



**MINUTES OF REGULAR PUBLIC MEETING**

PUBLIC BODY:           ADVISORY COMMITTEE ON MIDWIFERY  
DATE:                   WEDNESDAY, JANUARY 13TH, 2021  
LOCATION:               123 ROBERT S KERR, OKLAHOMA CITY, OK 73102  
CONTACT PERSON:    TRAVIS SPLAWN                   TELEPHONE: (405) 426-8250

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**I: Call to Order**

Nikki Imes called the meeting to order.

**II: Roll Call**

Justin Neidel initiated a roll call for the meeting.

Members present: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes and Kate Arnold

Members absent: None

**III: Statement of Compliance with the Open Meetings Act**

Justin Neidel read the statement of compliance: *This regular meeting of the Advisory Committee on Midwifery, scheduled to begin at 1:00 p.m. on this 13th day of January, 2021, 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: Approval of previous meeting(s) minutes**

Sarah Foster made a motion to approve the November 13, 2020 meeting minutes. Michelle Hernandez seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

Sarah Hall made a motion to approve the December 3, 2020 meeting minutes. Lecye Doolen seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

**V: Program Update**

Travis Splawn gave a program updated with the following. ODSH is still continuing to receive applications and just issued certificates to approved ones. The Legislature is looking to file

another amendment in order to allow virtual meetings and possibly fast tracking it. The next board meeting might be eligible for a virtual meeting. The OSDH website has been updated with forms and is continuing to work on adding verbiage to the forms. The proposed rules have been approved by the Commissioner of Health and are now at the Governor's desk. Travis advised he will find out if already approved applications will need to have the new forms and disclosures completed and signed once they are approved.

It was discussed that the public comment opens on January 15, 2021 and goes through February 16, 2021 and the hearing is on February 16, 2021 begin at 1:00pm and ends at 4:30pm and can be conducted virtually. Public comments can be submitted electronically. Travis stated the proposed rules can be modified if needed. All comments will be addressed. Any person can participate in the hearing and do not need an invite.

**VI: Discussion, review and possible action relating to forms created at previous meetings**

Shaun Baranowski said she had a question about the education added for all of the levels based on Mana on the Oklahoma Midwife Informed Consent Form. A discussion about keeping it simple and add just a sentence or two for each level that addresses the education. Shaun Baranowski made a motion for Certified Nurse-Midwives to add they have a Bachelors in Nursing and Master in Nurse Midwifery and training can be done in a variety of settings and CNM's can deliver babies in Hospitals, birthing centers, and at home births. Seconded by Sarah Hall. Lecye stepped out of the meeting 1:50pm and returned 1:55pm and missed the vote.

**Aye: Shaun Baranowski, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

**No vote: Lecye Doolen**

Sarah Hall is recommending adding minimum years of training that is required and motions under Certified Professional Midwife, Certified Midwife, and Unlicensed Midwife that a minimum duration of training is delineated. A discussion into this motion in regard to training requirements took place and afterward, Sarah Hall modified her motion to include the pathway to achieving the designated title of CPM, CM, and Unlicensed Midwife. Seconded by Kate Arnold.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

A discussion while looking at the Mana website for language to use and work on making the changes to the motion. Unlicensed Midwife does not require any formal education.

Certified Professional Midwife: CMP has the existing language on the current form and adding at the end of the sentence, completing an apprenticeship with a minimum of 2 years or a NEACU approved degree.

Certified Midwife: CM has the existing language on the current form and adding at the end of the sentence, have an undergraduate degree in a field other than nursing and a graduate degree in Midwifery.

Certified Nurse-Midwife: CNM's are trained in both nursing and Midwifery, their training can be done in a variety of sittings and the vast majority of CNM's practice in Clinics, and Hospitals. The CNM scope of practice allows them to allow them to provide care in any birth settings. They have their bachelor's in Nursing and Masters in Nursing Midwifery. CNM's are the only midwife required to have a Nursing background.

Unlicensed Midwife are 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.

It was recommended to add a colon after each title and the abbreviation and a discussion started about making sure the form is not being too complex and is meeting the goal. Sarah Hall made a motion to adopt the language of the above sections. Michelle Hernandez seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

Travis Splawn reminded the Board that a previous discussion item from the previous meeting was move the risk and benefits #3 of home births on the Oklahoma Midwife Informed Consent Form be moved to the Disclosure Form. A discussion about the risks and benefits should be moved from the Twins Form and adding it to Oklahoma Midwife Disclosure Form. Originally on the Breech form. Shaun Baranowski made a motion to move under # 3 on the Informed Consent to move bullets #1, # 2 and # 3 under birthing at home, skip bullet # 4 since its specific to Twins and add # 5, # 6, # 7, # 8 and add a list of benefits. A discussion about this motion and it was recommended to add the definitions or references cited and the following to be added to the Disclosure Form.

This will give a balance of benefits vs risks. Sarah hall made the motion of the above language. Shaun Baranowski seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

A discussion of the Midwife Disclosure form about discussing the emergency plan to be read to client. The rules specify what is supposed to be on the Disclosure including an emergency plan and it is not currently listed in the check box. Sarah Hall suggested at the next meeting to create and approve a formal emergency plan template for all Midwives to use. During a further discussion Sarah Hall made a motion to create a section of the Midwife Disclosure form to have the emergency plan delineated and have a minimum criteria. This item and discussion recommended to be moved to the next meeting. It was asked if #6 of the Oklahoma Midwife Disclosure Form needed to be reworded to match the Consent Form and to remove (advanced practice). A discussion about the Documentation Checklist and add the following citation (OAC 31:395-5-6) after the conditions outside the scope of practice. Sarah Hall made a motion to add to the next meeting agenda, Hospital transfer plan or protocol form to be suggested for people to use. The emergency plan is for the client to keep and the Hospital transfer plan is for the physician or provider to keep. Nikki Imes made a motion to accept the disclosure form changes. Michelle Hernandez Seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

Nikki suggested taking a 5 minute break at 1515. After the break, a discussion about the benefits of out of hospital births. Having the information will allow the client to read the entire study. You cannot do a side by side comparison of in hospitals and out of hospitals. Adding benefits for birthing at home are, low rates of cesarean birth (5.2% at home vs a national average of 31% for term infants). Low rates of birth assisted by forceps or vacuum (1.2% at home vs. a national average of 3.5%). Low rates of episiotomy (1.4% at home vs a national average of about 25%). Less need for oxytocin to speed labor (4.5% at home vs national average of 24% for labor induction and 16% augmentation in term pregnancies. The risks at home are, Transportation time

to the hospital may decrease the ability of the hospital to provide good outcomes. Increased distance to surgical interventions, NICU, and pediatric services may increase risk of infant and maternal death. Home birth is associated with 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. Nikki Imes made a motion to add the benefits of home birth as listed above to the General Consent Document. Kate Arnold seconded.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

A discussion about the Oklahoma Midwife VBAC Informed Consent Form, under I understand the best way to avoid placental implantation problems at birth is by verifying the location of the placenta prenatally by ultrasonography. Michelle Hernandez had a Motion to change the language about the placenta and add a line for the client to initial that agree to undergo a diagnostic ultrasound to detect the placenta. Adding augmentation of labor (drugs, supplements or herbs) used to strengthen contractions to the form. Adding I understand that my previous cesarean was done due to failure to progress (arrest of dilation or descent) then my chance of a successful vaginal delivery is lower. The midwife initials that the client meets the criteria according to the rules. Seconded by Sarah Foster.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

A discussion about the Oklahoma Midwife Vaginal Breech Birth Informed Consent Form and Sarah Hall made a motion adding Vaginal Frank/Complete Breech to the top of the form. Modifying the first bullet under, these risks may be minimized by some of the following techniques to read, early detection of malpresentation as confirmed by ultrasound. Changing the second paragraph to the following, it is recommended by the American College of Obstetrics and Gynecologists (ACOG), which breech babies be delivered by cesarean or in a hospital setting, 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. When your baby is breech, you have three (3) options for delivery:

1. A planned hospital birth as determined by a physician.
2. 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. This is most safely accomplished in the hospital.
3. A planned home birth with risks as described below.

Modifying the first bullet under, these risks may be minimized by some of the following techniques to read, early detection of malpresentation as confirmed by ultrasound. Seconded by Nikki Imes.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

**VII: Discussion, review, and possible action relating to language for Informed Consent (example: Twins)**

Nikki suggested to skip the Twin Informed Consent and table it to the next meeting. Motion made by Michelle Hernandez to table item next meeting. Seconded by Shaun Baranowski.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

**VIII: Discussion, review, and possible recommendations on approval of an additional certification organization beyond NARM and AMCB**

Travis Splawn discussed during the last meeting that a non NARM and AMCB certified Midwife application of Melinda McCoy was reviewed. OSDH informed the applicant of the committee's recommendations that they preferred and would like to see one of those 2 certifications. She responded with information regarding her certifications as it relates to the NARM certification and provided the information that is attached to the meeting packet. The applicant stated her certification exceeds the NARM certification and OSDH would like the committee to review and determine if it is something can be considered. Sarah Hall motions to table this item in order for time to review and discuss at the next meeting and OSDH will let the applicant know that NARM has reciprocity and possibly ask for more information. Seconded by Kate Arnold.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

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

Discussion and motion made by Sarah Foster to recommend OSDH to license Heather Forest based on her application had all of the criteria pending her background check. Seconded by Michelle Hernandez.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

Nikki Imes advised of a Point of Order before the new application review and asked Travis Splawn to clarify to the committee. Travis Splawn stated to avoid a potential conflict of interest, he asked Lecye Doolen to recuse herself as a board member while the committee discusses and votes on the next applicant as a recommendation from OSDH legal counsel. It is noted that she agreed and recused herself during the next item of business. A discussion about the possibility of a split with only 6 voting board members. If that happened the board would address that if at that time and Travis would get with legal. A further discussion about meeting the requirements and the board having enough information to make a recommendation. While reviewing the application of Dawn Karlin it was discussed that a letter from the Oklahoma Board of Nursing was included that stated they took action of revoking the advanced practice registered nurse-certified nurse midwife for ten years and revoked the single-state license to practice as a registered nurse for 2 years. It was requested to ask for more information in order to make a recommendation and have the applicant respond to each of the reasons for the previous revocation in order for the committee to have all of the information to make a decision. Sarah Foster made a motion to ask the applicant for more information listed above. Seconded by Nikki Imes.

**Aye: Shaun Baranowski, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

It was noted that Lecye Doolen did not speak during the discussion and did not vote on the motion.

**X: Review, discussion, and possible action on any complaints received**

Nikki Imes asked if OSDH had received any complaints, and there were none.

**XI: Review, discussion, and possible action on different meeting locations**

A discussion about the possibility of moving the next meeting to Tulsa based on a suggestion to split the meeting locations up. Shaun Baranowski made the motion to move the meeting to Tulsa on March 9am until 5pm. Seconded by Nikki Imes.

**Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.**

**XII: New Business**

A request for upcoming meetings, the OSDH give any legislative updates that could affect the Midwifery licenses.

**XIII: Adjournment**

Nikki Imes made a motion to adjourn. Seconded by Sarah Foster.