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

In the Matter of the First Amended Accusation Against: Lael Sophia Stimming, L.M. Licensed Midwife No. LM 332 Respondent.	Case No. 800-2022-087495

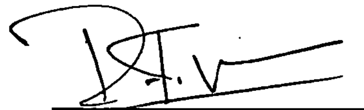
DECISION

The attached Stipulated Surrender of License and Disciplinary 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 September 16, 2024.

IT IS SO ORDERED September 9, 2024.

MEDICAL BOARD OF CALIFORNIA



Reji Varghese
Executive Director

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

In the Matter of the First Amended Accusation Against: **LAEL SOPHIA STIMMING, LM** **155 Town Farm Road** **Wilton, NH 03086-5623** **Licensed Midwife No. LM 332** Respondent.	Case No. 800-2022-087495 OAH No. 2024050086 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY 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 Tessa L. Heunis, Deputy Attorney General.

2. Lael Sophia Stimming, LM (Respondent) is represented in this proceeding by attorney Emilio R.D. Martinez, Esq., whose address is: Martinez Law Offices, 535 Main Street Martinez, CA 94553.

3. On or about March 20, 2012, the Board issued Licensed Midwife No. LM 332 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2022-087495 and will expire on December 31, 2025, unless renewed.

JURISDICTION

4. On March 9, 2023, Accusation No. 800-2022-087495 was filed before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on March 9, 2023, and Respondent timely filed her Notice of Defense contesting the Accusation. On March 14, 2024, First Amended Accusation No. 800-2022-087495 was filed before the Board and is currently pending against Respondent. A true and correct copy of First Amended Accusation No. 800-2022-087495 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2022-087495. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Disciplinary 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 First Amended Accusation; 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in First
4 Amended Accusation No. 800-2022-087495 and that her Licensed Midwife No. LM 332 is
5 therefore subject to discipline. Respondent hereby surrenders her Licensed Midwife No. LM 332
6 for the Board's formal acceptance.

7 10. Respondent agrees that if she ever petitions for reinstatement of her Licensed
8 Midwife No. LM 332, or if an accusation is filed against her before the Board, all of the charges
9 and allegations contained in First Amended Accusation No. 800-2022-087495 shall be deemed
10 true, correct and fully admitted by Respondent for purposes of any such proceeding or any other
11 licensing proceeding involving Respondent in the State of California or elsewhere.

12 9. Respondent understands that by signing this stipulation she enables the Board to issue
13 an order accepting the surrender of her Licensed Midwife No. LM 332 without further process.

14 13. With Respondent's early acknowledgement that cause exists for the Board's action,
15 Complainant finds good cause under Business and Professions Code section 2307, subdivision
16 (b)(1), and thereby agrees that Respondent may file a petition for reinstatement three years after
17 the effective date of the Board's Decision.

18 **CONTINGENCY**

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

22 11. Respondent understands that, by signing this stipulation, she enables the Executive
23 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her
24 Licensed Midwife No. LM 332 without further notice to, or opportunity to be heard by, Respondent.

25 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to the
26 approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated
27 Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his
28 consideration in the above-entitled matter and, further, that the Executive Director shall have a

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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.

13. 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

14. 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.

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15. 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.

16. 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. LM 332, issued to Respondent LAEL SOPHIA STIMMING, LM, is surrendered and accepted by the Board.

1. The surrender of Respondent's Licensed Midwife No. LM 332 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 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 First Amended Accusation No. 800-2022-087495 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 First Amended Accusation No. 800-2022-087495 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 agreed upon amount of sixty-five thousand dollars ($65,000) prior to issuance of a new or reinstated license.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Emilio R.D. Martinez, Esq. I fully understand the stipulation and the effect it will have on my Licensed Midwife No. LM 332. Having the benefit of counsel, I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

Signed by:
Lael Stimming
1B03A22FD654410...

DATED: 8/30/2024

LAEL SOPHIA STIMMING, LM
Respondent

I have read and fully discussed with Respondent LAEL SOPHIA STIMMING, LM the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DocuSigned by:
Emilio Martinez
D0CD4B02ACE749A...

DATED: 8/30/2024

EMILIO R.D. MARTINEZ
Attorney for Respondent

ENDORSEMENT

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

DATED: September 3, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

TESSA L. HEUNIS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2022-087495

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

In the Matter of the First Amended Accusation Against:	Case No. 800-2022-087495
LAEL SOPHIA STIMMING, L.M. **155 Town Farm Rd.** **Wilton, NH 03086-5623**	**FIRST AMENDED ACCUSATION**
Licensed Midwife Certificate No. LM 332,	
Respondent.	

