

Advisory Committee on Midwifery

Special Meeting

April 21st, 2021, at 9:00 a.m.

All committee members appearing remotely via Microsoft Teams

Microsoft TEAMS meeting:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ODUxZDUxMTktYjlkYi00Yjc3LWEzYjAtY2VjZTQ1NzI2MDNI%40thread.v2/0?context=%7b%22Tid%22%3a%229a307864-3e98-4f08-b90a-728b62cf32c5%22%2c%22Oid%22%3a%22bef08770-39d3-4779-b16e-42b9cd73a479%22%7d

- | | |
|--|---------------------|
| I. Call to Order | Nikki Imes |
| II. Roll Call | Travis Splawn, OSDH |
| III. Statement of Compliance with the Open Meetings Act | Travis Splawn, OSDH |
| IV. Approval of previous meeting(s) minutes | Nikki Imes |
| V. Program Update | Travis Splawn, OSDH |
| VI. Discussion, review, and possible action relating to language for Informed Consent (example: Twins) | Nikki Imes |
| a. Discussion and questions | |
| b. Consideration, possible action, and vote. | |
| i. Possible action may include but is not limited to: taking no action; continuing the matter; approving; or deciding not to approve | |
| VII. Discussion, review, and possible action on license applications received | Nikki Imes |
| a. Discussion and questions | |
| b. Consideration, possible action, and vote. | |
| i. Possible action may include but is not limited to: taking no action; continuing the matter; approving; or deciding not to approve | |
| VIII. Review, discussion, and possible action on any complaints received | Nikki Imes |
| a. Discussion and questions | |
| b. Consideration, possible action, and vote. | |
| i. Possible action may include but is not limited to: taking no action; continuing the matter; approving; or deciding not to approve | |
| IX. New Business | Nikki Imes |
| a. "New business" shall mean any matter not known about or which could not have been reasonably foreseen twenty-four (24) hours prior to the meeting | |

X. Adjournment

Nikki Imes



OKLAHOMA State Department of Health

MINUTES OF REGULAR PUBLIC MEETING

PUBLIC BODY: ADVISORY COMMITTEE ON MIDWIFERY
DATE: WEDNESDAY, MARCH 10TH, 2021
LOCATION: 1111 W. 17TH STREET, TULSA, OK 74107
CONTACT PERSON: TRAVIS SPLAWN TELEPHONE: (405) 426-8250

.....

I: Call to Order

Nikki Imes called the meeting to order.

II: Roll Call

Justin Neidel initiated a roll call for the meeting.

Members present: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes and Kate Arnold

Members absent: None

III: Statement of Compliance with the Open Meetings Act

Justin Neidel read the statement of compliance: *This regular meeting of the Advisory Committee on Midwifery, scheduled to begin at 9:00 a.m. on this 10th day of March 2021, was convened in accordance with the Oklahoma Open Meeting Act [25 O.S., §§ 301 et seq.] Further, an advance public notice that was sent to the Secretary of State's Office of Administrative Rules by Internet, prior to this time today, specifying the time and place of the meeting here convened, preceded this meeting. Notice of this meeting was given at least twenty-four (24) hours prior here to and no one filed a written request of notice of meetings of this public body to date.*

IV: Approval of previous meeting(s) minutes

Lecye Doolen made a motion to approve the January 13, 2021 meeting minutes. Sarah Foster seconded.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

V: Program Update

Travis Splawn gave a program updated with the following. ODSH received 487 lines of comments for Midwifery and they were all listed on an excel spreadsheet. He was able to condense them down into a 3-page document and the committee had this meeting to go through the comments and make any necessary changes.

Sam Cannella advised that 5 Midwifery licenses have been approved, 1 denied and 5 pending for consideration today.

VI: Discussion, review and possible action relating to public comment received on proposed permanent rules

A discussion about the public comments for Ultrasound section. Changes were made and Lecye Doolen made a motion to approve ultrasound section changes. Sarah Hall Seconded.

Aye: Shaun Baranowski, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments for the VBAC section. Nikki Imes made a motion to keep the VBAC as it is written. Michelle Hernandez Seconded.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about public comments for the VBAC/Breech/Multiple section. Changes were made and Nikki Imes made a motion to approve VBAC/Breech/Multiple changes. Seconded by Sarah Foster.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Nikki Imes suggested adjourned for lunch at 12:08 p.m. Seconded by Lecye Doolen.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Justin Neidel initiated a roll call for the meeting at 1:10 p.m.

