



Midwifery in Oregon

Status Report 2008

In Oregon, midwifery licensure is voluntary. A midwife may legally practice with or without a license issued by the state.

Only licensed midwives are required to follow state law related to the practice of *direct entry* midwifery. Only licensed midwives are subject to disciplinary action by the Oregon Health Licensing Agency (OHLA) and Board of Direct Entry Midwifery.

As of March 26, 2008, 54 midwives carried active licenses. Licensed midwives delivered 624 of the 49,089 babies born in Oregon in 2006, the most recent year reported.

This report aims to provide an overview of midwifery licensure and regulation, and provide and interpret available data on midwifery care.

The goal is to provide consumers, stakeholders and decision-makers with information and opportunity to foster constructive dialogue, better understanding of the issues and greater health and safety of mothers and babies.

This report is also featured at www.oregon.gov/OHLA/DEM with additional content related to the report, such as an online forum to voice opinions on current issues in midwifery regulation.



Central Issues in Midwifery

- **Licensed or unlicensed?**
 - Types of midwives
- **Health & safety**
 - Education
 - Practice standards
 - Risk assessment
 - Drugs & devices
- **Fostering positive change**
 - Legislative, policy
 - Outreach, dialogue
- **Reporting on care**
 - Available data
 - Disciplinary actions

Oregon Midwives: Licensed or Unlicensed?

Currently, midwifery licensure is voluntary in Oregon. Both licensed and unlicensed midwives are allowed to practice legally in Oregon.

QUESTION: Does licensure provide greater assurance a midwife is qualified to provide quality, safe care?

Licensed Midwives

- **Licensed midwives** must pass a national examination and obtain documented practical experience in out-of-hospital births.
- **Licensed midwives** are required to follow state regulatory standards.
- **Licensed midwives** are subject to disciplinary action if they are in violation of state standards.
- **Licensed midwives** may legally use certain prescription, or legend, drugs and devices.
- **Licensed midwives** are required to be certified in adult and newborn CPR.
- **Licensed midwives** are required to provide prospective clients with a disclosure statement related to their ability to practice.
- **Licensed midwives** must complete at least 45 hours of continuing education and 12.5 hours of legend drug and device training every three years.

Unlicensed Midwives

- **Unlicensed midwives** are **not** required to pass a national examination or obtain documented practical experience in out-of-hospital births.
- **Unlicensed midwives** are **not** required to follow state regulatory standards.
- **Unlicensed midwives** are **not** subject to disciplinary action.
- **Unlicensed midwives** may **not** legally use certain legend drugs and devices.
- **Unlicensed midwives** are **not** required to be certified in adult and newborn CPR.
- **Unlicensed midwives** are **not** required to provide prospective clients with a disclosure statement related to their ability to practice.
- **Unlicensed midwives** are **not** required to complete at least 45 hours of continuing education and 12.5 hours of legend drug and device training every three years.

Types of Midwives in Oregon

Licensed Direct Entry Midwives (LDM) are practitioners who have met qualifying standards set by OHLA and the Board of Direct Entry Midwifery. They may actively practice and use the title. *Direct entry* is an umbrella term for licensed midwives to distinguish them from nurse midwives or unlicensed midwives.

Certified Nurse Midwives (CNM) are nurse practitioners who have met qualifying standards set by the [Oregon State Board of Nursing](#) (OSBN) and who are licensed and regulated by the OSBN.

Unlicensed midwives may be as qualified but choose not to be licensed due to the cost (\$1900 for a two-year license) and philosophy of care differences. They cannot be reimbursed through the Oregon Health Plan.

OHLA is proposing legislation in 2009 to clarify the difference in licensing status between licensed and unlicensed midwives to provide consumers with more information on care providers.

Health & Safety

Midwifery licensure carries specific qualifying and practice standards established to protect the health and safety of mother and baby.

Licensed midwives must meet standards in the following areas to gain licensure and to continue actively practicing:

- Education & examination
- Continuing education
- Practice standards
- Risk assessment
- Standards of care
- Legend (prescription) drugs and devices

Education

LDM applicants must have the following to gain licensure:

- Passing score on the North American Registry of Midwives examination
- Documented practical experience, including participation in at least 25 primary and 25 assisted deliveries in an out-of-hospital setting
- Current certification in CPR for adults and newborns
- Legend drugs and devices education

Continuing Education

Licensees must complete 45 hours of continuing education and 12.5 hours in legend drugs and devices training every three years from date of licensure to qualify for license renewal. A midwife who has attended fewer than five births in the previous year is required to take an additional 10 hours of continuing education.

Practice Standards

Licensees are required to comply with the following as a condition of ongoing licensure:

- Participation in peer review meetings
- Maintain equipment to assess the well being of mother, fetus and newborn; respond to

Practice Standards, *continued*

emergencies requiring immediate attention; and resuscitate mother and newborn

- Provide clients with a **disclosure form** that includes:
 - Philosophy of care
 - Training and education
 - Clinical experience (births attended)
 - Services provided to clients
 - Types of emergency medications and equipment used
 - Responsibilities of the mother and family
 - Fees for services including financial arrangements
 - Malpractice coverage (not required to hold but must inform client of coverage status)
- Maintain and discuss a plan for **emergency transport** that includes:
 - Place and mode of transport
 - Provisions for physician support and hospital, including location and telephone numbers
 - Availability of private vehicle or ambulance
- Maintain accurate **client records** documenting the course of midwifery care

Risk Assessment

Licensed midwives are required to assess the appropriateness of an out-of-hospital birth for each client, taking into account the health and condition of the mother, fetus and baby.

Two categories of risk assessment criteria are used to in determining appropriate care:

Absolute risk factors — If a LDM identifies one or more absolute risk factors, the LDM must arrange for an in-hospital birth. If absolute risk factors appear when the birth is imminent, the LDM must take the health and condition of mother and baby into consideration when determining the safety of hospital transport.

Health & Safety

Risk Assessment, *continued*

Non-absolute risk factors — If a LDM identifies one or more non-absolute risk factors, the LDM must either arrange for the transport or transfer of care, or comply with **ALL** of the following:

- Consult with at least one Oregon licensed health care provider who has direct experience handling complications of the risk (s) present as well as the ability to confirm the non-absolute risk(s).
- Determine whether or not a home birth is a reasonably safe option based on a number of factors, including the LDM's experience, anticipated risks, the ease and time involved in emergency transport, and the recommendation of the health care provider.
- Advise the client, including possible adverse outcomes and the recommendation of the health care provider.
- Document the advice given to the client, and, if applicable, obtain the client's informed consent to proceed with an out-of-hospital birth. The LDM must also document why resulting care is contrary to the health care provider's recommendations.

Standards of Care

Licensed midwives have specific standards of care that cover requirements for the following:

- Initial visits
- Diagnostic tests
- Prenatal visits
- Assessment of fetal well-being
- Education/counseling/anticipatory guidance
- Access to 24-hour coverage
- Intrapartum (during labor) care
- Postpartum care
- Newborn care

Legend Drugs & Devices

LDMs may legally administer certain prescription, or *legend*, medications and

devices to assist with pregnancy, childbirth and postpartum care. LDMs must be trained in the use of equipment and medications.



State law grants LDMs the ability to provide medications such as:

- Anti-hemorrhagics
- Medical oxygen
- Local anesthetics
- Intravenous fluid replacement solutions

LDMs may administer the following to newborns:

- Antibiotic ointment to prevent eye infections
- Vitamin K to prevent hemorrhaging

Oregon law also permits the use of equipment such as syringes, IV drips, catheters, sutures and resuscitation equipment such as bag-valve-mask sets.

Fostering Positive Change

The Oregon Health Licensing Agency (OHLA) is committed to regulating in a manner that:

- Protects the health and safety of Oregon consumers
- Provides practitioners with responsive and effective regulatory resources and services

OHLA is also committed to open and transparent oversight of OHLA-regulated professions. We attempt to foster collaborative dialogue and decision-making to achieve positive outcomes for both consumers and licensees.

OHLA plans to propose legislation in 2009 to clarify the licensure status of the state's midwives. We intend to provide a forum for all perspectives on this issue and other issues related to the practice of midwifery in Oregon. Please visit www.oregon.gov/OHLA/DEM for updates or contact OHLA for more information.

