

2 **BEFORE THE HEALTH LICENSING OFFICE**  
4 **BOARD OF DIRECT ENTRY MIDWIFERY**

6 *In the Matter of:* ) **Notice of Intent to Impose Discipline**  
8 **Cowart, Debra** ) **License and Right to Request a Hearing**  
10 *License No.* )  
12 *DEM-LD-10131616* )  
14 Respondent, ) File No. 12-6854

16 Notice of Proposed Action

18 Under ORS 676.612(1), ORS 676.616, ORS 687.445, and ORS 687.485, the Board of Direct  
20 Entry Midwifery (Board), in consultation with the Health Licensing Office (Office) (*formerly*  
Oregon Health Licensing Agency), is charged with disciplining licensed direct entry midwives.  
The Board hereby proposes to:

- 22 1) Require the respondent to have a minimum of one year supervised practice by a board  
24 approved supervisor under board approved guidelines, which will be extended if ten births  
26 are not accomplished in the one year period. The supervised practice will continue after the  
28 one year until the completion of ten births.
- 30 2) Require the Respondent to attend and complete a board approved class related to the  
32 identification of risks and management of pregnancy. Respondent is responsible for finding  
34 the class and is responsible for any fees or costs associated with the class.
- 36 3) Require the Respondent to attend and complete a board approved class related to charting  
and documentation. Respondent is responsible for finding the class and is responsible for  
any fees or costs associated with the class.
- 4) Assess the costs of any disciplinary proceeding against Respondent, not to exceed \$5000.

38 **FINDINGS OF FACT**

- 40 1. At all relevant times, Debra Cowart (Respondent) held Direct Entry Midwifery license DEM-  
LD-10131616 issued by the HLO.
- 42 2. At all relevant times, Respondent was the primary midwife for Client.
- 44 3. According to the records, on May 10, 2012 at about 6:00 p.m., Client's water ruptured.
- 46 4. On May 10, 2012 at about 6:10 p.m. Client's contractions started.

- 2 5. On May 10, 2012 at about 11:49 p.m., Respondent arrived at Client's residence.
- 4 6. On May 11, 2012 at about 5:01 a.m., client had a temperature of 99.1 degrees and a pulse of  
6 100 beats per minute. It had been 5 hours 38 minutes hours since Client's temperature was last  
8 taken.
- 10 7. On May 11, 2012 at about 6:44 a.m. Client was four to five centimeters dilated and at zero  
12 station. It was noted in the labor records her cervix felt swollen.
- 14 8. On May 11, 2012 at about 9:46 a.m. had a temperature of 99.6 and a pulse of 110 beat per  
16 minute. It had been 4 hours 45 minutes since Client's temperature and pulse were last taken.
- 18 9. On May 11, 2012 at about 1:11 p.m., Client was eight to nine centimeters dilated.
- 20 10. On May 11, 2012 at about 2:02 p.m., Client had a temperature of 99.1 degrees and a pulse of  
22 110 beats per minute. It had been 4 hours 16minutes since Client's temperature and pulse were  
24 last taken.
- 26 11. On May 11, 2012 at about 5:42 p.m., Client had a temperature of 99.4 degrees. It had been 3  
28 hours 40 minutes since Client's temperature was last taken.
- 30 12. On May 11, 2012 at about 6:46 p.m., it was noted in the labor records the Client's cervix was  
32 paper thin, except for a swollen anterior lip. She was 9 centimeters dilated. There had been 1  
34 centimeter progress in dilation in the past 5 hours 35 minutes.
- 36 13. On May 11, 2012 at about 9:46 p.m. Client had a temperature of 100.3 degrees. It had been 4  
38 hours 4 minutes since Client's temperature was last taken.
- 40 14. On May 11, 2012 at about 10:30 p.m. Client had a temperature of 100.1 degrees. It had been  
42 44 minutes since Client's temperature was last taken.
- 44 15. On May 11, 2012 at about 11:31 p.m. Client had a temperature of 99.9 degrees. It had been 1  
46 hour 1 minute since Client's temperature was last taken.
16. On May 12, 2012 at about 2:00 a.m. Client began off and on undirected pushing.
17. On May 12, 2012 at about 3:42 a.m. Client had a temperature of 99.9. It had been 4 hours 11  
minutes since Client's temperature was last taken.
18. On May 12, 2012 at about 5:00 a.m. Client began consistent pushing.
19. On May 12, 2012 at about 6:43 a.m. Client sat on the toilet and pushed.
20. On May 12, 2012 at about 7:02 a.m. Client moved to the birth stool, but then moved to a  
kneeling position on the couch.

- 2 21. On May 11, 2012 at about 8:20 a.m. Client had a temperature of 99.2. It had been 4 hours 38  
4 minutes since Client's temperature was last taken.
- 6 22. On May 12, 2012 at about 8:25 a.m. it was noted in the labor records Client was not making  
8 good progress. When Client stood up her face was very swollen. Client had a pulse of 150  
beats per minute. It had been 18 hours 25 minutes since Client's pulse was last taken.  
(Documented as having occurred at 8:15 am in the Birth Summary)
- 10 23. On May 12, 2012 at about 8:27 a.m. Respondent attempted to take Client's blood pressure.  
12 She was only able to obtain a systolic reading of 120. It had been 33 hours 04 minutes since  
Client's blood pressure was last taken.
- 14 24. On May 12, 2012 between 9:01 a.m. and 9:15 a.m. Client was transported and arrived at the  
16 Good Samaritan Regional Medical Center in Corvallis. Upon arrival, Client was completely  
dilated with failure to descend in 2nd stage. She also had prolonged rupture of membranes  
18 greater than 40 hours.
- 20 25. On arrival at the hospital, the Client was diagnosed with amnionitis and fetal distress based  
22 on high fetal heart rate with variable decelerations, high maternal pulse with a white blood  
24 count of 35,700. A C/Section was performed with infant apgars of 3 at 1min/7 at 5 min, and  
there was frank pus and thick meconium in the uterine cavity. In addition, the Client had  
sustained a pneumothorax from her sustained pushing efforts.

## 26 APPLICABLE LAW

### 28 332-025-0021

#### 28 Risk Assessment Practice Standards

30 Licensees must assess the appropriateness of an out-of-hospital birth taking into account the health  
32 and condition of the mother and baby according to the following absolute and non-absolute risk  
criteria:

32 \*\*\*

34 (3) "Non-absolute" means a condition or clinical situation that places a mother or baby at  
36 increased obstetric or neonatal risk, but does not automatically exclude a mother and baby from  
an out-of-hospital birth.

38 (4) When a mother or baby presents with one or more non-absolute risk factors, the LDM must:

40 (a) Arrange for the transfer of care of the mother or baby; or

40 (b) Comply with all of the following:

42 (A) Consult with at least one Oregon licensed health care provider regarding the  
non-absolute risk factors present.

44 (B) Discuss the non-absolute risk(s) with the mother, including:

(i) Possible adverse outcomes;

- (ii) Whether an out-of-hospital birth is a reasonably safe option based upon the risk(s) present;
- (iii) The anticipated risk(s) and the likelihood of reducing or eliminating said risks;
- (iv) The midwife's experience with said risk(s);
- (v) The ease and time involved in accomplishing transport or transfer of care;
- (vi) Recommendation(s) given by the consulting Oregon licensed health care provider(s); and
- (vii) Recommendation(s) given by the LDM to the mother.

(C) Document discussion of information listed in subsection (B).

(D) To the extent the LDM acts contrary to the recommendations given by the consulting Oregon licensed health care provider, the LDM must document the justification.

(E) Informed consent must be obtained and documented in records.

(5) The following are non-absolute risk factors:

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(b) MATERNAL ANTEPARTUM NON-ABSOLUTE RISK CRITERIA:

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(F) Lack of adequate progress in second stage:

- (i) Lack of adequate progress in vertex presentation is when there is no progress after a maximum of three hours in cases with full dilation, ruptured membranes, strong contractions and sufficient maternal effort; \*  
\* \*

### 332-025-0022

#### Mother and Baby Care Practice Standards

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(3) In addition to and not in lieu of the MANA core competencies, an LDM must adhere to the following mother and baby care practice standards:

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(b) Care During Labor, Birth and Immediately Thereafter (Intrapartum) — the LDM must:

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(C) Make appropriate and ongoing risk assessment and document maternal and fetal status and response throughout labor;

(D) Evaluate maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data;

### CONCLUSIONS OF LAW

1. By failing to transfer care of Client or consult with at least one Oregon licensed health care provider when presented with the non-absolute risk of OAR 332-025-0021(5)(b)(F)(i)

2 "Lack of adequate progress in vertex presentation is when there is no progress after a  
4 maximum of three hours in cases with full dilation, ruptured membranes, strong  
6 contractions and sufficient maternal effort", Respondent violated ORS 676.612(2)(n);  
8 OAR 332-025-0021(4)(a) and (b).

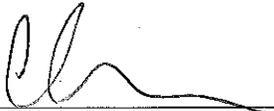
- 6 2. By failing to make appropriate and ongoing risk assessment and documentation of maternal  
8 pulse, blood pressure, and inadequate progress of labor, severe chorioamnionitis was not  
10 recognized and Respondent violated ORS 676.612(2)(j),(n); OAR 332-025-0022(3)(b)(C)  
12 and OAR 332-025-0022(3)(b)(D).

### 14 PROPOSED ORDER

16 The Board, in consultation with the Office, finds and hereby proposes to ORDER:

- 18 1) The Respondent is required to have a minimum of one year supervised practice by a board  
20 approved supervisor under board approved guidelines, which will be extended if ten births  
22 are not accomplished in the one year period. The supervised practice will continue after the  
24 one year until the completion of ten births.
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- 32 3) The Respondent is required to attend and complete a board approved class related to  
34 charting and documentation. Respondent is responsible for finding the class and is  
36 responsible for any fees or costs associated with the class.
- 38 4) Respondent is assessed the costs of any disciplinary proceeding against Respondent, not to  
40 exceed \$5000.

32 DATED 1-14-15

34 

38 Colleen Forbes, Chair  
40 Board of Direct Entry Midwifery

42 Enclosures: Option form, Notice of Contested Case Rights and Procedures  
44 CERTIFIED MAIL: 7012 34600003 1306733

