

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

Case No. 800-2018-044026

Respondent.

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

  
\_\_\_\_\_  
Reji Varghese, Executive Director

1 ROB BONTA  
Attorney General of California  
2 MICHAEL C. BRUMMEL  
Supervising Deputy Attorney General  
3 MEGAN R. O'CARROLL  
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8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-044026

13 **CAITLIN MARIE KIRKMAN**

OAH No. 2022020512.1

14 **Thrive Center for Birth and Family**  
15 **Wellness**  
16 **4859 Old Redwood Hwy**  
**Santa Rosa, CA 95403**

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

17 **Licensed Midwife No. 355**

18 Respondent.

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

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

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

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

4                                   **JURISDICTION**

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

10                               **ADVISEMENT AND WAIVERS**

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

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

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

23                               **CULPABILITY**

24          8.     Respondent understands that the charges and allegations in Accusation No. 800-2018-  
25 044026, if proven at a hearing, constitute cause for imposing discipline upon her Licensed  
26 Midwife.

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

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

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

#### 6 RESERVATION

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

#### 11 CONTINGENCY

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

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

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

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

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

#### 16 **ADDITIONAL PROVISIONS**

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

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

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

#### 26 **ORDER**

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

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

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

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

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

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

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

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DATED: 1-25-2024

*Leif Kirkman*  
LEIF KIRKMAN

DATED: 1/25/2024

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

Megan L. Carroll

SF2020401305

**Exhibit A**

**Accusation No. 800-2018-044026**



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Acting Attorney General of California  
2 MARY CAIN-SIMON  
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3 HAMSA M. MURTHY  
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7 *Attorneys for Complainant*

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9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-044026

13 **CAITLIN MARIE KIRKMAN, L.M.**

14 Thrive Center for Birth  
15 and Family Wellness  
4859 Old Redwood Hwy  
16 Santa Rosa, CA 95403-1415

17 Midwife Certificate  
No. LM 355

**ACCUSATION**

18 Respondent.

19 **PARTIES**

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

23 2. On December 13, 2012, the Board issued Midwife Certificate Number LM 355 to  
24 Caitlin Marie Kirkman, L.M. (Respondent). The Midwife Certificate was in full force and effect  
25 at all times relevant to the charges brought herein and will expire on June 30, 2022, unless  
26 renewed.  
27

1 JURISDICTION

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

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

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

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

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

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

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

17 (ii) Significant disease arising from the pregnancy.

18 ...

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

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

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

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

4 ...

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

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

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

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

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

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

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

2 5. Section 2508 of the Code provides:

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

5 (1) All of the provisions of Section 2507.

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

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

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

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

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

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

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

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

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

28

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

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

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

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

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

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

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

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

20 ...

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

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

1 ...  
2 (8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in  
3 any hospital, patient, or other record pertaining to the substances described in subdivision (a).

4 ...  
5 (e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the  
6 violation of, or conspiring to violate any provision or term of this chapter.

7 ...  
8 (j) Failing to do any of the following when required pursuant to Section 2507:

9 (1) Consult with a physician and surgeon.

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

11 (3) Transfer a client to a hospital.

12 ....  
13 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
14 administrative law judge to direct a licentiate found to have committed a violation or violations of  
15 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
16 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being  
17 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
18 included in a stipulated settlement.

19 8. The events described herein occurred in California.

#### 20 FACTUAL ALLEGATIONS

21 9. In November 2014, Patient 1<sup>1</sup> was a 39-year-old woman who was approximately 17  
22 weeks pregnant when she transferred her care and medical records from a different midwifery  
23 practice to Thrive Birth Center (TBC), a midwifery practice in Sonoma County, California co-  
24 owned by Respondent. Patient 1 initiated care with a midwife at TBC, who worked with  
25 Respondent and was present at the first few visits. Then, after the first midwife left TBC, Patient  
26 1 stayed at TBC under the care of Respondent. Respondent provided midwife care to Patient 1

27 <sup>1</sup> "Patient 1" is used throughout to protect the patient's privacy.

1 from December 15, 2014 through May 7, 2015, when Patient 1 delivered a stillborn child.

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

6 10. Certified medical records obtained from TBC indicate that Patient 1 had a blood test  
7 on November 21, 2014, and that the results from that blood test showed a low platelet count. In  
8 addition, the TBC records for Patient 1 indicate low platelets on January 29, 2015, February 2,  
9 2015, April 16, 2015, and April 23, 2015. An obstetrical ultrasound report for Patient 1 dated  
10 December 4, 2014 indicates that Patient 1 was of "advanced maternal age," and that the estimated  
11 due date for Patient 1 was April 22, 2015. The obstetrical ultrasound report also indicates that an  
12 umbilical cord abnormality (two vessel cord) was present. TBC records indicate that on April 7,  
13 2015, Respondent discussed with Patient 1 "GBS (Group B strep carrier status) protocol and  
14 options for treatment." Respondent also noted that with respect to Group B strep carrier status,  
15 Patient 1 will "start . . . [s]uppositories and increase Vit C daily." TBC records for Patient 1  
16 indicate that Patient 1 tested positive for Group B strep carrier status on April 16, 2015 and April  
17 28, 2015. Patient 1, who was of advanced maternal age, as discussed above, is noted in medical  
18 records created on or around the time of her initial visit at Thrive Birth Center to have a Body  
19 Mass Index (BMI) of 29.7. Subsequent medical records signed by Respondent, however do not  
20 reflect testing or monitoring for gestational diabetes, a common occurrence in pregnancies.

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

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

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Incompetence/ Gross Negligence)**

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

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Incompetence/ Gross Negligence)**

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



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

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Incompetence/ Gross Negligence)**

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

15 **FOURTH CAUSE FOR DISCIPLINE**

16 **(Incompetence/ Gross Negligence)**

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

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Incompetence/ Gross Negligence)**

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

22 **SIXTH CAUSE FOR DISCIPLINE**

23 **(Failure to Provide Physician Referral or Referrals)**

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

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

7 **SEVENTH CAUSE FOR DISCIPLINE**

8 **(Failing to Maintain and Keep Complete and Accurate Records)**

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

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1 PRAYER


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

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

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

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

10  
11 DATED: April 19, 2021

12   
13 WILLIAM PRASIFKA  
14 Executive Director  
15 Medical Board of California  
16 Department of Consumer Affairs  
17 State of California  
18 Complainant  
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