PARTIES

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

2. On March 20, 2012, the Board issued Licensed Midwife Certificate Number LM 332 to Lael Sophia Stimming, L.M. (Respondent). The Licensed Midwife Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2025, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes Accusation No. 800-2022-087495 filed on March 9, 2023, is brought before the Board 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:

> (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.
>
> (B) There is a singleton fetus.
>
> (C) There is a cephalic presentation.
>
> (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.
>
> (3) The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part of 1 of Division 3 of Title

2 of the Government Code) specifying the conditions described in subparagraph (A) of paragraph (1).

(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.

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(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.

...

6. Section 2514[1] of the Code states:

(a) Nothing in this chapter shall be construed to prevent a *bona fide* student from engaging in the practice of midwifery in this state, as part of his or her course of study, if both of the following conditions are met:

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[1] *People v. McCall* (2013) 214 Cal.App.4th 1006

(1) The student is under the supervision of a licensed midwife or certified nurse-midwife, who holds a clear and unrestricted license in this state, who is present on the premises at all times client services are provided, and who is practicing pursuant to Section 2507 or 2746.5, or a physician and surgeon.

(2) The client is informed of the student's status.

(b) For the purposes of this section, a "*bona fide* student" means an individual who is enrolled and participating in a midwifery education program or who is enrolled in a program of supervised clinical training as part of the instruction of a three year postsecondary midwifery education program approved by the board.

7. Section 2516.5 of the Code states:

(a) As used in this section, the following definitions apply:

(1) "Midwife assistant" means a person, who may be unlicensed, who performs basic administrative, clerical, and midwife technical supportive services in accordance with this chapter for a licensed midwife or certified nurse-midwife, is at least 18 years of age, and has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board for a medical assistant pursuant to Section 2069. The midwife assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. Each employer of the midwife assistant or the midwife assistant shall retain a copy of the certificate as a record.

(2) "Midwife technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a midwife assistant who has limited training and who functions under the supervision of a licensed midwife or certified nurse-midwife.

(3) "Specific authorization" means a specific written order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising midwife or supervising nurse-midwife authorizing the procedures to be performed. A notation of the standing order shall be placed in the patient's medical record.

(4) "Supervision" means the supervision of procedures authorized by this section by a licensed midwife or certified nurse-midwife, within his or her scope of practice, who is physically present on the premises during the performance of those procedures.

(b) Notwithstanding any other provision of law, a midwife assistant may do all of the following:

(1) Administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical support services upon the specific authorization and supervision of a licensed midwife or certified nurse-midwife. A midwife assistant may also perform all these tasks and services in a clinic licensed in accordance with subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a licensed midwife or certified nurse-midwife.

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(2) Perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed midwife or certified nurse-midwife, if the midwife assistant has met the educational and training requirements for medical assistants as established in Section 2070. Each employer of the assistant shall retain a copy of any related certificates as a record.

(3) Perform the following midwife technical support services:

(A) Administer medications orally, sublingually, topically, or rectally, or by providing a single dose to a patient for immediate self-administration, and administer oxygen at the direction of the supervising licensed midwife or certified nurse-midwife. The licensed midwife or certified nurse-midwife shall verify the correct medication and dosage before the midwife assistant administers medication.

(B) Assist in immediate newborn care when the licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.

(C) Assist in placement of the device used for auscultation of fetal heart tones when a licensed midwife or certified nurse-midwife is engaged in a concurrent activity that precludes the licensed midwife or certified nurse-midwife from doing so.

(D) Collect by noninvasive techniques and preserve specimens for testing, including, but not limited to, urine.

(E) Assist patients to and from a patient examination room, bed, or bathroom.

(F) Assist patients in activities of daily living, such as assisting with bathing or clothing.

(G) As authorized by the licensed midwife or certified nurse-midwife, provide patient information and instructions.

(H) Collect and record patient data, including height, weight, temperature, pulse, respiration rate, blood pressure, and basic information about the presenting and previous conditions.

(I) Perform simple laboratory and screening tests customarily performed in a medical or midwife office.

(4) Perform additional midwife technical support services under regulations and standards established by the board.

(c) (1) Nothing in this section shall be construed as authorizing the licensure of midwife assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a midwife assistant. Nothing in this section shall be construed as authorizing the board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(2) Nothing in this section shall be construed as authorizing a midwife assistant to perform any clinical laboratory test or examination for which he or she is not authorized under Chapter 3 (commencing with Section 1200).

