

BEFORE THE
BOARD OF NATUROPATHIC MEDICINE
STATE OF OREGON

In the Matter of the License of:

Case No. 21-02-07

Sayvi George, ND,

NOTICE OF PROPOSED DISCIPLINARY ACTION

Licensee

AND OPPORTUNITY FOR HEARING

1.

The Board of Naturopathic Medicine (Board) is the State agency responsible for licensing, regulating, and disciplining naturopathic physicians in the State of Oregon, pursuant to Oregon Revised Statutes (ORS) chapter 685 and Oregon Administrative Rules (OAR) chapter 850. Dr. Sayvi George N.D. (Licensee) is a licensed naturopathic physician in Oregon and is subject to the jurisdiction of the Board.

2.

The Board hereby proposes to take disciplinary action against Licensee's license to practice naturopathic medicine, on the grounds described in the following paragraphs. For each violation, the Board may impose a civil penalty up to \$5,000, a term of probation, a letter of reprimand and license limitation, suspension, or revocation.

3.

Dr. Sayvi George has been licensed as a naturopathic physician in the State of Oregon since January 25, 2018. Licensee received her midwifery certificate on Sept 12, 2018, and practices midwifery at Canyon Medical Center.

4.

Patient established care at Canyon Medical Center for pregnancy on or about September 7, 2021. On March 25, and again on April 17, 2022, Patient tested positive for group B streptococcal (GBS). GBS increases the risk of developing an infection of the placenta and amniotic fluid. Penicillin G, ampicillin, or cefazolin are indicated for intrapartum prophylaxis of perinatal GBS colonization. There is an increased risk of GBS passing to a baby during birth if the mother's water breaks 18 hours or more before delivery. Patient declined antibiotics prior to birth. Birth

plan was to administer antibiotics 12 hours after ruptured membranes with no contractions. Rupture of membranes is a term used during pregnancy to describe a rupture of the amniotic sac.

5.

On April 28, 2022, Patient's membranes ruptured prior to contractions at home at approximately 1:15 pm. Patient arrived at Canyon Medical Center on that date at approximately 7:00 pm. Dr. George was the on-call midwife at Canyon Medical Center on the evening of April 28. Licensee performed a cervical exam at approximately 7:30pm. Licensee noted Patient's cervix was 3cm dilated, was 70% effaced and the baby was at station negative one.

6.

Patient remained at the clinic in a birthing room for approximately the next 28 hours. On April 29, at approximately 11:15pm, Licensee did another cervical exam and told Patient her cervix was fully dilated at 10 centimeters, 100% effaced and station of plus one. Licensee told Patient to start pushing. Patient pushed trying to give birth until 2:30am on April 30.

7.

At approximately 230am, a second midwife performed a cervical exam on Patient and found her cervix to be only 6cm dilated and swelling of the cervix. Licensee told Patient she was only 6 cm dilated. Patient and partner left the clinic and go to St. Vincent hospital to deliver the baby. When Patient was examined at the hospital between 3:20am and 5:20am, her cervix was 3 cm dilated, 80% effaced and the baby's station was -3.

8.

A cervical exam is done by inserting two fingers into the patient's vagina and then feeling around the edge of the cervix. The distance between the far edges of the cervix is measured by the medical provider's fingers. The process of the cervix opening (dilating) is one way to track how labor is progressing. For most term babies, when the cervix is ten centimeters (cm) dilated it can accommodate the passage of baby's head into the vagina. Effacement is the thinning and shortening of the cervix. A pregnant person must be 100% effaced for a vaginal delivery.

9.

Cervical examination is a basic, critical requirement for delivery care. Cervical dilation is a marker for the transitions between the stages of labor and aid in determining how labor is progressing. The cervix does not usually get smaller during the transition between stages of labor. Cervix dilatation charts compare a 3cm dilation to the size of a quarter. Cervix dilatation

charts compare a 6cm dilation to the size of a tomato. Cervix dilatation charts compare a 10 cm dilatation to the size of a cantaloupe.

10.

Fetal station describes how far down a baby's head has descended into the pelvis. Fetal station is determined by examining the cervix and locating where the lowest part of the baby is in relation to the pelvis. A station measurement of zero means baby is ready to move into the vagina and they are as far down as they can go until fully dilated at 10 centimeters. The baby's head is crowning and ready for birth at station +4 or +5 station. Fetal stations are important to monitor, and aid in evaluating how labor is progressing.

11.

