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LANSING

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**MICHIGAN BOARD OF MIDWIFERY
RULES COMMITTEE WORK GROUP
MEETING MINUTES
JULY 11, 2023**

The Michigan Board of Licensed Midwifery Committee Work Group met on July 11, 2023, via zoom.

CALL TO ORDER

Kerry Przybylo, Manager, Boards and Committees Section, called the meeting to order at 9:30 am.

ATTENDANCE

Members Present: Patrice Bobier, Professional Member
Kate Mazzara, Professional Member
Heather Robinson, Professional Member
Kathi Mulder, Professional Member

Members Absent: None

Staff Present: Debi Haigh, Analyst, Licensing Division
LeAnn Payne, Departmental Technician, Boards and Committees
Section
Kerry Przybylo, Manager, Boards and Committees
Section

Public Present: Deborah Fisch

WELCOME

Przybylo welcomed everyone to the meeting and explained the purpose of the Rules Committee Work Group meetings.

R 338. 17101 Definitions.

Przybylo stated that the Legislative Service Bureau prefers acronym definitions in the first rule.

The committee agreed with the changes.

Part 2 Prelicensure Licensed Midwifery Education

R 338.17111 Training Standards for identifying victims of human trafficking: requirements.

No changes

R 338. 17113 Licensed midwifery accrediting organizations.

No changes

R 338.17115 Licensed midwifery credentialing program.

No changes

Licensure

R 338. 17121 Licensure

Przybylo stated she made stylistic changes.

The committee agreed with the changes.

R 338. 17122 Nonrenewable temporary license.

No changes were made.

R 338.17123 Licensure by endorsement from another state.

Only minor changes were made to the phrasing without any substantive change.

The committee agreed with the changes.

R 338.17125 Relicensure requirements.

No substantive changes.

Mazzara asked if the relicensure requirements could be aligned with the NARM cycle.

Przybylo explained that her question was about continuing education. This rule pertains to relicensure.

The rules committee agreed with the changes.

Part 4 Practice, Conduct, and Classification of Conditions.

R 338.17131 Definitions

Przybylo stated that definitions were added.

The committee agreed with the changes.

R 338.17132 Informed disclosure and consent.

No changes were made.

R. 338.17133 Additional informed consent requirements.

No changes were made.

R. 338. 17134 Consultation and referral.

No changes were made.

R. 338.17134 Emergent transfer of care.

No changes were made.

R 338.17136 Prohibited conduct.

No changes were made.

R 338.17137 Administration of prescription drugs or medications.

Przybylo shared suggestions received from Bobier:

Bobier requested that the drug formulary for TXA be modified. She was surprised there was no protocol for oral use since licensed midwives don't routinely use IVs. Dr. Wang will draft the protocol.

Bobier indicated that licensed midwives were requesting clarification of how the IV dosage is given.

Przybylo will contact Dr. Wang for the clarifications.

Przybylo reviewed a list she received from a licensee regarding the following desired rule changes:

Acyclovir for prophylaxis of genital herpes; 400mg three times a day starting at 36 weeks as suppressive therapy. If primary infection, refer to physician for management.

The committee did not agree to this suggested change as primary care physician should prescribe this.

APNO Cream (all-purpose nipple ointment).

The committee did not agree to this suggested change because this is an over-the-counter medication.

IUD, with appropriate training.

The committee did not agree to this suggested change because this is outside of the licensed midwife scope of practice.

Nitrous oxide, administered with 50 % blend of oxygen, for management of pain in labor.

The committee did not agree to this suggested change because this is outside of the licensed midwife scope of practice.

Vaccines, including, but not limited to, Tdap, Rubella, Influenza, HPV, and neonatal Hepatitis B vaccine.

The committee did not agree to this suggested change because dispensing vaccines is outside the licensed midwife scope of practice.

Terbutaline to temporarily decrease contractions pending emergent intrapartal transport.

The committee did not agree to this suggested change because, if this medication is needed, then the licensed midwife should be transferring care.

Pharmacies may issue breast pumps, compression stockings and belts, diaphragms and cervical caps, glucometers and testing strips, continuing glucose monitoring devices, iron supplements, prenatal vitamins.

Robinson stated she has signed for breast pumps and compression socks and that some pharmacies will not take an order from a midwife.

Mazzara stated the rules already allow for this under the licensed midwife scope of practice. The board has no ability change what a pharmacy requires.

Magnesium sulfate for prevention of maternal seizures pending transport.

Mazzara said no to Magnesium sulfate.

Robinson disagreed.

Bobier, Mulder, and Howell agree with Mazzara that this should not be used.

The committee did not agree to this suggested change because, if this medication is needed, then the licensed midwife should be transferring care.

Ultrasound machine used in the real time ultrasound of pregnant uterus for the confirmation of viability, first trimester dating, third trimester presentation, placental location, amniotic fluid assessment.

Przybylo referred to R 338.17136 that states that licensed midwives cannot prescribe medications. The language was unclear with regard to the use of ultrasound.

Bobier stated that many licensed midwives perform ultrasounds during the first trimester.

Mulder was in favor to define the use of ultrasounds as “peek in’s” only.

Robinson would like to see it used for basic assessment, confirmation of viability, and placenta location.

Mazzara stated that it should not be used for anything other than viability and third trimester presentation and confirmation of a singleton pregnancy.

Fisch stated that a consent form and disclaimer would be needed.

Przybylo stated that they would need to add to R 338.17132 which pertains to informed disclosures in order to clarify for licensees and provide clarity for the patient.

Mazzara would like it to state that it is not being used as a diagnostic test. Diagnostic ultrasounds need to be referred to the appropriate care provider.

Howell and Bobier do not want to see ultrasounds prohibited.

Przybylo stated we can add this to the rules and see how it is received during the public hearing.

Fisch stated under the informed disclosure, it will need to be stated that they are not a qualified ultrasound technician, and the use of machine is for “peek in” only.

Fisch suggested to research the informed disclosures that the “vanity clinics” are using for ultrasounds.

Przybylo stated the next section is Part 5 Renewal and Continuing Education and that no changes were needed in this section,

Przybylo will research and clean up the rules. She will send the draft rules to the committee for review.

Przybylo will take discussion from this meeting and draft an informed consent and discloser for the board to review.

ADJOURNMENT

Przybylo adjourned the meeting at 11:30 a.m.

Prepared by:
LeAnn Payne, Board Support
Bureau of Professional Licensing