

Meeting Minutes
SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
Teleconference
May 24, 2018 9:00 a.m. Central

President Debbie Pease called the meeting to order at 9:04 am. The roll was called. A quorum was present.

Members of the board in attendance via phone: Autumn Cavender-Wilson, Kimberlee McKay, MD, Susan Rooks, Debbie Pease, and Pat Schwaiger.

Others in attendance via phone: Kelsey Smith, Governor's Office; Susan Sporrer, DOH, Tamera Weis

Pease requested that item #1 under New Business, Draft Complaint Form, be moved to the next meeting and that the open forum time be moved to immediately precede the Executive Session. Rooks moved approval of the agenda as amended; seconded by Schwaiger. The board voted by roll call. Cavender-Wilson, Pease, Rooks, and Schwaiger voted aye. McKay absent. **MOTION PASSED.**

Schwaiger moved to approve the March 12, 2018 minutes; seconded by Rooks. The board voted by roll call. Cavender-Wilson, Pease, Rooks, and Schwaiger voted aye. McKay absent. **MOTION PASSED**

The financial report through April 28, 2018 was presented. Kelsey explained some of the expenses are billed to agencies, including boards, on either a monthly, quarterly or annual basis. Pat asked about general liability and what that would entail. There were no questions and the report was filed.

Board members were provided with a copy of the Code of Conduct for South Dakota Board Members. The Code of Conduct outlines a set of ethical principles and guidelines for state entities, including board members, when acting within their public service capacity.

During the open forum, Tamera Weis introduced herself to the Board.

Rooks moved to go into executive session pursuant to SDCL 1-25-2(4) to discuss personnel matters and contracts; seconded by Cavender-Wilson. The board voted by roll call. Cavender-Wilson, McKay, Pease, Rooks, and Schwaiger voted aye. **MOTION PASSED**

The board went into executive session at 9:24 am. The board came out of executive session at 9:37 a.m. Cavender-Wilson reported that the board discussed personnel matters and contracts in executive session and moved to award the Executive Secretary contract to Tamara Weis on June 1, 2018 for one year for \$12,075 and to accept the report of the executive session; seconded by McKay. The board voted by roll call. Cavender-Wilson, McKay, Pease, Rooks, and Schwaiger voted aye. **MOTION PASSED**

The board reviewed the revised renewal form. Cavender-Wilson moved approval of the form; seconded by Rooks. The board voted by roll call. Cavender-Wilson, McKay, Pease, Rooks, and Schwaiger voted aye. **MOTION PASSED**

The board reviewed the revised application form. McKay moved to accept the form; seconded by Schwaiger. The board voted by roll call. Cavender-Wilson, McKay, Pease, Rooks, and Schwaiger voted aye. **MOTION PASSED**

The board thanked Ashley Tanner for her work in developing and finalizing the forms.

The board reviewed stakeholder comments on the draft administrative rules.

- South Dakota State Medical Association Comments
 1. Proposed 20:85:02:02 allows for licensure by reciprocity with no authorizing provision in SDCL 36-9C
 - Board Response: Agree, section removed
 2. Rules allow CPM to care for mother-baby unit with a history of problems relating to pregnancy which is prohibited by statute
 - Board Response: Statute permits CPMs to provide care for low risk pregnancy. The board believes the rules in 20:85:03:01 through 20:85:03:05 define those situations where a CPM may provide care and adequately protect the mother-baby unit. No changes made to draft rules.
 3. 20:85:03:01(1)(a)(1) Placental abnormality – no expectant mother with placental abnormality should be considered a candidate for CPM services.
 - Board Response: The rules as drafted prohibit a CPM from providing care to an expectant mother with placental abnormality. No changes made to draft rules.
 4. 20:85:03:01 (1)(a)(4) Insulin dependent diabetes mellitus – provision should be extended to include all diabetes.
 - Board Response: Subsection changed to read “Diabetes requiring medication including gestational diabetes and Type II diabetes”. “Diabetes controlled by diet and exercise” was moved from recommended consult (20:85:03:03) to required consult (20:85:03:02).
 5. 20:85:03:01(1)(a)(19) basic lab work should include syphilis, HIV, and Hepatitis B
 - Board Response: Agree; additions made
 6. 20:85:03:01(1)(a)(19) – refusal to consent to blood work – it is not possible to determine “problem free” without blood work
 - Board Response: Agree that blood work is needed to determine if pregnancy is low risk. Documentation of signed refusal removed from draft rules. Cavender-Wilson and Pease objected.
 7. 20:85:03:01(1)(a)(20) – Active TORCH should be defined
 - Board Response: Agree; definition provided
 8. 20:85:03:01(1)(a)(22) – question how CPM will detect congenital fetal anomaly without ultrasound
 - Board Response: CPM practice includes Leopold maneuvers, palpitation of mother’s belly, and fetal movement. No changes made.
 9. 20:85:03:01(1)(a)(23) – Thrombocytopenia should be added
 - Board Response: Agree; added to required consultation section
 10. 20:85:03:01(1)(a)(25) – believe “Serious” should be removed as any viral/bacterial infection at term puts newborn at risk.
 - Board Response: Removal of the work “serious” would prohibit a CPM from delivering a baby if the mother had the common cold. Updated language to read “Any acute infection that would put newborn at risk of becoming very sick” per language in SDSMA response.