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(d) Notwithstanding any other law, a midwife assistant shall not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

8. Section 2519 of the Code states:

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.

...

(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.

...

(i) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of any of the provisions of Article 12 (commencing with Section 2221) of Chapter 5.

(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.

...

9. Section 2052 of the Code provides:

(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law is guilty of a public offense ...

(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense...

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

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10. Section 2264 of the Code states:

> The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.

11. Section 2266 of the Code states:

> The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

12. The incidents alleged herein occurred in Contra Costa County and Sacramento County, California.

REGULATION

13. California Code of Regulations title 16, section 1379.19 states, in relevant parts:

> (a) For purposes of Section 2507(f) of the code, the appropriate standard of care for licensed midwives is that contained in the "Standard of Care for California Licensed Midwives" (September 15, 2005 edition) ("SCCLM"), which is hereby incorporated by reference. [2]
>
> ...

PRACTICE GUIDELINES FOR CALIFORNIA LICENSED MIDWIVES

(May 2014)

14. The Practice Guidelines for California Licensed Midwives (the Guidelines), which was modeled on the SCCLM, which, in turn is incorporated as the appropriate standard of care pursuant to Section 1379.19 of Title 16 of the Code of Regulations, provides, in pertinent part:

14.1 Section I of the Guidelines:

> ....
>
> C. The California licensed midwife ... provides ... maternity care to essentially healthy women who are experiencing a normal pregnancy. An essentially healthy woman is without serious pre-existing medical or mental conditions affecting major body organs, biological systems or competent mental function. An essentially normal pregnancy is without serious medical complications affecting either mother or fetus.
>
> D. The California licensed midwife provides the necessary supervision, care and advice to women prior to and during pregnancy, labor and the postpartum period,

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[2] The SCCLM was the template for the current Practice Guidelines for California Licensed Midwives 2014, which are incorporated herein by this reference.

conducts deliveries and cares for the newborn infant during the postnatal period. This includes preventative measures, protocols for variations and deviations from norm, detection of complications in the mother and child, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.

E. The California licensed midwife's fundamental accountability is to the women in her care. This includes a responsibility to uphold professional standards and avoid compromise based on personal or institutional expediency.

F. The California licensed midwife is also accountable to peers, the regulatory body and to the public for safe, competent, ethical practice. ...

G. The California licensed midwife is responsible to the client, the community and the midwifery profession for evidence-based practice...

H. The California licensed midwife shall use evidence-based policies and practice guidelines for the management of routine care and unusual circumstances by establishing, reviewing, updating, and adhering to individualized practice policies, guidelines and protocols. ... Practice-specific guidelines and protocols are customarily implemented through standard or customized chart forms, informed consent and informed refusal documents and treatment waivers, other formal and informal documents used routinely for each area of clinical practice, including but not limited to the antepartum, intrapartum, postpartum, newborn periods and inter-conceptional period.

I. The licensed midwife's policies, guidelines and protocols shall be consistent with standard midwifery management as described in standard midwifery textbooks or a combination of standard textbooks and references, including research published in peer-review journals. Any textbook or reference which is also an approved textbook or reference for a midwifery educational program or school shall be considered an acceptable textbook or reference for use in developing a midwife's individual policies and practice guidelines. When appropriate or requested, citations of scientific source should be made available for client review.

...

14.2 Section II of the Guidelines:

A. The California licensed midwife engages in an ongoing process of risk assessment that begins with the initial consultation and continues throughout the provision of care. This includes continuously assessing for normalcy and, if necessary, initiating appropriate interventions including consultation, referral, transfer, first-responder emergency care and/or emergency transport.

B. Within the midwifery model of care, the licensed midwife's duties to mother and baby shall include the following individualized forms of maternity care:

1. Antepartum care and education, preparation for childbirth, breastfeeding and parenthood.

2. Risk assessment, risk prevention and risk reduction

3. Identifying and assessing variations and deviations from normal and detection of abnormal conditions and subsequently communicating that information

to the childbearing women and, when appropriate, to other health care providers and emergency responders.

4. Maintaining an individual plan for consultation, referral, transfer of care and emergencies.

5. Evidence-based physiological management to facilitate spontaneous progress in labor and normal vaginal birth while minimizing the need for medical interventions.

6. Procurement of medical assistance when indicated.

7. Execution of appropriate emergency measures in the absence of medical help.

8. Postpartum care to mother and baby, including counseling and education.

9. Maintaining up-to-date knowledge in evidence-based practice and proficiency in life-saving measures by regular review and practice.

