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**BEFORE THE
OREGON HEALTH LICENSING AGENCY
BOARD OF DIRECT ENTRY MIDWIFERY**

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In the Matter of)	
)	
KATHERINE GREER, LDM)	STIPULATED ORDER
License No. DEM-LD-10132454,)	
)	Agency File No. 10-6183
Respondent.)	

1.

The Oregon Health Licensing Agency, Board of Direct Entry Midwifery (Agency) is the state agency responsible for licensing, regulating and disciplining direct entry midwives in the State of Oregon. Katherine Greer, LDM (Respondent) is, and at all relevant times was, a licensed direct entry midwife in the State of Oregon.

2.

Client A entered the Respondent's care during or about November 2009, at which time Respondent was practicing as a direct entry midwife for Andaluz Waterbirth Center ("Andaluz"). At that time, Respondent was also a Registered Nurse. Client A remained under Respondent's care through approximately May 28, 2010, throughout which time Client A suffered from the endocrine disorder Addison's disease. Addison's disease is a condition which may cause complications during pregnancy, labor, and birth, which requires ongoing medical supervision and use of medications, and which therefore qualified as an antepartum non-absolute risk factor under former OAR 332-025-0021(4)(a) (2004 and *Temp. eff.* April 1, 2010)¹. Respondent had no direct experience treating Addison's disease or handling a pregnancy with a mother who suffered from Addison's disease.

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¹ The Board of Direct Entry Midwifery's Oregon Administrative Rules that became effective in 2004 were the rules in effect until April 1, 2010, at which time temporary rules became effective and remained so at the time Respondent terminated Client A's care.

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3.

On or about October 20, 2010, the Agency received a complaint alleging that the Respondent violated Oregon midwifery laws and rules related to the practice standards, risk assessment criteria and standards of care in her care of Client A. The Agency began an investigation of the complaint at that time.

4.

Upon conclusion of the investigation, the Agency proposed taking disciplinary action against Respondent pursuant to, *inter alia*, ORS 676.992 and OAR 332-030-000 for violations of the statutes and rules of the Agency and for direct entry midwifery, former OAR 332-025-0020 to 0021(2004 and Temp. eff. April 1, 2010).

5.

Respondent and the Agency desire to settle this matter by the entry of this Stipulated Order. Respondent understands that she has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes, and fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the Agency's record. Respondent understands that this Order is a public record.

6.

The Agency finds and Respondent understands that the Respondent engaged in the following acts and conduct during the period that she provided midwifery care to Client A:

6.1 Client A informed Respondent of Client A's Addison's disease in November, 2009.

At this appointment, Client A stated her intention to seek out a new endocrinologist. Respondent researched Addison's disease in pregnancy in November and December 2009, and consulted with a Naturopathic Doctor on January 8, 2010 who told her that she had experience with patients with Addison's disease, though not during pregnancy. Specifically, respondent asked the ND if she had experience working with anyone with Addison's disease and the naturopathic doctor responded, "Yes, a couple of women." ND maintains she was not aware that the conversation with Respondent was intended to be a consult and was never provided with Client

1 A's identity, details, or records. Respondent has recently been informed that the ND did not have
2 experience with treating patients with Addison's disease, and experienced them as a student
3 only. Respondent discussed thoroughly with Client A the recommendations of the ND at her
4 prenatal appointment on 2/11/2010.

5 6.2 At Client A's appointments Respondent asked if Client A was seeing her
6 endocrinologist and taking her medications, and if she had switched doctors. Client A did not
7 switch doctors, and always affirmed she was continuing her care and taking her prescribed
8 medications. Respondent asked Client A numerous times what endocrinologist and Client A had
9 discussed regarding Client A's birth plan, and Client A stated her endocrinologist said he would
10 manage her Addison's disease, and her midwife needed to manage her birth.

