) They have their bachelor's in nursing and masters in nurse midwifery. They are the only midwives required to have a nursing background.
Unlicensed Midwife: Midwives who - for religious, personal, and philosophical reasons - choose not to become certified or licensed. Typically, they are called traditional midwives. No formal education is required. The risk and benefits listed below do not represent unlicensed midwifery. Outside of providing this form, unlicensed midwives are not accountable to the OSDH Consumer Health Services.

Risks to Out-of-Hospital Births:

- Increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death.
- Home birth is associated with a more than twofold increased risk of perinatal death (1–2 in 1,000) and a threefold increased risk of neonatal seizures or serious neurologic dysfunction (0.4–0.6 in 1,000).
- In a planned home birth, approximately 23-37% of first-time moms and 4-9% of multiparous (not first baby) are transferred to the hospital during labor.
- Transportation time to the hospital may decrease the ability of the hospital to provide good outcomes. For example, if the baby is in distress and a cesarean section is delayed, this could lead to permanent morbidity and mortality. If the mother is

hemorrhaging, this could lead to increased need for transfusion, hysterectomy, and severe morbidity.

Benefits to Out-of-Hospital Births:

- Low rates of cesarean birth (5.2% planned out-of-hospital vs a hospital of 24.7% for term infants)
- Low rates of birth assisted by forceps or vacuum (1.2% planned out-of-hospital vs. a hospital of 3.5%)
- Low rates of episiotomy (1.4% planned out-of-hospital vs a hospital of about 4.6%) (Leapfrog)
- Less use of epidural analgesia (4% planned out-of-hospital vs a hospital 67% national epidural rate)

Benefits of Midwifery Care:

- Decreased chance of being born prematurely, or too small
- Decreased chance of having a low 5-minute Apgar or requiring a transfer to a hospital after being born at home
- Increased rates of breastfeeding.
- Less need for oxytocin for labor induction and augmentation in term pregnancies

2 I understand that if I refuse recommended treatment or procedures, the prognosis (predicted future medical condition) is possible increased risk to both myself and my infant. I understand that the midwife, physician, medical personnel and other assistants will rely on statements about me, my medical history, and other information in determining whether to perform the testing or procedure or recommending a course of treatment.

3. I understand that during the course of care, it may be necessary or appropriate to perform additional testing and procedures outside the standard of care, for which informed consent will be offered at that time.

4. I consent to and authorize my Midwife to make decisions concerning standard testing and procedures. I also consent to and authorize the performance of such additional procedures as the Licensed Midwife deems necessary or appropriate.

5. I agree to allow my Midwife to disclose my Protected Health Information and to use my records in order to discuss my medical condition, medical consultation, to include referrals, or transfer of care, lab or ultrasound orders, and insurance claims on my behalf with those who are involved in my care.

6. I voluntarily consent to allow any physician or midwife designated or selected by my Midwife and all medical personnel under the direct supervision and control of such physician or midwife and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein. Unless rescinded, this consent will remain in effect until delivery or transfer of care.

7. I have the right of refusal for any action, procedure, test, or screening recommended by the Licensed Midwife.
List refused item(s):

-REFERENCES

1. "Planned Home Birth" Committee Opinion Number 697. April 2017. ACOG-Reaffired__2023____
2. Cheyney M, Bovbjerg M, Everson C, Gordon W, Hannibal D, & Vedam S. (2014). Outcomes of Care for 16,984 Planned Home births in the United States: The Midwives Alliance of North America Statistics Project, 2004-2009. Journal of Midwifery & Women's Health
3. CDC/National Center for Health Statistics. (2010). National vital statistics system. Data available at http://www.cdc.gov/nchs/VitalStats.htm
4. Leapfrog- "State of Maternity Care in the U.S.: The Leapfrog Group 2023 Report on Trends in C-sections, Early Elective Deliveries, and Episiotomies."

Meeting Paused: 2:31 pm

Meeting Resumed: 2:36 pm

The committee discussed possibly tabling the informed consent form until the next meeting, however, they determined that it needed not be tabled and the changes voted on.

Nikki Imes made a motion to approve the changes discussed to the Informed Consent Form. Michelle Hernandez seconded the motion.

Roll Call
Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Michelle Hernandez, and Nikki Imes.

Motion carries.

6. Discussion Regarding Rule Modifications

Shaun Baranowski made a motion to table the rule discussion. Lecye Doolen seconded the motion.

Meeting Paused: 3:39 pm

Meeting Resumed: 3:48 pm

Roll Call
Aye: Shaun Baranowski and Lecye Doolen

Nay: Nikki Imes, Sarah Foster, Michelle Hernandez

Motion Does Not Carry

The committee began reviewing Title 310, Section 395 to discuss and make any recommended modifications.

The committee discussed the following proposed rule modifications to read as follows:

Title 310:395-5-6. Conditions precluding Midwifery care.
(b) The following conditions preclude Midwifery care, and the Client must be transferred to a physician, CNM, or Clinician upon diagnosis unless the Client obtains a consultation within the last twelve months, or is co-managed, with a medically relevant clinician and all recommended treatments can be completed in an out of hospital setting.

(2) History of ~~preterm labor or~~ cervical insufficiency;

(11) More than two previous cesarean deliveries unless the Client has also had a successful vaginal delivery since the last cesarean delivery;

310:395-5-6.1. Provisions for VBAC, multiple, and breech births
(3) The Licensed Midwife must obtain, retain, and analyze prior physician and hospital cesarean records, in writing, prior to 37 weeks gestation. Records showing that requirements of this section cannot be met shall require immediate referral of care of the Client. If the Licensed Midwife is unable to obtain the written records, the Licensed Midwife shall not retain the Client; and

(6) At least ~~three~~ two Licensed Midwives should attend the birth.

Title 310:395-5-7. Assessments and care antepartum and intrapartum.
(B) A Client has the option to refuse any test or screening offered by the Licensed Midwife. Any refusal should be documented by the Licensed Midwife and placed in the Client's file. ~~Client refusal of any test or screening that is necessary to determine any condition precluding midwifery care shall require transfer of care~~.

310:395-5-8. Required medical consultation or referral, antepartum and intrapartum periods
(b)(6) Has demonstrated Thrombocytopenia by blood test (platelets under ~~150~~ 100) that does not improve with treatment;

(b)(7) Has an unexplained fever of equal or greater than 101^0 F or 38^0 C for greater than 24 hours;

(c)(7) Has ruptured membranes and birth has not reached active labor ~~after 18 hours~~ at 24 hours;

(c)(18) ~~Desires~~ Requests transfer.

8. New business (Limited to items not reasonably foreseen 24 prior to meeting)
Dr. Hall's email sent to OSDH advising that she is resigning from the Advisory Committee due her the clinic at the school shutting down.

A special meeting was scheduled for December 18, 2024, at 10:00am at the Oklahoma State Department of Health to continue reviewing Title 310, Section 395 of the Oklahoma Administrative Code.

9. Adjournment
The meeting was adjourned at 5:23 pm.