Midwifery / Birth Statistics



LDM Licenses

As of 3/26/08:

- Active** — 54 May practice as **licensed direct entry midwife (LDM)**
- Inactive** — 30 When active license renewal date expires — *may practice unlicensed*
- Expired** — 28 Three years after license renewal date expires — *may practice unlicensed*

Births in Oregon

2006

- Total births** — 49,089
- Hospital births** — 47,955
- Out-of-hospital births** — 1,134
- Out-of-hospital births: LDM attending** — 601

LDM Births by Type

2006

- Single** — 597
- Twins** — 4
- Vaginal Birth after Cesarean (VBAC)** — 34
- Breech** — 9 (a delivery presentation in which the baby's feet, knees, or buttocks come into the birth canal first, before the baby's head)
- Hospital Transfers in Labor** — 29
Reported from required LDM peer review forms from 10/02/06—2/2007

Fetal Deaths in Oregon

2005

Attendant:

- Medical Doctor** — 184
- Doctor of Osteopathy** — 10
- Certified Nurse Midwife** — 19
- Registered Nurse** — 9
- LDM** — 1
- Non-certified midwife** — 0
- Other medical** — 1
- Mother** — 3
- Total** — 227

Complaints

1999-2007 — 40

Disciplinary Actions

2000-2004 — 12

See pages 6-8 for disciplinary final orders.

Licensing and complaint / disciplinary statistics: Oregon Health Licensing Agency
Find complete and updated licensee listing at www.oregon.gov/OHLA. Click on License Inquiry on the left navigation menu.

Birth, birth by type and fetal death statistics: Center for Health Statistics, Department of Human Services at www.dhs.state.or.us/dhs/ph/chs/data.

Disciplinary Actions — Licensed Midwives

The Oregon Health Licensing Agency (OHLA) investigates all complaints received and consults with members of the Board of Direct Entry Midwifery to clarify practice standards involving health and safety. The following final orders resulted from these investigations and legal due process allowing licensees to contest or clarify allegations and negotiate settlements.

A complaint results in a final order only if violations of state regulatory standards governing the practice of midwifery are proven, or agreed to in a negotiated settlement.

LDM = Licensed Direct Entry Midwife **CNM** = Certified Nurse Midwife*

Fetal demise = death of a baby during or immediately after delivery

*Certified nurse midwives are regulated by the [Oregon State Board of Nursing](#).

2004

Complaint received: 9/28/04

Submitted by: Client's mother

Case number: 04-4280, 04-4281

Complaint against: McLachlan, Katherine K.; Legare, Eleanor E.

License number: 354569776

Complaint summary: Incompetent services resulting in fetal demise; breech birth

Response: Proposed order assessing \$4000 civil penalty and license revocation. Case settled and consent agreement and stipulated final order signed, stating licensee to complete 40 clock hours of class instruction in charting, fetal monitoring, crisis management during labor and delivery, and practice protocols. Required to submit correspondence regarding next 15 births, indicating date and outcome of delivery and name and license number of Oregon LDM or CNM assisting. Complied with consent agreement.

Case closed: 6/26/07

2003

Complaint received: 2/12/03

Submitted by: Physician's group

Case number: 03-01

Complaint against: Lehrer, Lisa M

License number: 024134

Complaint summary: Competency of services performed by licensee in multiple deliveries; VBAC

Response: Proposed order assessing \$2000 civil penalty and license suspension. Case settled and amended stipulated final order signed, stating licensee to submit chart records for seven most recent deliveries for review. Licensee also required to appear in executive session to answer questions regarding seven deliveries. Licensee complied with stipulated order.

Case closed: 4/10/06

2002

Complaint received: 11/07/02

Submitted by: OHLA

Case number: 02-09

Complaint against: Collins, Elizabeth

License number: n/a

Complaint summary: Advertising as a LDM without being licensed

Response: Proposed order assessing \$1,000 civil penalty. Case settled for \$100 and paid in full.

Case closed: 7/10/03

Complaint received: 10/07/02

Submitted by:

Case number: 02-10

Complaint against: Holcombe, Brenda A.

License number: 961382

Complaint summary: Concerns about the management of delivery; breech birth

Response: Proposed order assessing \$9,000 civil penalty. Licensee requested hearing and case settled. Licensee required to pay \$900 and surrender license as part of settlement agreement and stipulated final order. Licensee must apply as new applicant to re-activate license. Licensee complied.

