

Board of Registration in Midwifery Meeting Overview

April 16, 2026

- Core licensing regulations approved for legal review after board resolved final language issues on consultation requirements, adverse event reporting, and care transfer protocols; temporary licensure package (informed consent standards, emergency transfer form) deferred pending inter-agency coordination with DPH.
- Adverse event reporting mandates: CPMs must report within 7 days any birthing-person death during pregnancy or ≤ 42 days postpartum, neonatal death ≤ 7 days, intrapartum fetal demise, or ICU admissions (birthing person or neonate)—board retains discretion to dismiss non-serious NICU cases.
- Pharmacology CE requirement refined to include alignment with NACPM's CPM Pharmacology Competencies guidance for medications outside MEAC core curriculum per renewal cycle; 4 hours continuing education
- Expanded scope (pregnancy termination) postponed until permanent licensure framework complete—legal counsel recommends unified rollout across all affected regulations in several months to avoid piecemeal public-hearing objections.
- Next steps: Nicole Pegher drafts informed consent section requirements; Rebecca Herman, Board chair and Diane, Board Council resolve emergency transfer form approach pre-next meeting; legal completes 1-month cross-reference review before final board vote.

Full Summary

Principal Care Management and Stable Conditions

- Board approved principal care management change and moved stable conditions document to ready for review
- Diane, Board Council clarified regulations are living documents that will evolve as board works with active licensees
 - Initial package only needs to be sufficient to issue temporary licenses
 - Board can adjust terms as needed when working with licensees

Conditions Requiring Consultation; Language Refinements

- Rebecca Herman, Board chair identified language issue stating "recommend transfer of care" when section addresses consultation only, not mandatory transfer
- Diane, Board Council suggested clarifying that midwife must recommend consultation rather than transfer client
 - Made distinction between recommendation being required versus client compliance
- Zev Colson noted regulation should clarify midwife continues with client if client refuses recommended consultation
 - Rebecca Herman, Board chair confirmed adequately covered in other sections

Adverse Event Reporting Requirements: Reporting Framework

- Rebecca Herman, Board chair advocated for mandatory board reporting of serious adverse events for timely review
 - Distinct from quality improvement data collection done at other DPH divisions
 - Board needs to know about serious outcomes quickly enough for potential intervention
- Diane, Board Council referenced drug control program model where registrants report issues and program decides investigation needs
- Zev Colson raised concerns about CQI versus board discipline distinction, noting Oregon's effective data collection reducing neonatal mortality
- Diane, Board Council clarified board role is collecting information about events to decide whether conversation with licensee needed
 - Distinct from macro statistics gathering
 - Focused on single cases with individual licensees, not commonwealth-wide statistics

Mandatory Report Categories

- Initial categories discussed: death, ICU admission, blood transfusion
 - Zev Colson shared Oregon's comprehensive list including hospitalization for infection, uterine rupture, fetal death after 20 weeks, NICU admission within 72 hours, urgent transfer

- Susan Hernandez questioned whether some Oregon categories excessive and asked what board would do with that information
- Rebecca Herman, Board chair noted Massachusetts context differs from Oregon, which has dedicated CQI programs
 - Board should focus on what assists working with licensees to improve practice
 - Avoid duplicative data collection when other DPH divisions already doing this work
- Tejumola Adegoke raised concern that law enforcement can request collected data
 - DPH privacy procedure states should not collect data not planning to use

Serious Adverse Events Definitions

- Susan Hernandez questioned NICU admission specificity, noting some admissions are routine and not necessarily severe
- Diane, Board Council suggested using "serious adverse events" term with separate guidance document on what qualifies
- Rebecca Herman, Board chair articulated three options with trade-offs
 - Option 1: Use admission as proxy for severity (catches unnecessary reports but board can dismiss)
 - Option 2: List specific conditions (requires comprehensive list)
 - Option 3: Report only deaths (narrower but may miss serious outcomes)
- Tejumola Adegoke noted difficulty listing specific NICU admissions but board can review and dismiss non-serious reports
- Nicole Pegher (Nicole) preferred blanket approach despite potential overkill to avoid missing reportable events

Death Reporting Definitions

- Rebecca Herman, Board chair recommended 42-day cutoff for birthing person death to align with maternal mortality definition
 - Wording: "during pregnancy or within 42 days of giving birth"
- Neonatal death defined as within 7 days of life based on standard definitions

- Intrapartum demise added as separate category
 - Zev Colson suggested "fetal death after onset of labor"
 - Tejumola Adegoke preferred "intrapartum demise"
 - Rebecca Herman, Board chair hesitant about including fetal deaths after 20 weeks as likely non-preventable

NICU Admission Reporting

- Rebecca Herman, Board chair separated birthing person and neonate ICU admissions into distinct categories
 - Recognized different specificity and severity thresholds may be needed
- Reporting Timeline
- Final decision: 7 days chosen as reporting timeline
 - Nicole Pegher (Nicole) supported 7 days as reasonable for notification and allows time for information collection
 - Susan Hernandez initially suggested 14 days
 - Diane, Board Council supported 7 days as better for board process, allowing more time for investigation

Comparison with Other Professions

- Susan Hernandez asked whether other licensed professions have different mandatory reporting requirements
 - Same patient population experiencing same adverse events
- Rebecca Herman, Board chair acknowledged regulations already different between CNMs and OBs due to different scope of practice
- Tejumola Adegoke noted OB setting has routine M&M rounds where deaths, hemorrhages, and NICU admissions discussed
- Diane, Board Council clarified board must decide what serious adverse events are for own licensees and practice area

Postpartum Conditions in Consultation and Transfer

- Zev Colson questioned whether regulation should include postpartum conditions as many states do
 - Example: retained placenta at 90 minutes not addressed
- Rebecca Herman, Board chair responded postpartum conditions addressed through other regulation mechanisms
 - Requested filter for new items: is this error or missed section versus re-litigation of discussed topics
- Nicole Pegher (Nicole) indicated comfort with current coverage

Continuing Education and Pharmacology Competency

- Zev Colson noted NACPM released new guidance on continuing education for medication management
 - Requested adding requirement: 4 hours continuing education in pharmacology for renewals
 - Proposed referencing NACPM Practice Resource: CPM Pharmacology Competencies document
- Rebecca Herman, Board chair clarified this is about CE for renewals, not initial training
- Zev Colson confirmed this is in addition to existing general CE requirements
- Addition approved for inclusion

Transfer of Care Language Refinements

- Rebecca Herman, Board chair recommended rewording section 404.1C to require remaining on scene with client until EMS arrives
 - Current language allows calling 911 then leaving
- Zev Colson suggested adding exception for midwife's own personal safety
- Language revision approved with safety exception

Standard Licensure Packet Completion

- Diane, Board Council congratulated board on completing basic packet of regulations for standard licensure
- Diane, Board Council recommended legal take one month to ensure definitions in right place and check cross-references
 - Will present as complete packet at next meeting for board vote
- Board approved moving document to ready for legal review

Temporary Licensure Requirements:

Informed Consent Framework

- Rebecca Herman, Board chair recommended stipulating required sections rather than standard form
 - Allows tailoring for individual practices while ensuring key elements covered
- Nicole Pegher (Nicole) volunteered to draft list of required informed consent sections for next meeting
- Tom, Board Director flagged no identifying information should be included as document becomes public

Emergency Transfer Form

- Rebecca Herman, Board chair noted recent convening of 40 stakeholders from Networks of Care to improve transfer systems
 - Common request: one standard transfer form for everyone
 - Recommendation to create standard transfer form
- Diane, Board Council flagged potential cross-over between board and DPI
 - Recommended deferring detailed discussion to next meeting
 - Diane, Board Council and Rebecca Herman, Board chair to discuss between meetings
- Susan Hernandez asked whether requirement or recommended
 - Diane, Board Council clarified statute says "shall develop" but board can choose: standards only, form only, standards and optional form, or mandatory form

Board Decision on Expanded Scope of Practice

Pregnancy Termination Care

- Diane, Board Council explained Heather's (legal counsel) recommendation to remove section 4.07 expanded scope of practice
 - To implement, needs to appear in multiple regulations
 - Cannot roll out piecemeal
 - Recommendation to wait and roll out as unified program across all affected regulations for smoother passage
- Zev Colson questioned timeline
 - Rebecca Herman, Board chair answered: after core permanent licensure completed and initial guidance documents finalized
 - Then develop full scope expansion program across all needed regulations
 - Realistically several months out
- Zev Colson raised concern about vulnerability to opposition
 - Worried about scope creep objections to pregnancy termination expansion
- Diane, Board Council clarified board has jurisdiction to add additional licensing permits
 - More likely to get opposition if not presented as well-thought-out detailed package
 - Legal recommends complete package over time for smoother passage
- Rebecca Herman, Board chair acknowledged personal impatience given Massachusetts' abortion access needs
 - State already receiving care overflow from other marginalized states
 - CPMs already covered under shield protections in licensing law
 - Willing to accept delay for smooth rollout
- Board voted unanimously to approve removal of section 4.07
- Rebecca Herman, Board chair and Diane, Board Council will save draft language in separate document for future use

Disclaimer: This overview is based on a working transcript that may include transcription errors or omissions. It is meant as a guide—not a final or official record. Please use this as a starting point and rely on official documents and your own review when forming conclusions or making decisions.