10. Maintenance of all necessary equipment and supplies, and preparation of documents including educational handouts, charts, informed consent & informed refusal documents and treatment waivers, birth registration forms, newborn screening, practice policies, guidelines, protocols, and, if required by law, morbidity and mortality reports and annual statistics.

14.3 Section III of the Guidelines:

STANDARD ONE: The licensed midwife shall be accountable to the client, the midwifery profession and the public for safe, competent, and ethical care.

STANDARD TWO: The licensed midwife shall ensure that no act or omission places the client at unnecessary risk.

STANDARD THREE: The licensed midwife shall, within realistic limits, provide continuity of care to the client throughout the childbearing experience according to the midwifery model of care.

...

STANDARD FIVE: The licensed midwife shall uphold the client's right to make informed choices about the manner and circumstance of normal pregnancy and childbirth and facilitates this process by providing complete, relevant, objective information in a non-authoritarian and supportive manner, while continually assessing safety considerations and risks to the client and informing her of same.

STANDARD SIX: The licensed midwife shall confer and collaborate with other healthcare professionals, including other midwives, as is necessary to professionally meet the client's needs. When the client's condition or needs exceed the midwife's scope of practice or personal practice guidelines, the licensed midwife shall consult with and refer to a physician or other appropriate healthcare provider.

...

STANDARD EIGHT: The licensed midwife shall maintain complete and accurate health care records.

...

STANDARD ELEVEN: The licensed midwife shall order or administer only those prescription drugs and procedures that are consistent with the licensed midwife's professional training, community standards and the provisions of LMPA and shall do so only in accordance with the client's informed consent.

STANDARD TWELVE: The licensed midwife shall order, perform, collect samples for or interpret those screening and diagnostic tests for a woman or newborn which are consistent with the licensed midwife's professional training, community standards, and provisions of the LMPA, and shall do so only in accordance with the client's informed consent.

...

14.4 Section VIII of the Guidelines:

To define and clarify minimum practice requirements for the safe care of women and infants in regard to POSTPARTUM PHYSICIAN CONSULTATION, REFERRAL & ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT

The licensed midwife shall consult with a physician and/or other health care professional whenever there are significant deviations from normal (including abnormal laboratory results), during the postpartum period. If a referral to a physician is needed, the licensed midwife will remain in consultation with the physician until resolution of the concern. ...

A. Immediate Postpartum Conditions. The licensed midwife shall arrange for immediate consultation and transport according to the emergency plan if the following conditions are present.

...

b. uncontrolled maternal hemorrhage

...

f. repair of laceration(s)/episiotomy beyond licensed midwife's level of expertise

...

h. other serious medical or mental conditions

...

14.5 Section IX of the Guidelines:

To define and clarify minimum practice requirements for the safe care of women and infants in regard to PHYSICIAN CONSULTATION, REFERRAL &

ELECTIVE TRANSFER OF CARE & EMERGENCY TRANSPORT OF THE NEONATE

The licensed midwife shall consult with a physician or other health care practitioner whenever there are significant deviations or complications relative to the newborn. If a referral to a physician is needed, the licensed midwife will, if possible, remain in consultation with the physician until resolution of the concern. It is appropriate for the licensed midwife to continue caring for her client to the greatest degree possible, in accordance with the client's wishes, during the postpartum/ postnatal period. The following conditions require physician consultation or client referral and may require transfer of care.

A. Neonatal Conditions: The licensed midwife shall arrange for immediate consultation and transport according to the emergency plan if the following conditions exist.

a. Apgar score of 6 or less at five minutes of age, without significant improvement by 10 minutes

b. persistent respiratory distress

c. persistent cardiac irregularities

...

g. significant signs or symptoms of infection

...

m. clinically significant jaundice apparent at birth

n. major or medically significant congenital anomalies

...

p. other serious medical conditions

..

B. Postnatal Care: The licensed midwife will arrange for consultation, referral or transport for an infant who exhibits the following:

a. abnormal cry

...

c. inability to suck

d. passes no urine in 30 hours or meconium in 48 hours after delivery or inadequate production of urine or stool during the neonatal period

e. clinically significant abnormalities in vital signs, muscle tone or behavior

f. clinically significant color abnormality - cyanotic, pale, grey

...

h. jaundice within 30 hours of birth

i. significant signs or symptoms of infection

...

k. signs of clinically significant dehydration or failure to thrive

I. other concerns of family or licensed midwife

COST RECOVERY

15. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee 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 licensee 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.