Case closed: 7/10/03

Complaint received: 8/02/02

Submitted by: Attorney

Case number: 02-08

Complaint against: Schaefer, Madeline C.

License number: n/a

Complaint summary: Advertising as a LDM without being licensed

Response: Proposed order assessing \$1,000 civil penalty. Respondent claimed licensure as a midwife in Washington state. Case settled for \$100 with request to correct advertising. Settlement paid in full.

Case closed: 1/3/03

2002, *continued*

Complaint received: 5/10/02

Submitted by: OHLA

Case number: 02-12

Complaint against: Gallardo, Jennifer S.

License number: 1000044

Complaint summary: Did not conduct pelvimetry with knowledge of breech birth history and failed to assess fetal lie, position and presentation during labor; failed to attend during second stage of labor; unprofessional conduct

Response: Proposed order imposing \$3,000 civil penalty and license revocation. Licensee agreed to complete mentoring program with a senior midwife approved by the agency within six months; to submit monthly reports for six months listing clients, dates of births, lengths and types of labor, outcomes of births; and appear before the agency/Board of Direct Entry Midwifery to address any continuing concerns as part of stipulated final order.

Case closed: 3/11/05

Complaint received: 2/21/02

Submitted by: OHLA

Case number: 02-01

Complaint against: Lothman, Mary C.

License number: 498277 (licensed expired at time of complaint)

Complaint summary: Advertising as a LDM without being licensed

Response: Proposed order assessing \$1,000 civil penalty. Respondent paid penalty in full.

Case closed: 1/23/03

2000

Complaint received: 11/27/00

Submitted by: OHLA

Case number: 00-05

Complaint against: Lothman, Mary C.

License number: 498277

Complaint summary: Advertising as a LDM without being licensed

Response: Proposed order assessing \$1,000 civil penalty. Respondent paid reduced penalty of \$100.

Case closed: 4/13/01

2000

Complaint received: 2/23/00

Submitted by:

Case number: 00-01

Complaint against: Gallardo, Jennifer

License number: 838758

Complaint summary: Performance of licensee resulting in fetal demise

Response: Proposed order to suspend license. Licensee agreed to submit documentation on three most recent deliveries for review. Licensee complied.

Case closed: 5/21/03

Complaint received: 6/24/00

Submitted by:

Case number: 00-02

Complaint against: Okonogi, Natasha R.

License number: 874261

Complaint summary: Unprofessional conduct resulting in fetal demise

Response: Proposed order to revoke license. Licensee agreed to surrender license in lieu of revocation.

Case closed: 2/12/02

1999

Complaint received: 9/23/99

Submitted by:

Case number: 99-01

Complaint against: Loprinzi-Kassel, Clarebeth A.

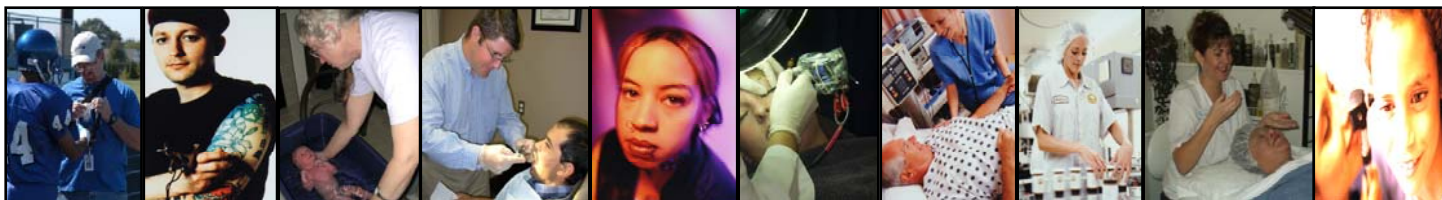
License number: 123672

Complaint summary: Performance of licensee resulting in fetal demise

Response: Proposed order to revoke license due to unprofessional conduct. Licensee agreed to surrender license in lieu of revocation.

Case closed: 8/9/02

Putting Oregonians to work. . .



*. . .while protecting the health and safety of consumers
in health and related professions*

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