Licensee noted in the birth record that Patient's cervix as fully dilated at 11:15pm on April 29, she also noted she was 100% effaced and the baby's station was at station one. At approximately 230am, a second midwife performed a cervix exam on Patient and found her cervix to be only 6cm dilated and her cervix swollen. Patient was examined at St. Vincent between 3:20am and 5:20am, her cervix was 3 cm dilated, 80% effaced and the baby's station was -3. Licensee's failure to assess the difference between a 3cm dilation and a 10cm dilation, failure to consider the improbability that the baby's station would be at one if the Patient was fully dilated at 10cm, while allowing the Patient to push for over three- and one-half hours, is negligent treatment and a violation of OAR 850-050-0010(1)(c)(B) – (Negligent treatment) and ORS 685.110(8) (Committing negligence related to the practice of naturopathic medicine).

12.

Patient's membranes ruptured prior to contractions at home at approximately 1:15 pm. Patient remained at the clinic in a birthing room for approximately 28 hours, a total of 34 hours after her membranes ruptured. Patient was given three cervical exams.

Cervical exams can increase the risk of infection, even when performed carefully and with sterile gloves. An internal exam may push the normal bacteria found in the vagina up toward the cervix. Chorioamnionitis (intra-amniotic infection) is a serious infection that affects a person during pregnancy. It is a common complication of pregnancy associated with potentially serious adverse maternal, fetal, and neonatal effects, as well as increased long-term risks for cerebral palsy and other neurodevelopmental disabilities. Antibiotics are commonly given to the patient through IV until the baby is delivered.

Licensee's failure to discuss the risks of not taking antibiotics or not administering antibiotics to a Patient who had multiple risk factors for chorioamnionitis, including membrane rupture for more than 24 hours before delivery, long labor, GBS, frequent vaginal exams after membrane rupture is negligent treatment and a violation of OAR 850-050-0010(1)(c)(B) – (Negligent treatment) and ORS 685.110(8) (Committing negligence related to the practice of naturopathic medicine).

13.

For the violations described above; the Board proposes the following discipline:

- A. Probation – 36 Months.
- B. Cease performing unsupervised births until the following conditions are completed:
 - 1. Attend American Association of ND Midwives Roundtable
 - 2. Attend five (5) births with a certified ND midwife approved by the Board of Naturopathic Medicine
 - 3. Completion of ten (10) supervised births in their entirety with a certified ND midwife approved by the Board of Naturopathic medicine.
- C. Six hours of continuing education focused on obstetric doctor-patient boundaries in addition to hours required for annual renewal per 850-040-0210, to be completed within the first six (6) months of probation.
- D. Ten (10) quarterly chart reviews for births, chosen at random by the Board, reviewed by a certified midwife ND approved by the Board, at the Licensees expense.
- E. Civil Penalty - \$5000

14.

NOTICE OF OPPORTUNITY FOR HEARING

Licensee is entitled to a hearing as provided by the Administrative Procedures Act (ORS Chapter 183). If you want a hearing, you must file a written request for hearing with the Board within 21 days from the date this notice was mailed. You must submit request for hearing to either via email Naturopathic.Medicine@obnm.Oregon.gov or U.S. Mail to Oregon Board of Naturopathic Medicine, 800 NE Oregon Street, Suite 407, Portland, OR 97232. The request for hearing must be received by the Board within 21 days from the date of mailing of this notice and must be accompanied by a written answer to the charges contained in this Notice. If a request for hearing is not received within 21 days, the right to hearing is waived.

15.

If you request a hearing, you will be notified of the time and place of the hearing. Before the hearing, you will receive information on the procedures, right of representation, and other rights of parties related to the conduct of the hearing. An administrative law judge from the Office of Administrative Hearings will preside at any hearing. ORS 183.635.

16.

An answer is required to this Notice, pursuant to OAR 850-001-0015, due to the complexity of the matters alleged above. The answer shall be made in writing to the Board and shall include an admission or denial of each factual matter alleged in this Notice, and a short plain statement of each relevant affirmative defense Licensee may have. Except for good cause, factual matters alleged in this notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; and new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency and evidence shall not be taken on any issue not raised in the Notice and answer.

17.

If you fail to request a hearing within 21 days, withdraw a request for a hearing, notify the Board or administrative law judge that you will not appear or fail to appear at a scheduled hearing, the Board may issue a final order by default revoking your license. If the Board issues a default order, the contents of the Board's file automatically becomes part of the evidentiary record of this disciplinary action for the purpose of proving a prima facie case.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571 or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>.

DATED this ___8th___ day of ___May_____ 2023.

BOARD OF NATUROPATHIC MEDICINE

State of Oregon

COPY

Mary-Beth Baptista, Executive Director