11 6.3 A birth management plan was written out in Client A's handwriting, according to
12 research done by Respondent, and Respondent's consult with the Naturopathic Doctor. Client A
13 reported to Respondent that said birth management plan was taken to the endocrinologist by
14 Client A for approval. Client A told Respondent endocrinologist had approved of said plan and
15 was willing to talk to Respondent. She gave Respondent the endocrinologist's contact
16 information at that time. Respondent risked Client A out of her care at 39 weeks gestation, prior
17 to having a conversation with the endocrinologist directly. Had the decision been made to not
18 risk Client A out of her care, Respondent maintains that she planned to consult with the
19 endocrinologist as soon as possible and prior to attending the birth.

20 6.4 Respondent consulted with a health professional that she believed had direct
21 experience with handling the complications of Addison's disease.

22 6.5 Respondent advised Client A on 2/11/10 of the recommendations of the naturopathic
23 doctor regarding her care in labor and birth. Those recommendations that were discussed with
24 Client A were: Client A should continue regular care with her endocrinologist and take her
25 adrenal replacement as ordered; baby should be evaluated carefully throughout the pregnancy to
26 ensure appropriate growth as baby is at increased risk of IUGR since Addison's effects Client
27 A's ability to take in and utilize calories; for the birth, the ND agrees there is no birth specific

1 protocol in use for a natural vaginal birth; a protocol based on those used in times of illness,
2 increased stress, or increased physical exertion should be formulated and approved by her
3 endocrinologist; doubling her regular dosages is a suggestion; having injectable dosages
4 available for active labor is recommended; Addisonian crisis is treated emergently with
5 injectable corticosteroids and normal saline IV, so have these available to begin treatment and
6 transport immediately.

7 6.6 Respondent charted her conversation with Client A in the progress notes:

8 2/11/10 "Discussed plan for her birth, still trying to talk to her endocrinologist about dosing.
9 Currently considering doubling dose starting in early labor."

10 5/21/10 "Went over location of medication for Addisons for the time of the birth. Client A and
11 Client A's husband will be administering her medications, but we will keep track of timing so
12 that Client A doesn't have to be watching a clock in labor. Discussed contingency plan outlined
13 by her endocrinologist in case of increased need for cortisol replacement. See yellow paper"
14 (yellow paper is a management for labor and birth plan written in Client A's handwriting. Client
15 A took to endocrinologist for approval, and according to Client A he approved of plan).

16 Respondent wrote out in her summary of care, included in the chart, the details of her
17 consult with the Naturopathic Doctor.

18 6.7 Respondent failed to document fully the conversation she had with Client A regarding
19 her consult with the naturopathic doctor with regard to the issues in terms 6.1 through 6.4.
20 Respondent did not document Client A's consent to an out-of-hospital birth after advisement
21 because Client A refused to sign the consent form on 5/25/2010.

22 6.8 Client A refused transfer of care due to risk factors (suspected IUGR with her
23 midwives urging her to get an ultrasound on 4/26/10, 5/11/10, 5/21/10, 5/25/10, 5/26/10, and
24 5/28/10) in her conversation with Respondent on 5/28/10. When Respondent told Client A that
25 she couldn't be her midwife and that she would recommend the midwives at Emmanuel, stating
26 she would facilitate getting Client A an appointment as soon as possible, Respondent asserts that
27 Client A said, "No, I think we'll take care of the birth ourselves". After this conversation,

1 Respondent terminated Client A's care through correspondence from Respondent's employer.
2 Notification was sent by certified letter on May 28, 2010. A request was received dated June 2,
3 2010 for Client A's records to be sent to Dr. Amy Bruner, at the NW Women's Clinic at the
4 request of Client A. Records were faxed to Dr. Bruner's office June 4, 2010, completing Client
5 A's transfer of care.

6 7.

7 Respondent's acts and conduct constitute the following violations:

8 7.1 By failing to consult with Client A's endocrinologist or other health professional with
9 direct experience handling the complications of Addison's disease during pregnancy and labor
10 during Respondent's care of Client A, Respondent violated *former* OAR 332-025-0021(3)(a)
11 (2004 and *Temp. eff.* April 1, 2010)

12 7.2 By failing to adequately document the assessment of risks to Client A or Client A's
13 baby associated with Addison's disease, the Respondent's own inexperience with Addison's
14 disease, and to adequately document her assessment on whether an out of hospital birth for
15 Client A was a reasonably safe option, Respondent violated *former* OAR 332-025-0021(3)(b)
16 (2004 and *Temp. eff.* April 1, 2010).

17 7.3 Although Respondent did advise Client A of the risks in pregnancy, labor, and birth
18 associated with Addison's disease, including the risk of adverse outcomes on 2/11/2010, the
19 consult that preceded it and her failure to adequately document this conversation with Client A
20 constitutes a violation of *former* OAR 332-025-0020(3)(c) (2004 and *Temp. eff.* April 1, 2010).

21 7.4 By failing to adequately document advice given to Client A on 2/11/2010 with regard
22 to the issues in terms 6.1 through 6.4, Respondent violated *former* OAR 332-025-0020(3)(d)
23 (2004 and *Temp. eff.* April 1, 2010).

24 8.

25 Respondent and the Agency agree to resolve this matter by the entry of this Stipulated
26 Order subject to the following terms and conditions:

27 8.1 Respondent must pay a fine of \$1,500, payable in seven installments, as follows:

1 First payment, in the amount of \$200, due 10 business days after the signing of this Order
2 by the Agency Director;
3 Second payment, in the amount of \$200, due 30 days after first payment is due;
4 Third payment, in the amount of \$200, due 30 days after second payment is due;
5 Fourth payment, in the amount of \$200, due 30 days after third payment is due;
6 Fifth payment, in the amount of \$200, due 30 days after fourth payment is due;
7 Sixth payment, in the amount of \$200, due 30 days after fifth payment is due;
8 Seventh and final payment, in the amount of \$300, is due 30 days after sixth payment is
9 due.

10 8.2 Respondent shall, within one calendar year from the date this Order is signed by
11 the Agency Director, submit: (1) complete client charts for 10 pregnancies and corresponding
12 labors and births to a licensed direct entry midwife selected by Respondent and approved by the
13 Board of Direct Entry Midwifery (Board), for that licensed direct entry midwife's review; and,
14 (2) Respondent is responsible for any fees or costs associated with such chart review, such
15 reviews to be provided to the Board within 18 months from the date this Order is signed by the
16 Agency Director.

17 8.3 Respondent shall, within 30 days, submit a form for documenting consults that meets
18 the criteria laid out in the current OAR 332-025-0021(3).

19 8.4 Respondent stipulates and agrees that any violation of the terms of this Order
20 constitutes grounds to take further disciplinary action under ORS 676.612 and 676.992.

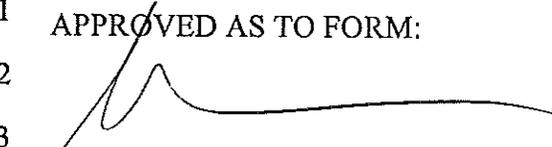
21 8.5 The Agency hereby DISMISSES its allegation that Respondent violated *former*
22 OAR331-025-0020(13) (2004 and *Temp. eff.* April 1, 2010), failing to maintain accurate written
23 client records documenting the course of midwifery care.

24 8.6 Respondent stipulates and agrees that this Order becomes effective the date it is
25 signed by the Agency Director.

26 IT IS SO STIPULATED THIS 11th day of June, 2012.

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KATHERINE GREER, LDM

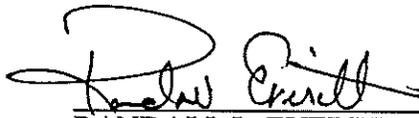
1 APPROVED AS TO FORM:

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4 Michael E. Rose, Attorney for Respondent

5 DATE: 11 June, 2012

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8 IT IS SO ORDERED THIS 12 day of June, 2012.

9 OREGON HEALTH LICENSING AGENCY
10 BOARD OF DIRECT ENTRY MIDWIFERY

11 
12 RANDALL L. EVERITT
13 DIRECTOR