FACTUAL ALLEGATIONS

16. At all relevant times herein, Respondent, a licensed midwife, provided prenatal care and attended births in association with Claudette Coughenour (Coughenour) under the name New Life Birthing Services.

17. Respondent practiced alongside Coughenour, ostensibly in the roles of preceptor and student, respectively.

18. At all relevant times herein, Coughenour advertised her services as a midwife under the name New Life Birthing Services on platforms such as YouTube, Facebook, and/or LinkedIn. Respondent's name did not appear on any of these websites but, in an interview with the Board on or about November 16, 2022 (the subject interview), Respondent said she used the name New Life Birthing Services "when [Coughenour] and [Respondent] were working together..." Respondent also used a business card with the name New Life Birthing Services.

19. Coughenour was formerly licensed in California as a midwife but surrendered her license effective August 30, 2005, in settlement of the *Matter of the First Amended Accusation against Claudette Coughenour, L.M.,* Case No. 1M-2000-116318.

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20. Between November 20, 2013, and March 12, 2021, Coughenour was a student at the National Midwifery Institute (NMI).

21. Respondent was registered at the NMI as a preceptor for Coughenour from January 25, 2018, through January 6, 2021.

22. In the subject interview, Respondent acknowledged that she was aware that Coughenour had previously been licensed as a midwife in California and had surrendered her license some years ago. Respondent stated that she was unaware of the circumstances attending Coughenour's license surrender and had never asked her about it.

23. Also in her subject interview, Respondent stated that she, as the sole licensed midwife, was responsible for supervising Coughenour in the midwifery care they provided to patients. In addition, as the sole licensed midwife, it was Respondent, not Coughenour, who made and maintained the medical records of the midwifery care provided.

Patient 1 and infant Patient 2[3]:

24. Patient 1 received prenatal care from Coughenour for her pregnancy with Patient 2.

25. On or about November 24, 2019, Patient 1 was assisted in a homebirth by Coughenour, and delivered an infant boy, Patient 2. Respondent's first involvement in the prenatal care of Patient 1 and/or delivery of Patient 2 was when she arrived at the home of Patient 1, at some point during or after the delivery of Patient 2.

26. In her subject interview, Respondent claimed to have specific memory of the prenatal and labor midwifery care she provided to Patient 1, that she had obtained informed consent from Patient 1 for the anticipated midwifery prenatal care and homebirth, and that Patient 1 had obtained all her prenatal care from both Respondent and Coughenour.

27. Respondent said, further, that Patient 1's labor had been rapid (describing it as "such a great birth"), and that she had performed the full newborn examination, including assessing Patient 2's femoral pulse.

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[3] The identities of the patients are known to all parties but not disclosed for patient privacy.

28. The midwife medical records for Patient 2 do not document any femoral pulse assessment.

29. According to Respondent, Patient 2 cried soon after birth and began breastfeeding before Respondent left the home.

30. Within forty-eight (48) hours of Patient 2's birth, Respondent was informed by telephone that Patient 2 was not readily breastfeeding and was "blue around the mouth."

31. Patient 2 became progressively more lethargic and unable to breast-feed for any length of time. On day three, he became yellowish and pale, and could not latch or root for the breast at all.

32. On or about November 27, 2019, three days after Patient 2's birth, his parents took him to Sutter Medical Center, Sacramento. Patient 2's parents informed the attending physician that Patient 2 was lethargic and not breast-feeding. As stated in Patient 2's hospital records, "[m]other notes patient did not initially cry after birth and has not latched for feedings since birth." At or around 1:13 a.m. on November 28, 2019, no lower extremity pulse could be palpated on Patient 2.

33. Patient 2 was admitted to the pediatric intensive care unit with overwhelming shock and metabolic acidosis. Numerous physicians provided round-the-clock care to Patient 2, but despite extensive clinical interventions, Patient 2 died on December 1, 2019.

34. The postmortem examination established that Patient 2 had died of multi-organ failure as a consequence of an interrupted aortic arch,[4] a congenital condition that caused insufficient blood flow after birth. That congenital condition would very likely have been identified by a timely, competent pre-natal ultrasound screening. It would have manifested itself at or soon after birth by clear symptoms, readily noticeable by a competent post-natal examination of newborn Patient 2, including an assessment of his femoral pulse.

[4] Interrupted aortic arch (IAA) is a structural heart defect characterized anatomically by a discontinuity (interruption) – or missing portion – along the aortic arch. In patients with IAA, oxygen-rich blood from the left side of the heart is not able to reach all areas of the body. After the aorta leaves the heart, it first goes into the chest to give off blood vessels to the arms and head, and then turns downward. This path forms a semicircular arch that leads toward the lower half of the body. An infant with IAA must depend on another way to get blood flow to the lower body.

