BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Caitlin Marie Kirkman Licensed Midwife No. L.M. 355 Respondent.	Case No. 800-2018-044026

DECISION

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on MAY 16 2024.

IT IS SO ORDERED MAY 09 2024.

MEDICAL BOARD OF CALIFORNIA

for

Reji Varghese, Executive Director

ROB BONTA
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **CAITLIN MARIE KIRKMAN** **Thrive Center for Birth and Family Wellness** **4859 Old Redwood Hwy** **Santa Rosa, CA 95403** **Licensed Midwife No. 355** Respondent.	Case No. 800-2018-044026 OAH No. 2022020512.1 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Megan R. O'Carroll, Deputy Attorney General.

2. Caitlin Marie Kirkman (Respondent) is representing herself in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about December 13, 2012, the Board issued Licensed Midwife No. 355 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-044026 and will expire on June 30, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-044026 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 19, 2021. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2018-044026 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2018-044026. Respondent also has carefully read, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2018-044026, if proven at a hearing, constitute cause for imposing discipline upon her Licensed Midwife.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual

basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation she enables the Board to issue an order accepting the surrender of her Licensed Midwife No. 355 without further process.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her Licensed Midwife No. 355 without further notice to, or opportunity to be heard by, Respondent.

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full

force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

18. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

ORDER

IT IS HEREBY ORDERED that Licensed Midwife No. 355, issued to Respondent Caitlin Marie Kirkman, is surrendered and accepted by the Board.

1. The surrender of Respondent's Licensed Midwife No. 355 and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Licensed Midwife in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-044026 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-044026 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

6. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $90,580.00 prior to issuance of a new or reinstated license.

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ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Licensed Midwife. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Division of Licensing.

DATED: 1-25-2024

CAITLIN KIRKMAN
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 1/25/2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

SF2020401305

Exhibit A

Accusation No. 800-2018-044026

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **CAITLIN MARIE KIRKMAN, L.M.** Thrive Center for Birth and Family Wellness 4859 Old Redwood Hwy Santa Rosa, CA 95403-1415 Midwife Certificate No. LM 355 Respondent.	**Case No. 800-2018-044026** **ACCUSATION**

PARTIES

1. William Prasfika (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On December 13, 2012, the Board issued Midwife Certificate Number LM 355 to Caitlin Marie Kirkman, L.M. (Respondent). The Midwife Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2022, unless renewed.

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2507 of the Code provides in pertinent parts:

(a) The license to practice midwifery authorizes the holder to attend cases of normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b), and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

(b) As used in this article, the practice of midwifery constitutes the furthering or undertaking by any licensed midwife to assist a woman in childbirth as long as progress meets criteria accepted as normal.

(1) Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:

(A) There is an absence of both of the following:

(i) Any preexisting maternal disease or condition likely to affect the pregnancy.

(ii) Significant disease arising from the pregnancy.

. . .

(D) The gestational age of the fetus is greater than 37 0/7 weeks and less than 42 0/7 completed weeks of pregnancy.

(E) Labor is spontaneous or induced in an outpatient setting.

(2) If a potential midwife client meets the conditions specified in subparagraphs (B) to (E), inclusive, of paragraph (1), but fails to meet the conditions specified in subparagraph (A) of paragraph (1), and the woman still desires to be a client of the licensed midwife, the licensed midwife shall provide the woman with a referral for an examination by a physician and surgeon trained in obstetrics and gynecology. A licensed midwife may assist the woman in pregnancy and childbirth only if an examination by a physician and surgeon trained in obstetrics and gynecology

is obtained and the physician and surgeon who examined the woman determines that the risk factors presented by her disease or condition are not likely to significantly affect the course of pregnancy and childbirth.

. . .

(c)(1) If at any point during pregnancy, childbirth, or postpartum care a client's condition deviates from normal, the licensed midwife shall immediately refer or transfer the client to a physician and surgeon. The licensed midwife may consult and remain in consultation with the physician and surgeon after the referral or transfer.

(2) If a physician and surgeon determines that the client's condition or concern has been resolved such that the risk factors presented by a woman's disease or condition are not likely to significantly affect the course of pregnancy or childbirth, the licensed midwife may resume primary care of the client and resume assisting the client during her pregnancy, childbirth, or postpartum care.

(3) If a physician and surgeon determines the client's condition or concern has not been resolved as specified in paragraph (2), the licensed midwife may provide concurrent care with a physician and surgeon and, if authorized by the client, be present during the labor and childbirth, and resume postpartum care, if appropriate. A licensed midwife shall not resume primary care of the client.

(d) A licensed midwife shall not provide or continue to provide midwifery care to a woman with a risk factor that will significantly affect the course of pregnancy and childbirth, regardless of whether the woman has consented to this care or refused care by a physician or surgeon, except as provided in paragraph (3) of subdivision (c).

(e) The practice of midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version of these means.

(f) A midwife is authorized to directly obtain supplies and devices, obtain and administer drugs and diagnostic tests, order testing, and receive reports that are necessary to his or her practice of midwifery and consistent with his or her scope of practice.

(g) This article does not authorize a midwife to practice medicine or to perform surgery.

5. Section 2508 of the Code provides:

(a) A licensed midwife shall disclose in oral and written form to a prospective client as part of a client care plan, and obtain informed consent for, all of the following:

(1) All of the provisions of Section 2507.

(2) The client is retaining a licensed midwife, not a certified nurse-midwife, and the licensed midwife is not supervised by a physician and surgeon.

(3) The licensed midwife's current licensure status and license number.

(4) The practice settings in which the licensed midwife practices.

(5) If the licensed midwife does not have liability coverage for the practice of midwifery, he or she shall disclose that fact. The licensed midwife shall disclose to the client that many physicians and surgeons do not have liability insurance coverage for services provided to someone having a planned out-of-hospital birth.

(6) The acknowledgment that if the client is advised to consult with a physician and surgeon, failure to do so may affect the client's legal rights in any professional negligence actions against a physician and surgeon, licensed health care professional, or hospital.

(7) There are conditions that are outside of the scope of practice of a licensed midwife that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon.

(8) The specific arrangements for the referral of complications to a physician and surgeon for consultation. The licensed midwife shall not be required to identify a specific physician and surgeon.

(9) The specific arrangements for the transfer of care during the prenatal period, hospital transfer during the intrapartum and postpartum periods, and access to appropriate emergency medical services for mother and baby if necessary, and recommendations for preregistration at a hospital that has obstetric emergency services and is most likely to receive the transfer.

(10) If, during the course of care, the client is informed that she has or may have a condition indicating the need for a mandatory transfer, the licensed midwife shall initiate the transfer.

(11) The availability of the text of laws regulating licensed midwifery practices and the procedure for reporting complaints to the Medical Board of California, which may be found on the Medical Board of California's Internet Web site.

(12) Consultation with a physician and surgeon does not alone create a physician-patient relationship or any other relationship with the physician and surgeon. The informed consent shall specifically state that the licensed midwife and the consulting physician and surgeon are not employees, partners, associates, agents, or principals of one another. The licensed midwife shall inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely responsible for the services he or she provides.

(b) The disclosure and consent shall be signed by both the licensed midwife and the client and a copy of the disclosure and consent shall be placed in the client's medical record.

(c) The Medical Board of California may prescribe the form for the written disclosure and informed consent statement required to be used by a licensed midwife under this section.

6. Section 2519 of the Code provides in pertinent parts:

The board may suspend, revoke, or place on probation the license of a midwife for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, all of the following:

(1) Incompetence or gross negligence in carrying out the usual functions of a licensed midwife.

. . .

(3) The use of advertising that is fraudulent or misleading.

(4) Obtaining or possessing in violation of law, or prescribing, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administering to himself or herself, or furnishing or administering to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code.

. . .

(8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).

. . .

(e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of this chapter.

. . .

(j) Failing to do any of the following when required pursuant to Section 2507:

(1) Consult with a physician and surgeon.

(2) Refer a client to a physician and surgeon.

(3) Transfer a client to a hospital.

. . . .

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

8. The events described herein occurred in California.

FACTUAL ALLEGATIONS

9. In November 2014, Patient 1[1] was a 39-year-old woman who was approximately 17 weeks pregnant when she transferred her care and medical records from a different midwifery practice to Thrive Birth Center (TBC), a midwifery practice in Sonoma County, California co-owned by Respondent. Patient 1 initiated care with a midwife at TBC, who worked with Respondent and was present at the first few visits. Then, after the first midwife left TBC, Patient 1 stayed at TBC under the care of Respondent. Respondent provided midwife care to Patient 1

[1] "Patient 1" is used throughout to protect the patient's privacy.

from December 15, 2014 through May 7, 2015, when Patient 1 delivered a stillborn child. Respondent provided care and treatment for Patient 1, as indicated in medical records signed by Respondent on: December 15, 2014; January 12, 2015; January 26, 2015; February 9, 2015; February 23, 2015; March 9, 2015; March 30, 2015; April 3, 2015; April 16, 2015; April 17, 2015; April 23, 2015; April 28, 2015; April 30, 2015; May 3, 2015; May 5, 2015; May 7, 2015.

10. Certified medical records obtained from TBC indicate that Patient 1 had a blood test on November 21, 2014, and that the results from that blood test showed a low platelet count. In addition, the TBC records for Patient 1 indicate low platelets on January 29, 2015, February 2, 2015, April 16, 2015, and April 23, 2015. An obstetrical ultrasound report for Patient 1 dated December 4, 2014 indicates that Patient 1 was of "advanced maternal age," and that the estimated due date for Patient 1 was April 22, 2015. The obstetrical ultrasound report also indicates that an umbilical cord abnormality (two vessel cord) was present. TBC records indicate that on April 7, 2015, Respondent discussed with Patient 1 "GBS (Group B strep carrier status) protocol and options for treatment." Respondent also noted that with respect to Group B strep carrier status, Patient 1 will "start . . . . [s]uppositories and increase Vit C daily." TBC records for Patient 1 indicate that Patient 1 tested positive for Group B strep carrier status on April 16, 2015 and April 28, 2015. Patient 1, who was of advanced maternal age, as discussed above, is noted in medical records created on or around the time of her initial visit at Thrive Birth Center to have a Body Mass Index (BMI) of 29.7. Subsequent medical records signed by Respondent, however do not reflect testing or monitoring for gestational diabetes, a common occurrence in pregnancies.

11. Between December 2014 and May 2015, Respondent failed to recognize the possible significance of, and properly monitor and/or manage, a number of pregnancy-related conditions for Patient 1, including, as discussed above: umbilical cord abnormality, low platelet count, Group B strep carrier status, gestational diabetes, advanced maternal age and possible post-term pregnancy. Respondent also failed to ensure proper informed consent, testing, or management of these conditions by appropriate health care professionals, as indicated. In addition, Respondent improperly agreed to a home delivery for Patient 1, despite the numerous risk factors affecting

Patient 1's pregnancy. Shortly after midnight on May 7, 2015, Respondent arrived at Patient 1's home, where Patient 1 was in active labor. Respondent found it difficult to hear a fetal heartbeat and recommended transfer to a local hospital. Patient 1 agreed and was driven to the hospital, which was approximately forty-five minutes away, at around 3:00 a.m. At the hospital, no fetal cardiac activity was observed, and Respondent was unable and/or unwilling to provide hospital staff with Patient 1's complete medical records during the emergency. Patient 1 delivered a stillborn child at the hospital shortly thereafter. After failed attempts at resuscitation, the baby was pronounced dead around 5:00 a.m. on May 7, 2015.

FIRST CAUSE FOR DISCIPLINE

(Incompetence/ Gross Negligence)

12. The allegations of Paragraphs 9 through 11 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (a)(1) and/or section 2507 and/ or section 2508 in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife. Respondent failed to recognize the clinical significance of an umbilical cord abnormality for Patient 1's pregnancy, and she failed to follow up appropriately. Respondent's actions as described above reflect a departure from the standard of care and constitute incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

SECOND CAUSE FOR DISCIPLINE

(Incompetence/ Gross Negligence)

13. The allegations of Paragraphs 9 through 12 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (a)(1) and/or section 2507 and/ or section 2508 in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife. Respondent failed to recognize the clinical significance for Patient 1's pregnancy of thrombocytopenia (low platelet count), and she failed to follow up

appropriately. Respondent's actions as described above reflect a departure from the standard of care and constitute incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

THIRD CAUSE FOR DISCIPLINE

(Incompetence/ Gross Negligence)

14. The allegations of Paragraphs 9 through 13 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (a)(1) and/or section 2507 and/ or section 2508 in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife. Respondent failed to recognize the clinical significance of Group B strep carrier status for Patient 1's pregnancy, and she failed to follow up appropriately. Respondent's actions as described above reflect a departure from the standard of care and constitute incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

FOURTH CAUSE FOR DISCIPLINE

(Incompetence/ Gross Negligence)

15. The allegations of Paragraphs 9 through 14 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (a)(1) and/or section 2507 and/ or section 2508 in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife. Respondent failed to recognize the clinical significance of gestational diabetes for Patient 1's pregnancy, and she failed to follow up appropriately. Respondent's actions as described above reflect a departure from the standard of care and constitutes incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

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FIFTH CAUSE FOR DISCIPLINE

(Incompetence/ Gross Negligence)

16. The allegations of Paragraphs 9 through 15 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519(a)(1) and/or section 2507 and/ or section 2508 in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife. Respondent failed to recognize the clinical significance of advanced maternal age and post-term pregnancy for Patient 1's pregnancy. In addition, Respondent failed to communicate properly about these issues, and those identified in Paragraphs 10 through 15, to Patient 1, other health care providers, and/or emergency responders. Therefore, Respondent failed to ensure proper informed consent, testing, or management of the conditions by appropriate health care professionals. Moreover, Respondent should not have agreed to a home delivery, forty-five minutes from the nearest hospital, in light of the numerous risk factors affecting Patient 1's pregnancy. Respondent also failed to provide and/or ensure adequate fetal surveillance after 41 weeks' gestation. In addition, Respondent failed to have a second midwife present at Patient 1's attempted home delivery. And she prescribed remedies, including cotton root tincture and castor oil, in a manner not consistent with a licensed midwife's professional training for inducement of labor and without proper evidence-based assessment of dosing, risks, and side effects. Respondent's actions as described above reflect departures from the standard of care, and they constitute incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Provide Physician Referral or Referrals)

17. The allegations of Paragraphs 9 through 16 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (j)(1) and/or section 2507 in that Respondent: failed to refer Patient 1 to a physician trained in hematology and/or obstetrics and gynecology for evaluation and

determination of the risk factors presented by Patient 1's thrombocytopenia (low platelet count); and/or failed to refer Patient 1 to a physician trained in obstetrics and gynecology for evaluation and determination of the risk factors presented by Patient 1's Group B strep carrier status and management of the condition; and/or failed to refer Patient 1 to a physician trained in obstetrics and gynecology for evaluation and determination of the risk factors presented by Patient 1's post-term pregnancy of 42+ weeks.

SEVENTH CAUSE FOR DISCIPLINE

(Failing to Maintain and Keep Complete and Accurate Records)

18. The allegations of Paragraphs 9 through 17 are incorporated by reference as if set out in full. Respondent's license is subject to disciplinary action for unprofessional conduct under Code section 2519 (a)(1) and/or section 2519 (a)(8) in that her care and treatment of Patient 1 included acts of incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife and/or acts of falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in the patient's records. Respondent failed to present accurate and complete medical records regarding Patient 1 at the time of Patient 1's attempted home birth and subsequent hospitalization, indicating that she needed to complete them. Respondent also failed to properly document a discussion she states she had with Patient 1 about following up a fetal echocardiogram with fetal monitoring and repeat obstetrical ultrasound. Respondent's records failed to accurately document the presence of another or different licensed midwife during numerous encounters with Patient 1. Respondent's failure to maintain accurate medical records regarding Patient 1's treatment and care is a departure from the standard of care and constitutes incompetence and/or gross negligence in carrying out the usual functions of a licensed midwife.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Midwife Certificate Number LM 355, issued to Caitlin Marie Kirkman, L.M.;

2. Ordering Caitlin Marie Kirkman, L.M., to pay the Board the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation and monitoring; and

3. Taking such other and further action as deemed necessary and proper.

DATED: April 19, 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant