



SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES

27705 460th Avenue, Chancellor, SD 57015

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Home Page: doh.sd.gov/boards/midwives/

President Debbie Pease **called the meeting to order at 1:07pm** after welcoming everyone and offering some instruction to help run the meeting more effectively.

Secretary Cavender-Wilson called the roll. A quorum was present. **Members of the board in attendance:** Debbie Pease President, Sue Rooks Vice President, Autumn Cavender-Wilson Secretary, Amy Lueking and Eudine Stevens were all present via phone. Also present by phone were Steve Blair, Legal Counsel, Mariah Pokorny, DOH Liaison, Debbie Eakes CPM, and Alaina Kerhove, CPM. Tammy Weis, Exec Secretary was present at the CPM office.

President Pease **welcomed, Amy Lueking, our new physician member**, recently appointed by Governor Noem. Dr Lueking shared a short introduction.

Pease noted that it had been requested to **amend the agenda** to add SDCL 1-26-2 along with 1-25-2 to the citation for Executive Session with the approval of the agenda. **Rooks moved to make the change and approve the agenda**, Stevens second. The board voted unanimously. **MOTION PASSED.**

During the Public Forum, Alain Kerkhove CPM addressed the board in favor of the change to more streamlined and usable Transfer Forms.

Rooks moved to **approve the draft minutes from Sept. 21, 2023.** Stevens second. The board voted unanimously. **MOTION PASSED**

Weis presented the office update.

She welcomed Dr Lueking and presented a list of all of the board members, their titles and positions on the board.

The venter report from Feb, 2024 was presented which documents expenditures for the past 5 years for comparison. Expenditures to date for FY 2024 were \$4593.82 and the accounts receivable of \$9257.25 for the FY was reviewed.

Board Member Compensation changes from **\$60 to \$166 per meeting beginning July 1, 2024.** Our board has graciously donated their time over the past several years. Meeting cost was budgeted as \$300 per meeting. New budget will be \$830.00/meeting or \$1660.00/annually. Board Members Debbie Pease, Eudine Stevens, Sue Rooks and Autumn Cavender Wilson stated **that they do not want to be paid to attend board meetings for the remainder of their terms.**

The Attorney General's office approved legal counsel rate will be increased to \$115/hour also beginning July 1st.

A document listing all of those **licensed under the CPM board** was presented. **There are: 8 CPMs, 3 Midwifery Students, 1 Inactive Status.**

In 2023 there were 44 births, One report was flagged as possibly out of compliance.

Investigation is in progress.

Board Update was for information only, no board action was required.

Pease offered a Legislative Overview of SB 57, the Second Chance bill. It provides for convicted felons to be considered for licensure under certain conditions. The applicable portion of our statute was reviewed Steve Blair counseled that since it says "may" in place of "shall" it should **not need to be revised**. Any license application that would come before us with any unusual information should be considered on an individual basis.

Committee Members Sue Rooks and Eudine Stevens offered a draft document outlining a **board policy for midwifery care after loss of pregnancy** (Spontaneous Abortion). There were future plans to research a policy for care involving Intrauterine Fetal Demise (IUID). SDCL and ARSD for the scope of practice for CPMs were reviewed. Dr Lueking inquired about educational preparation of CPMs for loss of pregnancy. Cavender-Wilson and Stevens updated her on CPM competencies in this area. After discussion, **a committee of Stevens and Lueking was formed** to research and provide a policy for each trimester of pregnancy concerning CPM care after a loss in pregnancy.

Renewal of the Exec Sec contract was discussed. The new contract template for the DOH has changes in requirements from FY 2022, which are unnecessary and expensive for our small board which oversees eleven licensees. Cavender-Wilson requested that the record reflect her strong passion the South Dakota State government should find ways to fund licensing boards that do not require boards to be self-sustaining. **The board requested that Steve Blair (Legal Counsel) discuss a suitable contact with the attorney for the DOH.** A special meeting of the board will need to be called for approval.

The revised Renewal Form was reviewed. The revision consolidated several pages while still providing the information that we need for renewal. Rooks moved to accept the revision as presented, Cavender-Wilson Second. The board voted unanimously. **MOTION PASSED**

The revised Transfer Form submitted by Eudine Stevens CPM, as requested by the board at our last meeting, was reviewed This revision is an effort to offer the receiving facilities a more concise and pertinent report, while maintaining the board's ability to assess the transport's adherence to SDCL and ARSD. Discussion questioned whether the information on the form was complete enough. Four items of revision were proposed. **Rooks moved that we adopt the form with the four revisions and appoint** Stevens and Cavender-Wilson as **a committee** to further

investigate what is needed on a Transfer form. Stevens second. The board voted unanimously. **MOTION PASSED.**

The revised Birth Report Assessment Form, submitted by Sec Weis has just one small change. “Referred for full board review” was changed to “referred for investigation” to accommodate previous changes to the SDCL. Motion by Stevens to adopt the revised form. Cavender-Wilson Second The board voted unanimously. **MOTION PASSED.**

Rooks moved that the board go to **Executive session pursuant to 36C 1-26-2 and 1-25-2 (3) to discuss confidential records and consult with Legal Counsel at 2:47pm CST.** Stevens second. The board voted unanimously. **MOTION PASSED**

President Pease **reconvened the meeting** at 3:18pm to take action on the matters discussed in Executive Session.


#1 Rooks moved that we accept legal counsel’s recommendation and refer Birth Report #1 for further investigation through SDCL 36-1-C. Cavender-Wilson second. Stevens and Lueking recused because they were the Investigative Committee. The rest of the board voted unanimously. **MOTION PASSED**

#2 Steven’s moved that we accept the investigator’s recommendation and dismiss the action on Birth Report #2 because the CPM has self-corrected. Second by Lueking. Cavender-Wilson and Rooks recused. The rest of the board voted unanimously. **MOTION PASSED.**

Board elections were held. Pease was elected President. Stevens was elected Vice President, Rooks was elected Secretary. All votes were unanimous.

President Pease announced that our next meeting will be **Sept 19, 2024 (1-4pm CST).**

At 3:26pm **Rooks moved to adjourn.** Cavender-Wilson second. The board voted unanimously. **MOTION PASSED.**





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Vice President Eudine Stevens **called the meeting to order at 12:36.**

Secretary Rooks called the roll. A quorum was present. **Members of the board in attendance:** Eudine Stevens, Vice President, Sue Rooks, Secretary, and Autumn Cavender-Wilson were all present via phone. Amy Lueking joined the call just after the meeting started. Also present by phone were Steve Blair, Legal Counsel. Tammy Weis, Exec Secretary was present at the CPM office.

Vice President Stevens **welcomed everyone and commented how much we will miss President Debbie Pease after her recent death.**

Stevens noted that it had been requested to **amend the agenda** to remove the Executive Session since with without five members of the board, when two members must reclude themselves, there is no longer a quorum to complete business. **Cavender-Wilsen moved to delete the Executive Session and approve the agenda as adjusted.** Rooks second. The board voted unanimously. **MOTION PASSED.**

Stevens, in compliance with South Dakota law, opened the floor for any **member of the public** that wished to address the board. No one wished to speak

The FY2025 contract for our Exec Sec Tammy Weis was discussed. Last year we were advised by a representative of the DOH, at our Spring meeting, that we could approve our Executive Secretary's contract for the next fiscal year by **renewing the current contract with the cost of living increase as approved by the SD legislature for state employees.** When it came time for the renewal, the DOH contract template had been revised and included several expensive changes. The changes were not acceptable to the board. This took six months to resolve. This year, our legal counsel advised us to **wait until we had a contract that was approved by the DOH prior** to voting to approve the contract. This special meeting was called in response to that advice.

Cavender-Wilsen moved to **approve the new contract** for our Executive Secretary, Tammy Weis, from June 1, 2024-May 31, 2025. Lueking second. The board voted unanimously. **MOTION PASSED.**

Vice President Stevens announced that **Nominations to fill the vacancy on our board** for: one public member who has received midwifery care in an out-of-hospital setting, may be submitted in writing to the board address. When making recommendations for board appointment, please include the following information from the person you are recommending: **Letter of interest, Resume, Photo.** Our **next meeting** will be **Sept 19, 2024 (1-4pm CST).**

At 12:44pm **Rooks moved to adjourn.** Lueking second. The board voted unanimously. **MOTION PASSED.**