35. At the subject interview, Respondent claimed to have taken "a general medical history" of Patient 1, but was "not sure that there was any genetic history as a part of that." Respondent said she did not review any prior medical records of Patient 1 from any provider.

36. Respondent claimed to have obtained results of ordered bloodwork for Patient 1 and that she had referred Patient 1 at 20 weeks gestation for an ultrasound examination; Respondent was "90 percent certain Patient 1 did [the ultrasound]."

37. Respondent stated there was "nothing detected on the 20-week ultrasound, from my recollection." When questioned further, Respondent said that she could not be sure she had personally seen the actual results of the 20-week obstetric ultrasound examination or had merely heard from Patient 1 that the results showed "everything was good."

38. Respondent did not order any ultrasounds or genetic testing for Patient 1.

39. Respondent did not see Patient 1 or Patient 2 at any time (before or) after the initial post-birth examination on or about November 24, 2019.

Midwife Records for Patient 1 and Patient 2:

40. In the course of the Board's investigation of the midwifery care rendered by Respondent to Patient 1 and Patient 2, on or about May 17, 2022, Respondent was personally served an investigative subpoena *duces tecum* for her medical records regarding Patient 1 and Patient 2. Citing the patients' privacy concerns as the basis for her objection to the production of their medical records, Respondent refused to produce the requested records.

41. On October 24, 2022, the Superior Court issued an order directing Respondent to comply with the regularly-issued subpoena by or before November 3, 2022. Respondent failed to produce any medical records documenting the midwifery care she claimed to have provided to Patient 1 and Patient 2.

Patient 3:

42. Patient 3 contacted Coughenour on or about March 2, 2021, late during her pregnancy, when she decided she wanted a home birth. Coughenour provided Patient 3 with various documents, several of which had the heading "New Life Birthing Services." On these documents, where the signature of a midwife was required, Respondent's name was written in.

Patient 3 asked Coughenour whose name that was and was told she was Coughenour's "assistant."

43. At approximately 12:00 p.m. on March 15, 2021, at 41 weeks 3 days gestation, Patient 3 started labor. Shortly thereafter, Coughenour was informed of the start of labor and made her way to Patient 3's home.

44. Coughenour and Respondent both arrived at Patient 3's house at approximately 6:00 p.m. A doula had also arrived and was with Patient 3. Coughenour and/or Respondent said that they had just come from delivering another baby together.

45. At the subject interview, Respondent said that she first heard about Patient 3 on March 15, 2021, when Coughenour called her and said "somebody ... was going to have a baby ... and would [Respondent] be willing to help?" Respondent also said she was unaware of any prenatal examination or assessment of Patient 3 other than that Coughenour had spoken to Patient 3 about her prior prenatal care.

46. Respondent met Patient 3 for the first time after she had started labor, when Respondent arrived to assist with the delivery.

47. Patient 3 delivered her baby at approximately 6:58 p.m.

48. After the birth, Patient 3 experienced a large gush of blood. At approximately 7:44 p.m., Coughenour administered 20 units of Pitocin followed by 10 units of Methergine and 800 mg of Cytotec via suppository. Patient 3's blood pressure was 128/78.

49. At or around 8:00 p.m., Patient 3 was catheterized and clots were expressed from Patient 3's uterus.

50. At or around 8:15 p.m., Patient 3 was assessed for vaginal tearing and a second degree tear was diagnosed. At the subject interview, Respondent said it was she who assessed the tear.

51. At or around 8:28, p.m., Coughenour started suturing the laceration. Patient 3's blood pressure was 122/72.

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52. Respondent's medical records for Patient 3 do not identify the location of the laceration, the type or number of sutures used, the identity of the provider who did the suturing or who administered the medications.

53. At or around 9:38 p.m., Respondent's records document that Patient 3 was feeling nauseous. Respondent reportedly "advised going to [hospital] for fluids and observation."