11. 20:85:03:01(1)(a)(26) Diagnosed intrauterine growth restriction – believe word “diagnosed” should be removed and replaced with “suspected”
 - Board Response: 20:85:03:02 provides for definition of suspected size/date discrepancies requiring physician consultation. No changes made.
12. 20:85:03:02(1) – Women who have had a prior C-section should deliver in a facility with the capability to perform a C-section within 10 minutes.
 - Board Response: Previous C-section should not prohibit a CPM from providing care to a pregnant mother. No changes made. McKay objected.
13. 20:85:03:02(1)(b)(1) – prior myomectomy should be added
 - Board Response: Agree; added to 20:85:03:02
14. 20:85:03:02 – believe that patients who have had a previous major surgery of the pulmonary system, cardiovascular system, urinary tract and/or gastrointestinal tract required consultation and previous surgeries of the reproductive or genitourinary tract be added to list
 - Board Response: Major surgery of the pulmonary system, cardiovascular system, urinary tract and/or gastrointestinal tract are currently listed in the proposed rules for required consultation. Previous surgeries of the reproductive or genitourinary tract added.
15. 20:85:03:02(2) – Any expectant mother with diabetes should be referred to a physician.
 - Board Response: Disagree any expectant mother with diabetes should be referred to a physician. Language was updated to read “Gestational diabetes controlled by diet or exercise” as a required consultation.
16. 20:85:03:02(19) – Word “marked” should be removed.
 - Board Response: Removed
17. 20:85:03:02(27) Signs of umbilical infection unresponsive to treatment – believe “unresponsive to treatment” should be removed.
 - Board Response: Disagree. However, language updated to define the signs of omphalitis.
18. 20:85:03:02(39) – Any current outbreak of genital herpes, whether primary or secondary, should required referral.
 - Board Response: Added “secondary”.
19. 20:85:03:03 generally – CPM may only provide care when pregnancy is anticipated to be “problem free”. Accordingly, all of the conditions listed call for a mandatory referral, not a mere recommendation.
 - Board Response: See #2 above. No changes made.
20. 20:85:03:03(1) – Anyone with a BMI greater than 40 should require referral.
 - Board Response: Language updated to read “BMI at time of conception of 40 or greater with comorbidity or 45 or greater with no comorbidity”.
21. 20:85:03:04 – ACOG definition of chorioamnionitis should be used.
 - Board Response: changes made.
22. 20:85:03:04(6) – should say “preterm” labor
 - Board Response: Agree, change made.
23. 20:85:03:05(11) – appears to be typographical error
 - Board Response: Agree, change made.
24. 20:85:03:03 – there should be a requirement for a clinical note describing the events leading to the transfer
 - Board Response: The board prescribed transport form includes this requirement. No changes made.

- 25. 20:85:03:07 – recordkeeping requirement should be equal to or at least one year greater than the state’s statute of limitation for birth injury.
 - Board Response: The board used SDCL 15-2-14.1 to establish recordkeeping requirement which establishes a 2-year statute of limitation. Since proposed requirement of 10 years would meet SDSMA request, no changes made. If there is another statute SDSMA is referencing in their comment, board would be open to discussion.
 - 26. 20:85:03:08 – Requirement for CPM to be certified in neonatal resuscitation.
 - Board Response: This is required as part of NARM certification and recertification required for licensure in South Dakota. No changes made.
 - 27. 20:85:03:10(6) – requirement to report services and outcomes should be extended to the standard postpartum period.
 - Board Response: Agree; adjustments made to language.
- Nicole Marie Josselyn, CNM Comments – believes the fee was an undue requirement and that there should not be an additional birth fee.
 - Board Response: Fees are set as established in statute to allow the board to meet its obligation to be self-supporting as all other professional licensing boards are.
 - Judy Jones, CPM Comments – comments generally pertained to rules being unduly burdensome and would prohibit her from being licensed in South Dakota. One specific concern was.
 1. Both 20:85:02:01 (prohibited CPM care) and 20:85:03:02 (required physician consultation) contain pregnancy beyond 42 weeks gestation; this is conflicting language.
 - The board clarified that “suspected or known postdates pregnancy beyond 42 weeks gestation” was listed under required consult because a consult with a physician could result in the physician agreeing that the suspected dates were not accurate, allowing additional time for a client to remain in the CPM’s care. No change made.
 2. 20:85:05:06 (8)(b) prohibiting “aiding, assisting, or advising another in the unlicensed practice of professional midwifery” would prohibit a CPM from advising someone in states where there was no licensure.
 - Board Response: Cavender-Wilson believed the provision should be removed because it would prohibit a CPM from advising an unlicensed person in an emergency situation. 20:85:05:06 (8)(b) was updated to clarify that the provision pertains to unlicensed practice in South Dakota only. Cavender-Wilson objected.

The board reviewed the draft formulary. Pease indicated that the list was developed using Wyoming as a guide but modified to reflect only what was allowed by SDCL 36-9C-13(7). The board asked that the formulary be included in the draft rules as proposed for further discussion at the next meeting.

Rooks moved approval of the draft rules as amended during the meeting; seconded by Schwaiger. Cavender-Wilson, Pease, Rooks and Schwaiger voted aye; McKay absent. **MOTION PASSED.**

Board members will be polled regarding their availability for the next board meeting. At that meeting, the board will hold the public hearing for the proposed rules.

Cavender-Wilson moved to adjourn, seconded by Schwaiger. Cavender-Wilson, Pease, Rooks and Schwaiger voted aye; McKay absent. **MOTION PASSED.** The meeting adjourned at 12:28 p.m.

Respectfully Submitted,
Autumn Cavender-Wilson, Secretary