Remaining Authority by Object/Subobject

Expenditures current through 08/31/2024 02:50:39 PM

HEALTH -- Summary

FY 2025 Version -- AS -- Budgeted and Informational

FY Remaining: 83.3%

09213 Board of Certified Prof Midwives - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES						
5101030 Board & Comm Mbrs Fees	1,980	0	0	0	1,980	100.0
Subtotal	1,980	0	0	0	1,980	100.0
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	181	0	0	0	181	100.0
Subtotal	181	0	0	0	181	100.0
51 Personal Services						
Subtotal	2,161	0	0	0	2,161	100.0
TRAVEL						
5203030 Auto-priv (in-st.) H/rte	590	0	0	0	590	100.0
5203100 Lodging/in-state	646	0	0	0	646	100.0
5203140 Meals/taxable/in-state	300	0	0	0	300	100.0
5203260 Air-comm-out-of-state	1,500	0	0	0	1,500	100.0
5203320 Incidentals-out-of-state	200	0	0	0	200	100.0
Subtotal	3,236	0	0	0	3,236	100.0
CONTRACTUAL SERVICES						
5204090 Management Consultant	14,607	800	13,062	0	745	5.1
5204200 Central Services	395	109	0	0	286	72.4
5204590 Ins Premiums & Surety Bds	900	0	0	0	900	100.0
Subtotal	15,902	909	13,062	0	1,931	12.1
CAPITAL OUTLAY						
5207900 Computer Hardware	700	0	0	0	700	100.0
Subtotal	700	0	0	0	700	100.0
52 Operating						
Subtotal	19,838	909	13,062	0	5,867	29.6
Total	21,999	909	13,062	0	8,028	36.5

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Sum of Amount				Month		
SubObject	Descp	Source Code	Description1	July	Aug	Grand Total
4293217	BIRTH DELIVERY FEE	C0950014	CASH RECEIPTS 07/01/2024 C	(600.00)		(600.00)
		C0950201	CASH RECEIPTS 07/29/2024 C	(100.00)		(100.00)
		C0950283	CASH RECEIPTS 08/08/2024 C		(600.00)	(600.00)
		C0950442	CASH RECEIPT 08/29/2024 C		(100.00)	(100.00)
4920045	NONOPERATING REVENUES	IP24123	ANNUAL INTEREST PRORATION C		(223.05)	(223.05)
Grand Total				(700.00)	(923.05)	(1,623.05)

Table 1

Immediate Maternal transport to hospital			
ARSD code	#	Letter	Description
ARSD20:86:03:04	1	a	Amniotic fluid - foul smell
ARSD20:86:03:04	24		Apnea
ARSD20:86:03:04	10		Bleeding - continuous uncontrolled
ARSD20:86:03:04	17		Bleeding - excessive antepartum and intrapartum painless vaginal
ARSD20:86:03:04	18		Cardiac arrest
ARSD20:86:03:04	23		Cardiac irregularities or chest pains
ARSD20:86:03:04	1	c	Chills
ARSD20:86:03:04	30		Client desires transfer for her or newborn
ARSD20:86:03:04	14		Cord prolapse
ARSD20:86:03:04	3		Fetal heart tones - not auscultate after 20 weeks gestation
ARSD20:86:03:04	4		Fetal presentation - Noncephalic at onset of labor or ROM whichever is 1st birth not imminent
ARSD20:86:03:04	16		Fetal presentation - transverse in labor
ARSD20:86:03:04	2		Fetal risk birth not imminent (abnormal bleed w or wo pain, thick mec, FHT - abn.)
ARSD20:86:03:04	1		Fever - 100.8 - 2 readings 1 hr apart Infection in labor/postpartum
ARSD20:86:03:04	12		Hemorrhage - non responsive to treatment
ARSD20:86:03:04	15		Herpes - active in labor
ARSD20:86:03:04	8		Hypertension - sn/sx of pre Eclampsia
ARSD20:86:03:04	9		Hypertensive - PIH
ARSD20:86:03:04	27		Infection postpartum sn/sx
ARSD20:86:03:04	7		Labor - preterm PROM
ARSD20:86:03:04	6		Labor - spontaneous preterm labor
ARSD20:86:03:04	5		Labor with no progress 2nd stage- 3 hr or 3rd stage - 1 hr
ARSD20:86:03:04	19		Lacerations- 3rd or 4th degree or to damage to bladder/bowel
ARSD20:86:03:04	29		Oxygen stats - dropping or tachypnea unresolved
ARSD20:86:03:04	11		Placenta caret suspected
ARSD20:86:03:04	1	d	Pulse elevated
ARSD20:86:03:04	20		Seizure
ARSD20:86:03:04	28		Seizures - tremors- hyperactivity
ARSD20:86:03:04	1	b	Shaking
ARSD20:86:03:04	13		Shock - unresolved maternal
ARSD20:86:03:04	25		Uterine atony - persistent
ARSD20:86:03:04	26		Uterine inversion
ARSD20:86:03:04	21		Vomiting - uncontrolled
ARSD20:86:03:04	22		Vomiting or coughing blood