54. At or around 9:49 p.m., Patient 3's blood pressure was 100/72.

55. At or around 10:28 p.m., Patient 3's blood pressure was 98/68.

56. At the subject interview, Respondent stated that she estimated Patient 3 lost approximately 800 cc's of blood.

57. Respondent and Coughenour left Patient 3 at or around 10:51 p.m.

58. At or around 1:03 a.m. on March 16, 2021, Patient 3 arrived by ambulance at the emergency department.

59. At the hospital, Patient 3 was diagnosed with a postpartum hemorrhage with hypotension and tachycardia, hemoglobin 6.7 and hematocrit 18.4. She had a 3A laceration[5] and left sulcus vaginal laceration that was actively bleeding, six hours after delivery. In addition, Patient 3 was noted to have continued uterine atony[6] with 400 cc's of blood within the lower uterine segment. Patient 3 underwent emergency surgery and was transfused with five (5) units of red blood cells and two (2) units of fresh frozen plasma. She was discharged from hospital on or about March 18, 2021.

60. Throughout the labor and postpartum process, Coughenour was the primary care provider for Patient 3, while Respondent adopted a passive or secondary role.

61. At no stage was Patient 3 informed – by either Respondent or Coughenour – that Coughenour was not a licensed midwife or that she was a student and Respondent her preceptor or supervisor.

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[5] A 3A laceration is a third degree perineal tear where less than 50% of the external anal sphincter is torn.

[6] Atony of the uterus, also called uterine atony, is a serious condition that can occur after childbirth. It occurs when the uterus fails to contract after the delivery of the baby, leading to excessive bleeding that is potentially life-threatening.

62. No informed consent was obtained from Patient 3 for Respondent's care and treatment of her.

<u>FIRST CAUSE FOR DISCIPLINE</u>

(Incompetence or Gross Negligence in Carrying Out the Usual Functions of a Licensed Midwife)

63. Respondent's license is subject to disciplinary action under sections 2507 and 2519, as defined by section 2519, subdivisions (a)(1) and (e), section 2516.5, and section 2508, of the Code, and California Code of Regulations title 16, section 1379.19, subdivision (a), and the Practice Guidelines for California Licensed Midwives, in that she was incompetent or grossly negligent in carrying out the usual functions of a licensed midwife in her care and treatment of Patient 1, Patient 2, and/or Patient 3. This includes, but is not limited to, the following:

<u>Patient 1 and Patient 2</u>:

64. Paragraphs 16 through 41, above, are incorporated by reference as if set out in full.

65. Respondent failed to engage in an ongoing process of risk assessment in regard to Patient 1 and/or Patient 2.

66. Respondent failed to recognize abnormal conditions in Patient 1's pregnancy, including, but not limited to, relevant family history and/or the detection of the interrupted aortic arch by timely, competent ultrasound.

67. Respondent failed to initiate appropriate interventions for Patient 1 and/or Patient 2, including consultation with and/or referral to a physician and surgeon, and/or transfer to hospital.

68. In her care and treatment of Patient 1 and/or Patient 2, Respondent failed to follow the guidelines for community-based midwifery, including, but not limited to:

(a) Respondent failed to provide safe, competent, and ethical care to Patient 1 and/or Patient 2;

(b) Respondent failed to ensure that no act or omission placed Patient 1 and/or Patient 2 at unnecessary risk;

(c) Respondent failed to provide Patient 1 informed consent or refusal regarding the manner and circumstances of pregnancy, and childbirth, and facilitate the process by providing

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complete, relevant objective information in a non-authoritarian and supportive manner, while continually assessing safety considerations and risks and informing Patient 1 of the same;

(d) Respondent failed to consult and/or refer Patient 1 and/or Patient 2 to a physician when the childbirth and/or postpartum condition deviated from normal;

(e) Respondent failed to maintain complete and accurate health care records for Patient 1 and/or Patient 2.

69. Respondent failed to identify abnormal conditions present in Patient 1 and/or Patient 2, as defined by Business and Professions Code section 2507, subdivision (b)(1).

70. Respondent failed to identify risk factors in regard to Patient 1 during an initial interview and/or arising during her prenatal care.

71. Respondent failed to follow practice guidelines for the safe care of Patient 1 and/or Patient 2 in regard to antepartum physician consultation, postpartum referral and transfer of care.

72. Respondent failed to follow practice guidelines for the safe care of Patient 1 and/or Patient 2 in regard to postpartum physician consultation, referral and transfer of care and emergency transport of Patient 2.

73. Respondent permitted an unlicensed midwifery student to be solely responsible for effecting the transfer of care of Patient 2 to a clinical setting and competently and completely communicating the relevant clinical information of Patient 2's prenatal and postnatal care and condition.

Patient 3:

74. Paragraphs 42 through 62, above, are incorporated by reference as if set out in full.

75. Respondent failed to engage in an ongoing process of risk assessment in regard to Patient 3.

76. Respondent failed to identify abnormal conditions in Patient 3's postpartum period, in that she failed to identify the stage and seriousness of Patient 3's postpartum hemorrhage and failed to identify her obstetrical lacerations.

