VIRGINIA BOARD OF MEDICINE
High-Risk Pregnancy Disclosure Work Group

Friday, November 22, 2013 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Dunnavant called the meeting to order at 1:15 p.m.

ROLL CALL

MEMBERS PRESENT: Siobhan Dunnavant, MD, Chair
Christian Chisholm, MD
Kim Lane, CPM
Kim Pekin, CPM
Bettie Sheets, CPM

MEMBERS ABSENT: David Giammittorio, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Colanthia Morton Opher, Operations Manager
Elaine Yeatts, DHP Policy Analyst

OTHERS PRESENT: Ann Hughes, MSV
Glena Turner, CPM, LM, CMA
Marinda Shindler, CMA
Rebecca Cox, CMA
Becky Bowers-Lanier, CMA

EMERGENCY EGRESS INSTRUCTIONS

After Dr. Harp provided the emergency egress instructions, Dr. Dunnavant welcomed the members of the Work Group and the public.

ROLL CALL

The roll was called and a quorum declared.

APPROVAL OF THE AGENDA

The Work Group approved the agenda as presented.

CHARGE OF THE COMMITTEE

After the members of the Work Group introduced themselves, Ms. Yeatts addressed its charge of

developing a guidance document that will provide evidence-based information on the health risks associated with births outside of a hospital or birthing center, including, but not limited to, risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation.

PUBLIC COMMENT

Dr. Dunnavant opened the floor for public comment; there was no comment.

DISCUSSION OF INFORMATIONAL DOCUMENTS

Dr. Dunnavant thanked Ms. Pekin, Ms. Sheets and Ms. Lane for the draft documents prepared by the midwifery community on the high-risk conditions identified in the regulations. The Work Group went through all 40 documents, commented, discussed and assigned the documents to members for further research and refinement to ensure that the best evidence-based information from both the medical and midwifery models would be made available to midwives and their clients.

The following is a list of the high-risk conditions identified for disclosure in the regulations and the Work Group member that will be conducting additional research and further refining the good work done by the midwifery members of the Advisory Board.

Intrapartum Risk Factors - Ms. Sheets and Ms. Lane

Conditions requiring ongoing medical supervision or ongoing use of medications - Dr. Harp

Active cancer - Dr. Chisholm

Cardiac disease – the Work Group agreed that this section is acceptable as documented.

Severe renal disease - active or chronic - Dr. Chisholm

Severe liver disease -- active or chronic - Dr. Chisholm

HIV positive status with AIDS - Dr. Chisholm

Uncontrolled hyperthyroidism – the Work Group agreed that this section is acceptable as documented.

Chronic obstructive pulmonary disease - Dr. Dunnavant

Seizure disorder requiring prescriptive medication - Dr. Chisholm

Psychiatric disorders - Dr. Harp & Ms. Sheets

Current substance abuse known to cause adverse effects – the Work Group agreed that this section is acceptable as documented.

Essential chronic hypertension over 140/90 - Dr. Dunnavant

Significant glucose intolerance - Dr. Chisholm

Genital herpes - Ms. Lane

Inappropriate fetal size for gestation - Dr. Chisholm and Ms. Lane

Significant 2nd or 3rd trimester bleeding - Ms. Sheets

Incomplete spontaneous abortion - Dr. Dunnavant

Abnormal fetal cardiac rate or rhythm - Dr. Chisholm

Uterine anomaly - Ms. Pekin

Platelet count less than 120,000 - Dr. Dunnavant

Previous uterine incision and/or myomectomy with review of surgical records and/or subsequent birth history - Dr. Chisholm, Dr. Dunnavant, Ms. Lane and Ms. Sheets

Isoimmunization to blood factors - Ms. Lane

Body Mass Index (BMI) equal to or greater than 30 - Dr. Dunnavant

History of hemoglobinopathies - Dr. Chisholm

Acute or chronic thrombophlebitis - Dr. Chisholm

Anemia (hematocrit less than 30 or hemoglobin less than 10 at term) - Ms. Lane

Blood coagulation defect - Dr. Chisholm

Pre-eclampsia/eclampsia - Ms. Sheets

Uterine ablation - Ms. Sheets

Placental abruption - Dr. Dunnavant

Placenta previa at onset of labor – the Work Group agreed that this was covered in Intrapartum Risk Factors

Persistent severe abnormal quantity of amniotic fluid - Dr. Chisholm

Suspected chorioamnionitis - the Work Group agreed that this was covered in Intrapartum Risk Factors

Ectopic pregnancy - Dr. Dunnavant

Pregnancy lasting longer than 42 completed weeks with an abnormal non-stress test - Ms. Sheets

Any pregnancy with abnormal fetal surveillance tests - Ms. Sheets

Rupture of membranes 24 hours before the onset of labor - Dr. Dunnavant

Position presentation other than vertex at term or while in labor - Dr. Dunnavant & Ms. Sheets

Multiple gestation - Dr. Chisholm

Dr. Chisholm suggested that it would be a good idea to include an interval for review and updating of the guidance document, given the evolution of medical knowledge and practice.

NEXT STEPS

The Work Group will meet again in a number of weeks to refine the recommended language for the guidance document. The Advisory Board on Midwifery will review the recommended guidance document on Friday, February 7, 2014. The Advisory can refer it to the full Board for its review at the Thursday, February 20, 2014 Board meeting.

Although the Disclosure regulations go into effect December 18, 2013, Ms. Deschenes commented that there will be no violation by the midwife licensee that continues to practice after that date and is unable to distribute disclosure information. Ms. Deschenes stated that the licensee cannot be charged for failing to provide something that the Board has not yet developed for distribution.

ANNOUNCEMENTS

None

ADJOURNMENT

With no other business to conduct, the meeting adjourned at approximately 3:17 p.m.

NEXT SCHEUDLED MEETING: TBA

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Siobhan Dunnavant, MD
Chair

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William L. Harp, M.D.
Executive Director

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Colanthia M. Opher
Recording Secretary