Table 1

Newborn transport to hospital facility		
ARSD20:98:03:05	1	APGAR score <6 at 10 min
ARSD20:98:03:05	2	Anomaly requiring immediate medical attention
ARSD20:98:03:05	7	Birth injury seen or suspected
ARSD20:98:03:05	3	Birth weight < 5 lbs
ARSD20:98:03:05	14	Cardiac irregularities- HR<80 or >160 and poor capillary refill >3 sec.
ARSD20:98:03:05	16	Client's desire to transport newborn
ARSD20:98:03:05	5	Color abnormal, persistent central cyanosis
ARSD20:98:03:05	6	Cry abnormal
ARSD20:98:03:05	13	Fontanel full and bulging
ARSD20:98:03:05	15	Jaundice <24 hr
ARSD20:98:03:05	9	Lethargy - not feeding well
ARSD20:98:03:05	12	Oxygen needed >20 min or after 1 hr following birth
ARSD20:98:03:05	11	Respiratory distress sn/sx- >80, poor color, grunts, flaring, retraction >1 hr
ARSD20:98:03:05	4	Seizures, tremors, hyperactivity
ARSD20:98:03:05	10	Temperature - => 100.8 2 reading 10 min apart
ARSD20:98:03:05	8	Temperature - unstable

Scope and practice of standard of care

SD Administrative Rules: 20:86:03			
Scope of Standards	#	(letter)	(i. ii.iii)
			Scope and practice guideline- CPM shall not provide care for
ARSD20:86:03:01	1	k	Ashma - severe uncontrolled
ARSD20:86:03:01	1	f	Birth under 37 weeks or after 42 weeks gestation
ARSD20:86:03:01	2	a	C-sec >1 without a primary VBAC, , 18 mo. or classical incision
ARSD20:86:03:01	1	c	Cardiac disease
ARSD20:86:03:01	1	u	Congenital anomaly suspect or confirmed needing immediate medical care
ARSD20:86:03:01	1	d	Diabetes requiring medication, including GDM and DM 2
ARSD20:86:03:01	4		Document - failure to
ARSD20:86:03:01	1	v	Hemoglobin < 10 at 36 weeks
ARSD20:86:03:01	1	n	Hepatitis - acute or chronic
ARSD20:86:03:01	1	t	HIV positive
ARSD20:86:03:01	1	p	Hypertension - essential/chronic
ARSD20:86:03:01	1	q	Hypertension - gestational /pre eclampsia
ARSD20:86:03:01	1	x	Infection - acute at delivery - putting baby at risk of illness
ARSD20:86:03:01	1	y	IUGR- suspected
ARSD20:86:03:01	3		Lab - Failure to get ABO+/-, antibody, HGB, syphilis around 28 weeks
ARSD20:86:03:01	4	b	Lab - Hep B and or HIV refusal form signed - in chart
ARSD20:86:03:01	4	a	Lab - HIV Hep around 28 weeks
ARSD20:86:03:01	1	h	Liver disease current
ARSD20:86:03:01	1	m	Lupus - systemic or scleroderma
ARSD20:86:03:01	7		Midwife - conditions she is uncomfortable with managing
ARSD20:86:03:01	1	e	Noncephalic presentational the onset of labor or SROM which ever is first
ARSD20:86:03:01	2		Past history of the following
ARSD20:86:03:01	1	a	III Placenta located over precious uterine scar
ARSD20:86:03:01	1	a	I Placenta previa -Confirmed central at term
ARSD20:86:03:01	1	a	Placental abnormalities
ARSD20:86:03:01	1	a	ii Placental abruption or signs of indication
ARSD20:86:03:01	2	b	Platelets , 150,000, Rh /other blood sensitivities, thrombocytopenia
ARSD20:86:03:01	1	w	Preterm labor , 37 weeks
ARSD20:86:03:01	1	l	Pulmonary disease
ARSD20:86:03:01	1	b	Regular alcohol, drug use, abuse, or dependency
ARSD20:86:03:01	1	g	Renal disease current
ARSD20:86:03:01	1	o	Reproductive organ defects interfering with birth
ARSD20:86:03:01	1	r	Rh neg. disease with positive titers
ARSD20:86:03:01	1	l	Seizure disorder requiring medication
ARSD20:86:03:01	1	s	TORCH infection toxoplasma, varicella, rubella, syphilis, zika
ARSD20:86:03:01	1	j	Tuberculosis - Active
ARSD20:86:03:01	6		Unresolved fearfulness about birth at home
ARSD20:86:03:01	5		Unwilling to accept midwife's limitations

Conditions requiring Dr. Consultation by either midwife or client

Condition needs consult.	#	Conditions a Dr. managed -CPM letter- continue care for preg
ARSD20:86:03:02	35	Anomalies - maternal or fetal skeletal interfere with birth
ARSD20:86:03:02	32	Anomalies Uterine or vaginal
ARSD20:86:03:02	15	Bleeding - abnormal before labor
ARSD20:86:03:02	27	Bleeding excessive loch flow - unresolved
ARSD20:86:03:02	33	Blood - isoimmunization with antibodies
ARSD20:86:03:02	31	Blood disorders in mother or newborn
ARSD20:86:03:02	13	Cardiac - maternal irregularities
ARSD20:86:03:02	6	Cardiac Disease
ARSD20:86:03:02	2	Cervical insufficiency
ARSD20:86:03:02	1	Diabetes - controlled with diet and exercise
ARSD20:86:03:02	4	Epilepsy
ARSD20:86:03:02	34	Fetal decrease of AFI - <5 cm total or < 2 cm in one pocket
ARSD20:86:03:02	17	Fetal heart tones- abnormal detected prenatally
ARSD20:86:03:02	18	Fetal movement decreased or cessation
ARSD20:86:03:02	20	Fetal non reactive NST after 28 weeks
ARSD20:86:03:02	10	Hepatitis - inactive
ARSD20:86:03:02	38	Herpes - primary or 2nd outbreak during PN care
ARSD20:86:03:02	5	Hypertension
ARSD20:86:03:02	29	Laceration - failure to heal - infection, unresponsive to tx
ARSD20:86:03:02	37	Newborn - abnormal NBS
ARSD20:86:03:02	22	Newborn - cardiac irregularities
ARSD20:86:03:02	24	Newborn - Jaundice , 24 hrs
ARSD20:86:03:02	36	Newborn > 10 weight loss
ARSD20:86:03:02	25	Newborn failure to pass urine 24 hr or meconium in 48 hr
ARSD20:86:03:02	21	Newborn medically significant anomaly
ARSD20:86:03:02	19	Post dates beyond 42 weeks
ARSD20:86:03:02	30	Postpartum depression or psychosis signs/sx
ARSD20:86:03:02	7	Pulmonary disease
ARSD20:86:03:02	8	Renal Disease
ARSD20:86:03:02	14	Renal infection suspected
ARSD20:86:03:02	12	Size-date discrepancies +/- 2 cm to weeks gestation
ARSD20:86:03:02	28	Subinvolution
ARSD20:86:03:02	9	Surgery- uterine, pulmonary, heart, abdominal, etc
ARSD20:86:03:02	16	Thromboembolism or thrombophlebitis
ARSD20:86:03:02	3	Thyroid disease
ARSD20:86:03:02	23	Umbilical cord - 2 vessel
ARSD20:86:03:02	26	Umbilical cord - omphalitis - inflammation of cord
ARSD20:86:03:02	11	UTI - vaginal infection unresolved

Table 1

ARSD20:86:03:03	Consultation recommended
1	C-sec - previous
11	Genetic disorder - family
6	Hypertension - Pre Eclampsia previous
7	Hypertension -PIH previous
5	Labor - PreROM previous
4	Labor - preterm previous
13	Maternal age <16 or >42
9	Newborn GBS + infection previous
10	Obesity 40 BMI comob. 45 BMI non comib
3	Pregnancy loss 2nd- 3rd previous
2	Pregnancy - Complication previous
12	Psychiatric illness
8	TORCH infection previous