77. Respondent failed to initiate appropriate interventions for the care and treatment of Patient 3, including consultations, referral, and transfer of care, in that she failed to refer and

transfer care of Patient 3 for the emergent management of a postpartum hemorrhage and surgical repair of Patient 3's obstetrical lacerations.

78. In her care and treatment of Patient 3, Respondent failed to follow the guidelines for community-based midwifery, including, but not limited to:

(a) Respondent failed to provide safe, competent, and ethical care to Patient 3, in that she failed to adequately assess Patient 3's clinical presentation resulting in substandard treatment of Patient 3's postpartum hemorrhage and obstetrical lacerations.

(b) Respondent failed to ensure that no act or omission placed Patient 3 at unnecessary risk, in that she failed to recognize Patient 3's obstetrical lacerations which compounded the substandard management of a postpartum hemorrhage which placed the client at unnecessary risk.

(c) Respondent failed to provide adequate informed consent or refusal to Patient 3 about the manner and circumstances of pregnancy, and childbirth, and facilitate this process providing complete relevant objective information in a non-authoritarian and supportive manner, while continually assessing the applicable safety considerations and risks and informing Patient 3 of the same.

(d) Respondent failed to consult and/or refer Patient 3 to a physician, in that she failed to recognize the gravity of Patient 3's postpartum hemorrhage and failed to refer Patient 3 for emergent care.

SECOND CAUSE FOR DISCIPLINE

(Aiding/Abetting Unlicensed Practice)

79. Respondent's license is further subject to disciplinary action under sections 2052, 2507 and 2519, subdivisions (e) and (i), and sections 2514 and 2516.5, of the Code, in that she aided and abetted the unlicensed practice of midwifery, as more particularly alleged in paragraphs 16 through 62, above, which are incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Take Required Action)

80. Respondent's license is further subject to disciplinary action under sections 2507 and 2519, as defined by section 2519, subdivision (j)(l)-(3), of the Code, in that Respondent failed to consult with a physician and surgeon and/or refer Patient 1, Patient 2, and/or Patient 3 to a physician and surgeon and/or transfer Patient 1, Patient 2, and/or Patient 3 to a hospital, when required pursuant to section 2507 of the Code. The circumstances are set forth in paragraphs 16 through 62, which are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Disclose and Obtain Informed Consent)

81. Respondent's license is further subject to disciplinary action under sections 2507 and 2519, as defined by sections 2508 and 2519, subdivision (e) and/or (i), of the Code, in that she failed to disclose and/or obtain informed consent in her care and treatment of Patient 1, Patient 2, and/or Patient 3. The circumstances are set forth in paragraphs 16 through 62, which are incorporated by reference as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

82. Respondent's license is further subject to disciplinary action under sections 2507 and 2519, subdivisions (e) and (i), as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records relating to the provision of services to Patient 1 and/or Patient 2. The circumstances are set forth in paragraphs 16 through 41, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Violation of Adopted Standards of Care)

83. Respondent's license is further subject to disciplinary action under sections 2507, 2508, 2514, 2516.5, 2519, subdivisions (a), (e), (i), and/or (j), of the Code, and California Code of Regulations title 16, section 1379.19, subdivision (a), and the Practice Guidelines for California Licensed Midwives, in that Respondent failed to follow the Standard of Care for California

Licensed Midwives in her care and treatment of patient 1, Patient 2, and/or Patient 3. The circumstances are set forth in paragraphs 16 through 82, above, which are incorporated by reference as if fully set forth herein. Each of the instances of gross negligence, above, are also considered separate and distinct violations of the Standard of Care for a California Licensed Midwife.

SEVENTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

84. Respondent's license is further subject to disciplinary action under section 2519 of the Code, in that Respondent committed general unprofessional conduct by engaging in conduct which breaches the rules or ethical code of the midwifery profession, or conduct which is unbecoming to a member in good standing of the midwifery profession, and which demonstrates an unfitness to practice midwifery, in her care and treatment of Patient 1, Patient 2, and/or Patient 3, as more particularly alleged in paragraphs 16 through 83, above, which are incorporated by reference and realleged as if fully set forth herein.

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 Licensed Midwife Certificate No. LM 332 issued to Respondent Lael Sophia Stimming, L.M.;

2. Ordering Respondent Lael Sophia Stimming, L.M., to pay the Board the costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 14 2024

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant