



BUREAU OF NATUROPATHIC MEDICINE
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**Naturopathic Medicine Childbirth Attendance
Advisory Committee Meeting**

**Meeting Minutes
March 29, 2006**

**COMMITTEE MEMBERS
PRESENT:**

Donnalee Hart, ND
Cynthia Watson, MD
Farra Swan, ND
Faith Gibson, LM
Amy Levi, Certified Nurse Midwife
Paul Crane, MD

**COMMITTEE MEMBERS
ABSENT:**

STAFF PRESENT:

Tonya Blood, BNM Chief
Francine Davies, Program Coordinator
Linda Brown, BNM Program Assistant
Norine Marks, Legal Counsel

OTHERS PRESENT:

Gloria St. John, Calif. Naturopathic Doctor's Association
Shannon Smith-Crowley, American College of Obstetricians and Gynecologists

I. Call to Order and Roll Call

The meeting was called to order at 6:07 PM – Roll call was taken. Quorum present.

II. Approval of Minutes from Meeting of February 22, 2006

Discussion IV. E. Last sentence is in error. Obstetrics has to do with management of childbirth and pregnancy. All curriculums include gynecology and have much more than 1 credit for obstetrics. This committee does not need to concern themselves with gynecology. Remove from minutes.

Dr. Morgan Martin will be replacing Dr. Farra Swan on this committee. Dr. Martin has been forwarded an application – when the Bureau receives that application, it will be forwarded on to the Director with a recommendation.

Discussion IV. B. Third paragraph is confusing. You do not have to be a nurse to take the nursing board exam. In California, you do not need to be a certified nurse midwife to be licensed by the state.

Discussion IV.B. Paragraph 5. – Strike the first line. ACOG put out a paper in February that doesn't say anything about transfers – that's a malpractice issue. ACOF will only recognize midwives that have been through the AMCB testing process. ACOG policy statement says that ACOG recognizes the education and professional standards used by the AMCB; ACOG does not support care by lay-midwives or other midwives not certified by the AMCB (nurse midwifery). INSERT: ACOG only recognizes midwives certified by the AMCB.

Norine stated that minutes should reflect what was said in the meeting.

Point of clarification: Naturopathic Doctors are not seeking to become midwives. NDs will not be certified as midwives – will be certified as NDs under the regulations that are being worked on.

Correct the "Meeting Date" in Minutes.

Motion to approve Minutes as corrected – Dr. Swan

Second by Dr. Watson. Vote by roll call – unanimous to accept as corrected.

III. Goals for this Committee and

IV. Issues for This Committee

Make recommendations to Bureau for things they could put before the legislature and regulations. In speaking to other NDs and legislatively speaking, Naturopathic childbirth is down the line on priorities. Priority is to give input to the Bureau on regulations in order to make certification possible. Need to do more homework to present more coherent information to discuss these things intelligently.

Would like to come up with some specific things for Bureau in terms of exams and the education and training program. This is going to take time, especially with the education and training.

ACNO (American College of Naturopathic Obstetricians) is in the process of redoing the exam and certification. Not a lot of Naturopaths in California are concerned with getting certification. It's going to take quite a bit of time to get info from ACNO and schools. May deadline is to get information to Naturopathic Medicine Advisory Council – just an outline so they have something to look at. Actual Report to Legislature needs to be completed by October.

Need to take a look at what statutes require. NDs want to put changes to the statute on hold for a while. Statutes require review of training and education and recommendations.

Committee will need to decide on a blueprint of knowledge that the ND needs to have to receive certification and then an exam that would show proficiency in blueprint. There are a couple of blueprints available – NARM and ACNO. Education and training are quite similar. Naturopaths have a few things not in NARM. Naturopaths have more opportunity for treatment because they are trained in pharmacology and botanicals and are tested in their national boards and are expected to know appropriate use of botanicals.

Goal: propose that regulations be developed?

Define the specialty knowledge for an ND to attend childbirth – entail blueprint of knowledge and skills and examination.

Not practical to expect that all students will be attending school in Washington and Oregon. Question – do you have to have certain educational requirements or do you have to know the blueprint? Issue – supervision – are NDs considered physicians and how do you handle back-up? NDs not considered physicians in California and SB 907 also contains language that NDs are not independent of supervision. SB907 contains a cut and paste of supervision requirements of midwives.

Bureau has to adopt regulations regarding the certification and would benefit from the expertise of the committee members. The process of developing education and training will develop recommendations to legislature – do you think that doctors (NDs) have sufficient training to have broader scope of practice or do they need more education – something along those lines – focus on those areas that the Bureau needs to make regulations – education/training/exam/written plan/supervision. Your report may say what works and what needs to be done, we helped the Bureau develop regulations, education/training/scope, etc.

Would like to see regulations in place to allow ND with appropriate training and passed appropriate exam to practice childbirth attendance.

Don't think will be able to change supervision.

First issues: what would be required to obtain certificate?

The job of the committee is to report to legislature and use the process of developing the regulations to create the report to legislature. Use naturopathic standards, not necessarily midwifery standards. Have blueprint, not necessarily NARM, could be ACNO – demonstrating naturopathic skills. ACNO may have the advantage because it is naturopathically based. Discussion of the use of term of midwifery – now considered normal maternity care.

Issue – physiological management of childbirth is a form of care that can be provided by anyone – physicians, NDs, not necessarily a midwife or nurse-midwife. Trying to distinguish your self from midwifery really means pregnancy care and post partum care. California NDs are not lay-midwives – they are naturopathic doctors practicing midwifery. NDs cannot sit for ACNM – have to have graduated from CM or CNM accredited by ACNM. Some NDs have gotten NM midwifery certification by challenging. Do they have to graduate from ACNM approved school? In California, you can take the BRN exam to become a NM without going through ANCM process.

SB 907 states that in order to obtain a Childbirth Attendance certification, must obtain a passing grade on the ACNM – not a possibility unless NDs attend an additional college – or a substantially equivalent certification – must establish “substantially equivalent” – which is NARM exam.

What distinguishes naturopathic midwifery from lay midwifery is scope of practice which is already tested nationally through NPLEX so gynecology and naturopathic care is already established. NARM is also a national exam standard and NPLEX is national exam standard. NDs are trained and licensed to do things that LMs are not, but are following the same model.

NPLEX covers primary care and gynecology – what additional training and educational requirements do we need to attend births? Same as MD – taking medical boards does not mean they can go out and practice obstetrics. Differences in NARM and AMCB – scope of practice – where are NDs going to practice – home births and birthing centers or birthing homes. LMN take NARM exam – several LMs have hospital privileges – for low and moderate risk patients. NARM sounds like it is acceptable as blueprint for regulations. NARM appears to be a comprehensive obstetrical blueprint of low risk birth and a summary of standard obstetrical knowledge to practice low risk obstetrics. Must demonstrate competency in the hospital culture to be board certified. Naturopaths that attend births nationally attend low risk births at home – anything else, would go to an allopathic medical school – NDs are interested in having good relationships with MDs so they can transfer care if there are complications and consult.

Is there general agreement that NARM is appropriate examination for NDs seeking childbirth certification – but not limited to NARM? Perhaps committee could approve exams – establishing a blueprint and then accepting certain exams. Perhaps regulations could be: applicant could show completion of this or that exam. Need to also look at new ACNO exam. Need recommendation to Bureau by October.

Goal: Everyone needs to look at NARM and new ACNO exams.

Goal: Education requirement: successful completion of a certificate of midwifery or naturopathic obstetrics specialty from an approved naturopathic education program OR an equivalent one (helps those who did not attend Bastyr or NCNM enter the program). NARM is already established in California as a reasonable standard.

Specific educational language in SB907 was cut and pasted from LM statutes. 126 quarter units is a 3 year freestanding program. Bastyr's midwifery program does not approach 126 units because the schools that require 126 quarter units assume no other education. They are teaching anatomy, physiology, physical diagnosis, interpretation of lab result. If you are in naturopathic educational program, you have taken those courses, just not in the midwifery program. (This has been demonstrated by Bastyr graduates in WA midwifery program).

Does committee want statute change or demonstrate to Bureau that some of the 126 units can be accounted for in other naturopathic courses? Or recommend that there be a certain minimum amount of direct obstetrical training? Ex: Bastyr requires 68.5 credit hours – only gives ½ credit for every birth because cost of the program is based on credits. SCNM: students are not getting credits for attending births and are fulfilling the blueprint by getting neonatal resuscitation at an outside college – perfect example of an ND who would qualify under the NARM. The way the naturopathic childbirth medical education is defined in statute requires 3-year program. In order to fulfill requirements without changing the language, must demonstrate that part of the 126 units can come from the general naturopathic education.

Can committee use the word “challenge” instead of demonstrate? Could it be done through regulatory process instead of statutory as long as it could be validated?

Cannot be inconsistent with statute. Under statute, the list of requirements can be demonstrated under naturopathic medical program. CNME sets accreditation and approves the number of hours – task to be done.

Can committee recommend that NARM or ACNO blueprint be acceptable alternative to completing a naturopathic medical school midwifery program?

What would the naturopathic midwifery program and naturopathic medical program comprise?

Naturopaths need additional training to attend births. Trying to show a lot of naturopathic education is equivalent. Requirement could be fulfilling a blueprint and passing an examination.

2 requirements for certification;

A. Obtain a passing grade on the AMCB exam - we need to establish an equivalent exam AND

B. Establish to Bureau either completion of naturopathic education in midwifery (126 quarter units) OR Successful completion of an education program the bureau has determined satisfies the criteria of subdivision A and current licensure by a state with current licensure standards.

Need to challenge hours by laying out certification programs at NCNM and Bastyr look compared to NARM and ACNO blueprint and how much can be taken out of existing naturopathic education. Must ALSO be licensed as a midwife somewhere according to Section B.

Can't change language in law this year. It was cut and paste from the midwife laws. Make this part of the report – language is not workable as written. Committee can recommend changes be made. Language needs work and this is how we work with it. NARM covers Section A. If you are a licensed ND and midwife in NH, license could be transferred. When they cut and pasted Section B., they took out “midwifery school” and inserted “naturopathic educational program” and there are none that are 126 quarter units.

Most naturopaths are not necessarily getting their childbirth education at naturopathic colleges. Ex: Bridgeport students get their training at Yale.

Can committee demonstrate that completing the NARM would satisfy Section B – yes – committee will assist Bureau in drafting regulations. Committee can provide underlying data by demonstrating equivalency.

V. Establish Working Group to Review Educational Requirements and to Review Testing.

Working group to review educational requirements: Farra Swan (will volunteer until Morgan Martin can come on to committee) and Donnalee Hart.

Need working group to review testing: Compare blueprint for ACNO with NARM – a lot of NARM is in NPLEX. Can draft students to help.

Need skeletal outline to give to Advisory Council – don't need to come with recommendations.

Plan to make recommendations regarding the education requirements and testing. Should be able to identify the statement from the minutes. Circulate information to committee.

Need to make committee report to the council that is going to be vague – reviewing education and testing requirements. Bureau will work up something to review for the Naturopathic Advisory Council – create template.

Naturopaths need to look at curriculum and provide that information to non-naturopaths on committee and the Bureau.

Amy Levi to look at testing material.

Committee will have to make line comparisons for all midwifery educational programs at each college with the help of students. Bureau will copy and distribute material to committee and consultants.

VI. Public Comment

Shannon Smith-Crowley: Regarding MD Supervision. All centers on insurance issues – not just supervision – a MD having any connection to anyone attending a home birth such as supervising, consulting, collaborating, any connection, the MD will not have professional liability coverage. So LMs providing care in a birthing center could be covered. Need to smooth the transitions of care. Transition issues. CNMs have distant supervision. Would hope that committee could say something about this in Report to Legislature and the possible solutions: physician immunity in some states, WA has a pool for midwives and physicians, possible mandate of insurance coverage. Dr. Fantozzi could be good consultant on this subject. Want data from insurance companies, not getting data from them.

VII. Set Date for Next Meeting

Next meeting: Review Meeting Minutes and review draft report from Bureau to pass on to Advisory Committee: May 10th at 6 PM.

VIII. Meeting Adjourned