

## PALM Phone Meeting March 28, 2020

Called to order at 1:37 p.m by Jami Morris, President

Introductions: Jami Morris, Alex Wagner, Lori Gibson, Susan Smart, Joanne Gottschall, Sandy Glenn, Sheila Dell, Linda Weaver, Danielle Shealy

Discussed recommendations made by Jessica Day, CNM and Judy Fry, CNM regarding regulation updates.

1. Recommendation: In the draft of suggestions, section F4bb change "Estimated fetal weight less than 2500 grams or greater than 5000 grams" to Fundal Height greater than or less than 3cm difference in gestational age for 2 or more consecutive prenatal appointments.
  - a. Rationale: ACNM recommendation. Using grams is subjective and indicates that the client would need to have an ultrasound.

PALM members agreed upon removing "Estimated fetal weight less than 2500 grams or greater than 5000 grams" and to the following language for F.4.bb: Documented IUGR, LGA or SGA

2. Add telemed/ virtual visits with a medical provider for required medical visits at the discretion of the provider.
  - a. Rationale: Removes hardship of travel, client can still call in if sick, precedent has been established during CoViD-19 pandemic. Insurance companies, including medicaid, will reimburse/ pay for telemed visits. Medical providers conducting telemed visits can send prescriptions to home birth clients as needed.

PALM members agreed upon the following verbiage for F.2. Risk Assessment: "The Licensed Midwife will assess risk status criteria for acceptance and continuation of midwifery care. Documentation of low risk status should occur at the initial visit, each trimester, and at the start of labor. If the client displays substantial risk factors, the midwife should consult with or refer to a medical provider. Clients should visit a medical provider twice during their pregnancy, one of the visits must be at or after 34 weeks of pregnancy. The option for a limited number of telemed visits may be offered at the provider's discretion."

3. Supportive of midwives use of IV fluids, but would like to ensure that GBS prophylaxis as well as protocol of antibiotic sensitivity is in place.
  - a. Rationale: If a client is GBS positive the option of IV antibiotics should be offered. It can be administered in a home setting.

Palm Members agreed upon the following for F. 11. h.: To include Current CDC recommendations in the drug formulary

4. Would like to see consistent basic prenatal labs
  - a. Rationale: the statute and regulations are different. As a medical provider she would like to see at least the following at the initial prenatal appointment: Blood type and factor, antibody screen, RPR, Rubella, CBC, Hepatitis B. Then CBC or H/H at 28 weeks.

PALM Members agreed upon the following update of F.3.: Prenatal Care. The midwife provides care, support and information to the client throughout pregnancy and determines the need for consultation, referral or transfer of care as appropriate. This care includes:

- a. Prenatal visits and testing in accordance with current midwifery standards to include Antibody screen, ABO blood typing, RH factor, CBC w/ differential, Hepatitis B surface antigen, Syphilis screen, and Rubella. Licensed Midwives will advise clients per the most current version of SC DHEC "Required and Recommended Prenatal Screening for HIV and STDs."
  - e. Ultrasound imaging
5. Inclusion of repair of 1st and 2nd degree lacerations.
- a. Rationale: Must have these skills for national credential, should be able to carry out these repairs

PALM Members agreed upon the following addition to Rationale for F10-F13: *"... Although this would be an added skill for currently Licensed Midwives, skills training and workshops are offered frequently in these clinical areas in which many licensed midwives have been attending and will attend as offered to be properly trained. These skills are included in the list of skills that certified professional midwife candidates must possess prior to eligibility to sit for the national exam."*

6. Joanne Gottschall recommended that we reword F.8.a so that it does not bind midwife to a visit at 24 hours. PALM Members agreed to the verbiage: "Initial Postpartum visit to be scheduled by 36 hours..."
7. Added to F.7.j "with informed consent from the client" per Joanne Gottschall's recommendation. Rationale: Removes the need for a lot of signed refusals. As administration of vitamin K is not a law, a waiver is not required.

Meeting adjourned at 3:35 p.m.

*Respectfully submitted by Lori Gibson, CPM, LM, MBC on March 28, 2020.*