Members present: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Members absent: None

A discussion about the public comments for Laboratory Testing and changes were made. Nikki Imes made a motion to approve changes to Laboratory Testing. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments for the Newborn care/referrals/consultation section and changes were made. Sarah Hall made a motion to approve changes to Newborn care/referrals/consultations. Seconded by Sarah Foster.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the BMI restriction. Kate Arnold made a motion to change BMI to 50 under Referrals/Preclusions section. Seconded by Lecye Doolen.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

No Vote: Shaun Baranowski

Nikki Imes made a motion to approve referrals/preclusions with the changes made. Seconded by Lecye Doolen.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments about the formulary drug list. Shaun Baranowski made a motion to remove wording of not limited to and add limited to. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Lecye Doolen made a motion to approve formulary section with changes made. Seconded by Sarah Foster.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments for the Antepartum/Intrapartum referrals/ consult section and changes were made. Kate Arnold made a motion to approve changes to Antepartum/Intrapartum referrals/Consult. Seconded by Nikki Imes.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments about Insurance. Nikki Imes made a motion to leave Insurance section as written. Seconded by Michelle Hernandez.

Aye: Shaun Baranowski, Sarah Foster, Michelle Hernandez, Nikki Imes, Kate Arnold.

No Vote: Lecye Doolen,

Absent: Sarah Hall

A discussion about the public comments for licensure requirements. Lecye Doolen made a motion to add work history to application. Seconded by Shaun Baranowski.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Hall, Kate Arnold.

No Vote: Michelle Hernandez, Sarah Foster, Nikki Imes

A discussion about the public comments over reporting. Lecye Doolen made a motion to add reporting to OSDH within 7 days if a death of a child/mother. Kate Arnold Seconded.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Nikki Imes, Kate Arnold.

No Vote: Sarah Foster, Michelle Hernandez

Shaun Baranowski made a motion to the language of midwifery shall file a report of any severe maternal morbidity within events per CDC guidelines 30 days to the OSDH department that licenses Midwives from their initial license until their 1st renewal. After their 1st renewal these items can be reported on the yearly report per section F. Seconded by Lecye Doolen.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Hall, Kate Arnold.

Note Vote: Sarah Foster, Michelle Hernandez, Nikki Imes

Nikki Imes made a motion to approve changes made to the reporting section. Seconded by Lecye Doolen.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

A discussion about the public comments for definitions. Sarah Foster made a motion to remove low risk language from rules & definitions. Seconded by Lecye Doolen.

Aye: Lecye Doolen, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

No Vote: Sarah Foster

Absent: Shaun Baranowski

A discussion about the public comments and changes were made. Kate Arnold made a motion to approve changes to General Section. Seconded by Nikki Imes.

Aye: Sarah Foster, Michelle Hernandez, Nikki Imes, Kate Arnold.

No Vote: Shaun Baranowski, Sarah Hall

Absent: Lecye Doolen

VII: Discussion, review, and possible action relating to language for Informed Consent (example: Twins)

Nikki Imes made a motion to change the order of the agenda and move on to the next section due to time. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

VIII: Review, discussion, and possible action on any license applications received

Shaun Baranowski made a motion to deny the application of Dawn Karlin. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Sarah Foster, Sarah Hall, Kate Arnold.

No Vote: Michelle Hernandez, Nikki Imes

Absent: Lecye Doolen

Sarah Hall made a motion to approve the application of Wende Silbernagel pending background check. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Nikki Imes made a motion to approve the application of Chelsey Murphy pending background check. Seconded by Shaun Baranowski

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Nikki Imes made a motion to approve the application of Hannah Hassen pending background check. Seconded by Kate Arnold.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Michelle Hernandez made a motion to approve the application of Kristen Grauer pending background check. Seconded by Sarah Hall

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

Michelle Hernandez made a motion to approve the application of Taryn Goodwin pending background check. Seconded by Sarah Foster.

Aye: Shaun Baranowski, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes, Kate Arnold.

No Vote: Lecye Doolen

VII: Discussion, review, and possible action relating to language for Informed Consent (example: Twins)

Nikki Imes made a motion to table twins to the next meeting. Sarah Hall seconded.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes.

Absent: Kate Arnold

IX: Review, discussion, and possible action on any complaints received

No complaints received.

X: Review, discussion, and possible action on next meeting (virtual option)

Nikki Imes made a motion for a virtual special meeting on April 21, 2021 from 9am – 1pm to review applications and Twins and keep the next regular scheduled meeting on May 12, 2021. Seconded by Sarah Foster.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes.

Absent: Kate Arnold

XI: New Business

No new business.

XII: Adjournment

Nikki Imes made a motion to adjourn. Seconded by Sarah Hall.

Aye: Shaun Baranowski, Lecye Doolen, Sarah Foster, Sarah Hall, Michelle Hernandez, Nikki Imes.

Absent: Kate Arnold.



PRACTICE BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN—GYNECOLOGISTS

NUMBER 169, OCTOBER 2016
Reaffirmed 2016

(Replaces Practice Bulletin Number 144, May 2014)

INTERIM UPDATE: This Practice Bulletin is updated to reflect a limited, focused change in the gestational age at which to consider antenatal corticosteroids and rescue-course timing.

Multifetal Gestations: Twin, Triplet, and Higher-Order Multifetal Pregnancies

The incidence of multifetal gestations in the United States has increased dramatically over the past several decades. The rate of twin births increased 76% between 1980 and 2009, from 18.9 to 33.3 per 1,000 births (1). The rate of triplet and higher-order multifetal gestations increased more than 400% during the 1980s and 1990s, peaking at 193.5 per 100,000 births in 1998, followed by a modest decrease to 153.4 per 100,000 births by 2009 (2). The increased incidence in multifetal gestations has been attributed to two main factors: 1) a shift toward an older maternal age at conception, when multifetal gestations are more likely to occur naturally, and 2) an increased use of assisted reproductive technology (ART), which is more likely to result in a multifetal gestation (3).

The principal complication encountered with multifetal gestations is spontaneous preterm birth and the resultant infant morbidity and mortality. Although multiple interventions have been evaluated in the hope of prolonging these gestations and improving outcomes, none has been shown to be effective. The purpose of this document is to review the issues and complications associated with twin, triplet, and higher-order multifetal gestations and present an evidence-based approach to management.

Background

Fetal and Infant Morbidity and Mortality

Multifetal gestations are associated with increased risk of fetal and infant morbidity and mortality (Table 1). There is an approximate fivefold increased risk of stillbirth and a sevenfold increased risk of neonatal death,

which primarily is due to complications of prematurity (4). Women with multifetal gestations are six times more likely to give birth preterm and 13 times more likely to give birth before 32 weeks of gestation than women with singleton gestations (2).

An increase in short-term and long-term neonatal and infant morbidity also is associated with multifetal gestations. Twins born preterm (less than 32 weeks of gestation) are at twice the risk of a high-grade intraventricular hemorrhage and periventricular leukomalacia when compared with singletons of the same gestational age (5). This, in part, explains the increased prevalence of cerebral palsy in multifetal gestations (6).

Multifetal gestations are associated with significantly higher costs, in the antenatal and neonatal periods, in large part because of the costs associated with prematurity (7). The average first-year medical costs, including inpatient and outpatient care, are up to 10 times greater for preterm infants than for term infants (8).

Committee on Practice Bulletins—Obstetrics and the Society for Maternal-Fetal Medicine. This Practice Bulletin was developed by the Committee on Practice Bulletins—Obstetrics and the Society for Maternal-Fetal Medicine with the assistance of Edward J. Hayes, MD, MSCP.

The information is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

Table 1. Morbidity and Mortality in Multifetal Gestations ◀

Characteristic	Singleton	Twins	Triplets	Quadruplets
Mean birth weight*	3,296 g	2,336 g	1,660 g	1,291 g
Mean gestational age*	38.7 weeks	35.3 weeks	31.9 weeks	29.5 weeks
Percentage less than 32 weeks of gestation*	1.6	11.4	36.8	64.5
Percentage less than 37 weeks of gestation*	10.4	58.8	94.4	98.3
Rate of cerebral palsy (per 1,000 live births) [†]	1.6	7	28	—
Infant mortality rate [‡] (per 1,000 live births)	5.4	23.6	52.5	96.3 [§]

*Martin JA, Hamilton BE, Ventura SJ, Osterman MJ, Kirmeyer S, Mathews TJ, et al. *Births: final data for 2009 Natl Vital Stat Rep*, 2011, 60, 1, 1–70, United States.

[†]Petterson B, Nelson KB, Watson L, Stanley F. Twins, triplets and cerebral palsy in births in Western Australia in the 1980s. *BMJ* 1993;307:1239–43.

[‡]Luke B, Brown M. The changing risk of infant mortality by gestation, plurality, and race: 1989-1991 versus 1999-2001. *Pediatrics*, 2006;118:2488–97.

[§]Quadruplet and quintuplet data combined.

Chorionicity

Using clinical criteria alone to diagnose multifetal gestations is unreliable. A reliable method to diagnose multifetal gestations is by ultrasound assessment. In the Routine Antenatal Diagnostic Imaging With Ultrasound (RADIUS) trial, for 37% of women who did not have a screening ultrasound examination, their twin pregnancies were not diagnosed until 26 weeks of gestation, and in 13% of women their multifetal gestations were only diagnosed during their admission for delivery (9). Ultrasonography can be used to determine fetal number, estimated gestational age, chorionicity, and amnionity. The determination of chorionicity in multifetal gestations is clinically important. Assessment of chorionicity is most accurate early in gestation, and its determination is optimal when ultrasonography is performed in the first trimester or early second trimester.

Compared with dichorionic twins, monochorionic twins have a higher frequency of fetal and neonatal mortality, as well as morbidities, such as fetal and congenital anomalies, prematurity, and fetal growth restriction (10, 11). This trend also is seen in higher-order multifetal gestations; for example, a triplet gestation that is fully monochorionic or has a monochorionic twin pair is at higher risk of complications than a triplet gestation that is trichorionic (12, 13). Because of the increased rate of

complications associated with monochorionicity, determination of chorionicity by late first trimester or early second trimester in pregnancy is important for counseling and management of women with multifetal gestations.

Maternal Morbidity and Mortality

Medical complications are more common in women with multifetal gestations than with singleton gestations. These include hyperemesis, gestational diabetes mellitus, hypertension, anemia, hemorrhage, cesarean delivery, and postpartum depression (14–20). Although these complications are more common in women with multifetal gestations, the management of these complications follows the same strategies as with a singleton gestation.

Women with multifetal gestations have an increased incidence of hypertensive conditions associated with pregnancy. The occurrence of hypertensive complications is proportional to the total fetal number, with singletons at 6.5%, twins at 12.7%, and triplets at 20.0% (21). One study found that ART pregnancies were at increased risk (relative risk [RR], 2.1) of developing mild or severe preeclampsia, even after controlling for maternal age and parity (22).

Preeclampsia occurs more frequently in women with twin pregnancies than in women with singleton gestations, with a relative risk of 2.6, and it tends to occur earlier in pregnancy. This results in a higher likelihood of complications, such as preterm delivery at less than 35 weeks of gestation (34.5% twins versus 6.3% in singletons) and abruptio placentae (4.7% twins versus 0.7% singletons) (16). Women with higher-order multifetal gestations are more likely to develop preeclampsia but also to present in an atypical manner (23). If hemolysis, elevated liver enzymes, and low platelet count (HELLP) syndrome develops before term, transfer to a tertiary care center may improve the outcome for the woman and her fetus (24).

The likelihood of a multifetal gestation increases with maternal age, even outside of ART use. The multiple birth ratio increases from 16.3 per 1,000 live births for women younger than 20 years to 71.1 per 1,000 live births for women 40 years and older (2). Older women also are more likely to have obstetric complications irrespective of fetal number, including gestational hypertension, gestational diabetes mellitus, and abruptio placentae.

Contribution of Assisted Reproductive Technology

Over the past several decades, the increased use of ART has led to a dramatic increase in the incidence of multifetal births. Only recently has there been a decrease in the higher-order multiple birth rate (1). This decrease is the result of a reduction in the number of embryos transferred

with each cycle of in vitro fertilization (IVF) and an increase in the number of multifetal pregnancy reduction procedures being performed.

The specific ART techniques that may have the most significant effect on the increase of multifetal pregnancies are IVF and controlled ovarian hyperstimulation with gonadotropins. According to the most recent data available from cycles completed in 2010, 26% of pregnancies after IVF are twin pregnancies and 1.3% are higher-order multifetal pregnancies (25).

Multifetal Reduction and Selective Fetal Termination

Multifetal reduction reduces the likelihood of spontaneous preterm delivery and other neonatal and obstetric complications by decreasing the number of fetuses. A Cochrane review found that women who underwent pregnancy reduction from triplets to twins, as compared with those who continued with triplets, were observed to have lower frequencies of pregnancy loss, antenatal complications, preterm birth, low-birth-weight infants, cesarean delivery, and neonatal deaths, with rates similar to those observed in women with spontaneously conceived twin gestations (26). Multifetal reduction may decrease the risk of preeclampsia in women with higher-order multifetal gestations. One study reported that only 14% of 59 women with twin pregnancies remaining after multifetal reduction developed preeclampsia compared with 30% of women with triplet pregnancies (27).

In multifetal pregnancy reduction, the fetus(es) to be reduced are chosen on the basis of technical considerations, such as which is most accessible to intervention and chorionicity. Monochorionicity can complicate the reduction procedure; if one fetus of a monochorionic twin pair is reduced, the negative effects on the development of the other are unknown. For this reason, it is usually recommended that both fetuses of a monochorionic pair be reduced.

Selective fetal termination is the application of the fetal reduction technique to an abnormal fetus that is part of a multifetal gestation. The risks of the procedure are higher than those associated with multifetal reduction, largely because of a later gestational age at the time of diagnosis of fetal anomaly (ie, 18–22 weeks of gestation compared with 10–12 weeks of gestation) (28). In particular, the unintended loss rate of healthy fetuses is increased when women with higher-order multifetal gestations undergo selective fetal termination in comparison with women with twin gestations who undergo the procedure (11.1 % versus 2.4%, respectively) (29). Despite the unintended loss rate, pregnancy prolongation also has been observed in women who undergo selective fetal termination (30, 31).

Clinical Considerations and Recommendations

► How is chorionicity determined?

Fetal risk is largely dependent on chorionicity. Therefore, the chorionicity of a multifetal pregnancy should be established as early in pregnancy as possible, and the optimal timing for determination of chorionicity by ultrasonography is in the late first trimester or early second trimester. In one series, the reported sensitivity, specificity, and positive and negative predictive values for prediction of chorionicity by ultrasonography at 14 weeks of gestation or less was shown to be 89.8%, 99.5%, 97.8%, and 97.5%, respectively (32). Overall, chorionicity was determined correctly in 95% of cases.

When ultrasound assessment clearly shows two placentas or differing fetal sex, the pregnancy is dichorionic. If only one placenta is visualized, the best ultrasonographic characteristic to distinguish chorionicity is the twin peak sign. The twin peak sign (also called the lambda or delta sign) is a triangular projection of tissue with the same echogenicity as the placenta that extends beyond the chorionic surface of the placenta and is indicative of a dichorionic gestation (33). The management of complications related to monochorionicity (eg, twin–twin transfusion syndrome, single fetal death, and monoamniotic gestation) and timing of delivery are discussed in “Clinical Considerations and Recommendations” later in this document.

► Can adjunctive tests be used to predict spontaneous preterm birth in women with multifetal gestations?

Asymptomatic Women

Several methods have been used in an attempt to further quantify the risk of spontaneous preterm birth when screening asymptomatic women with multifetal gestations, including transvaginal ultrasonographic cervical length, digital examination, fetal fibronectin screening, and home uterine monitoring. There are no interventions that have been shown to prevent spontaneous preterm delivery in asymptomatic women with multifetal gestations identified to be at risk based on these screening methods. The use of these screening methods in asymptomatic women with multifetal pregnancies is not recommended (34).

Symptomatic Women

In symptomatic women, the positive predictive value of a fetal fibronectin test result or of a short cervical length

alone is poor, and they should not be used exclusively to direct management in the setting of acute symptoms (35). Although several observational studies have suggested that knowledge of fetal fibronectin status or cervical length in women with singleton gestations who present with symptoms of preterm labor may help health care providers reduce the use of unnecessary resources, these findings have not been consistently confirmed by randomized trials for use in singleton or in multiple gestations (36–40).

► ***Are there interventions that can prolong pregnancy in women with multifetal gestations?***

Interventions, such as prophylactic cerclage, routine hospitalization and bed rest, prophylactic tocolytics, and prophylactic pessary, have not been proved to decrease neonatal morbidity or mortality and, therefore, should not be used in women with multifetal gestations.

Prophylactic Cerclage

Prophylactic cerclage placement in women with a twin gestation or a triplet gestation without a history of cervical insufficiency has not been shown to be beneficial (41–43). Moreover, the placement of cerclage in women with a twin gestation with an ultrasonographically detected short cervical length has been observed to double the rate of spontaneous preterm birth (RR, 2.2; 95% confidence interval [CI], 1.2–4.0) (44, 45). Based on these findings, the placement of cerclage in women with multifetal gestations should be avoided.

Routine Hospitalization and Bed Rest

The use of bed rest with or without hospitalization has been commonly recommended to women with multifetal gestations. However, a Cochrane review demonstrated no benefit from routine hospitalization or bed rest for women with an uncomplicated twin pregnancy (46). Thus, bed rest with or without hospitalization in women with multifetal pregnancies is not recommended because of the lack of benefit and the risk of thrombosis and deconditioning associated with prolonged bed rest in pregnancy.

Prophylactic Tocolytics

There is no role for the prophylactic use of any tocolytic agent in women with multifetal gestations, including the prolonged use of betamimetics for this indication. The use of tocolytics to inhibit preterm labor in multifetal gestations has been associated with a greater risk of maternal complications, such as pulmonary edema (47, 48). In addition, prophylactic tocolytics have not been shown to reduce the risk of preterm birth or improve neonatal

outcomes in women with multifetal gestations (49–51). The administration of oral betamimetics, specifically, did not reduce the incidence of preterm birth, low-birth-weight newborns, or neonatal mortality in women with multifetal gestations when compared with placebo (52). Oral betamimetics have been associated with increased maternal and fetal cardiac stress and gestational diabetes mellitus (53, 54). Recently, prolonged use of betamimetics also has been associated with increased adverse maternal cardiovascular events, including death (55). Based on the available evidence, prophylactic tocolysis in women with multifetal gestations is not recommended.

Prophylactic Pessary

There is at present no high-quality evidence that prophylactic cervical pessary use in unselected multifetal pregnancies reduces the frequency of spontaneous preterm birth or perinatal morbidity. In a recent multicenter randomized trial, 813 women with twins between 16 weeks and 20 weeks of gestation were randomized to an Arabin cervical pessary or no pessary (56). In the pessary group, at least one child of 53 women (13%) had poor perinatal outcome (defined as either stillbirth, periventricular leukomalacia, severe respiratory distress syndrome, bronchopulmonary dysplasia, intraventricular hemorrhage, necrotizing enterocolitis, proven sepsis, or neonatal death) compared with at least one child of 55 women (14%) in the control group (RR, 0.98; 95% CI, 0.69–1.39). Thus, based on available evidence, the use of prophylactic cervical pessary is not recommended in multifetal pregnancies (56).

► ***Does progesterone treatment decrease the risk of preterm birth in women with multifetal gestations?***

Progesterone treatment does not reduce the incidence of spontaneous preterm birth in unselected women with twin or triplet gestations and, therefore, is not recommended (57–63). The administration of 17 α -hydroxyprogesterone caproate to women with triplet gestations did not reduce neonatal morbidity or prolong gestation (61). In addition, another randomized trial found that its use in women with triplet gestations was associated with a significantly increased rate of midtrimester fetal loss (60). There are insufficient data to assess whether progesterone has any beneficial effect in women with multifetal gestations and short cervical length determined by transvaginal ultrasonography (64, 65). In a recent randomized trial of asymptomatic women with twin pregnancies and a short cervical length of 25 mm or less determined by transvaginal ultrasonography, no benefit was seen with the use of intramuscular 500-mg 17 α -hydroxyprogesterone

caproate twice weekly in significantly prolonging gestation (66). In another recent randomized trial of women with twins, vaginal progesterone (200 mg and 400 mg) did not prolong the pregnancies (67).

► ***How is preterm labor managed in women with multifetal gestations?***

Tocolytics

Tocolytic therapy may provide short-term prolongation of pregnancy, which enables the administration of antenatal corticosteroids as well as transport to a tertiary care facility, if indicated. The overall evidence suggests that when tocolysis is used for short-term pregnancy prolongation, calcium channel blockers or nonsteroidal antiinflammatory drugs should be first-line treatment. Although there is a dearth of large-scale randomized trials of multifetal gestations alone, data supporting these conclusions come from trials that have included singleton and multifetal gestations (68). Thus, in multifetal gestations a brief course of tocolysis may be considered for up to 48 hours in the setting of acute preterm labor, in order to allow corticosteroids to be administered. Maternal risks associated with tocolytic use include pulmonary edema.

Corticosteroids

Administration of antenatal corticosteroids to women with singleton gestations at risk of delivery between 24 weeks and 34 weeks of gestation has been shown to decrease the incidence of neonatal death, respiratory distress syndrome, intraventricular hemorrhage, and necrotizing enterocolitis (69). A Cochrane review concluded that although antenatal corticosteroids are beneficial in singleton gestations, further research is required to demonstrate an improvement in outcomes for multifetal gestations (69). However, based on the improved outcomes reported in singleton gestations, the National Institutes of Health recommends that, unless a contraindication exists, one course of antenatal corticosteroids should be administered to all patients who are between 24 weeks and 34 weeks of gestation and at risk of delivery within 7 days, irrespective of the fetal number (70). In the absence of data, it is reasonable to extend this so that antenatal corticosteroids may be administered for pregnant women starting at 23 weeks of gestation, regardless of fetal number. Administration of corticosteroids to pregnant women during the periviable period who are at risk of preterm delivery within 7 days is linked to a family's decision regarding resuscitation and should be considered in that context (71).

Regularly scheduled repeat courses or serial courses (more than two) are not recommended. A single repeat

course of antenatal corticosteroids should be considered in women with a gestation of less than 34 weeks, who have an imminent risk of preterm delivery within the next 7 days, and whose prior course of antenatal corticosteroids was administered more than 14 days previously. Rescue-course corticosteroids could be provided as early as 7 days from the prior dose, if indicated by the clinical scenario.

Magnesium Sulfate for Fetal Neuroprotection

Several large studies have been performed to examine whether intravenous magnesium sulfate administered before preterm delivery would decrease the incidence of death and cerebral palsy (72–74). Although none of these studies showed improvement in the primary combined outcome, several meta-analyses of these randomized trials concluded that prenatal administration of magnesium sulfate reduced the occurrence of cerebral palsy (75–77). The accumulated available evidence suggests that magnesium sulfate reduces the severity and risk of cerebral palsy in surviving infants if administered when birth is anticipated before 32 weeks of gestation, regardless of fetal number. Hospitals that elect to use magnesium sulfate for fetal neuroprotection should develop uniform and specific guidelines for their departments regarding inclusion criteria, treatment regimens, concurrent tocolysis, and monitoring in accordance with one of the larger trials (72–74, 78).

► ***How is prenatal screening of women with multifetal gestations different than for singleton pregnancies?***

All women with multifetal gestations, regardless of age, are candidates for routine aneuploidy screening. In the presence of multiple fetuses, the mathematical probability that one or more fetuses will be affected with a trisomy increases and, thus, results in a higher overall risk to the pregnancy than attributed to maternal age alone. For example, in dizygotic twins, the maternal age-related risk of having one of the two fetuses affected with a trisomy is doubled compared with a maternal age-matched singleton gestation (79). This equates to a similar age-related risk of Down syndrome between a 33-year-old woman carrying twins and a 35-year-old woman carrying a singleton gestation (80).

However, several limitations must be considered when screening for aneuploidy in multifetal gestations. Serum screening tests are not as sensitive in women with twin or triplet gestations compared with singleton gestations, in part because analyte levels must be estimated by mathematical modeling. In addition, analytes from the

normal and the affected fetuses enter the maternal serum and are in effect averaged together, thus potentially masking the abnormal levels of the affected fetus. In a prospective study of second-trimester maternal serum marker screening, the mean detection rate for trisomy 21 was 63% in twin gestations (71% when both twins were affected and 60% when one was affected), with a false-positive rate of 10.8% (81). Furthermore, counseling is more complex because women must consider a different set of options in the event that only one of the fetuses is affected.

Nuchal translucency screening in the first trimester with the option of chorionic villus sampling (CVS) and earlier selective reduction may be desirable for some women. In women with twin gestations, first-trimester screening that combines maternal age, nuchal translucency, and biochemistry serum analytes identifies approximately 75–85% of pregnancies with Down syndrome and 66.7% of pregnancies with trisomy 18, with a 5% false-positive rate (82–85). Experience is limited with triplet gestations, but studies suggest that nuchal translucency measurement is feasible, and screening using only maternal age and nuchal translucency has been validated for the detection of Down syndrome and trisomy 18 (85). However, in one study of monochorionic twin pregnancies, a nuchal translucency value above the 95th percentile had a 38% positive predictive value for later development of severe twin–twin transfusion syndrome, further complicating first-trimester genetic screening in monochorionic gestations (86).

Noninvasive prenatal testing that uses cell free fetal DNA from the plasma of pregnant women offers potential as a screening tool for fetal aneuploidy. However, more information is needed before use of this test can be recommended in women with multifetal gestations (87).

► ***What issues arise in prenatal diagnosis of aneuploidy in women with multifetal gestations?***

Amniocentesis and CVS can be performed in women with a multifetal gestation who desire definitive testing for genetic anomalies. The procedure-associated pregnancy loss rates for both tests are similar (reported at 1–1.8%) and are slightly increased compared with loss rates reported in women with singleton gestations (88–90). Chorionic villus sampling has the advantage that it can be performed earlier in gestation.

However, there are technical difficulties that may be encountered when performing amniocentesis and CVS in women with multifetal gestations. There is a risk of sampling error of approximately 1% in women with multifetal gestations who undergo CVS (91). Genetic

amniocentesis, which typically is performed at 15 weeks of gestation or beyond, has a lower chance of this complication. To avoid sampling error in women with multifetal gestations, an amniocentesis is performed by sampling the first sac, then injecting indigo carmine into that sac before removing the needle. A second needle is then inserted into the second sac, and a clear sample obtained from the second sac ensures that two different sacs have been sampled. A complex counseling issue arises in the presence of a monochorionic twin gestation, in which case the likelihood of discordance in the karyotype is low, and patients may opt for having a karyotype analysis performed on a single fetus. In this situation, it is important to discuss the accuracy of determining chorionicity by ultrasonography.

When aneuploidy is diagnosed, counseling should include a discussion of options for pregnancy management if only one fetus is found to be affected. These options include terminating the entire pregnancy; selective reduction of the affected fetus; and continuing the pregnancy without any intervention, reduction, or termination.

► ***Are multifetal gestations with discordant fetal growth at risk of adverse outcomes?***

Discordant fetal growth in women with multifetal gestations is most commonly defined as a 20% difference in estimated fetal weight between the larger and smaller fetus (92, 93). This growth discordance ratio is calculated by determining the difference in the estimated fetal weight between the two fetuses, divided by the weight of the larger fetus.

Whether growth-discordant multifetal gestations—without a structural anomaly, aneuploidy, discordant infection, oligohydramnios, or fetal growth restriction—are at increased risk of adverse outcomes is debatable. Several studies that examined this population have shown that multifetal gestations with discordant but appropriate-for-gestational-age growth are not at increased risk of fetal or neonatal morbidity and mortality (94–97). However, multifetal gestations with discordant growth and pregnancies with at least one growth-restricted fetus have been observed to be associated with a 7.7-fold increased risk of major neonatal morbidity (98). Moreover, growth-restricted twins have higher perinatal mortality and morbidity rates when compared with age-matched singletons (99). Thus, although there is no clear evidence of increased neonatal morbidity or mortality with twin discordance alone, fetal growth restriction (or other abnormalities, such as fetal anomalies or oligohydramnios) in the setting of discordance may be a risk factor for adverse perinatal outcomes.

► ***How is the death of one fetus managed?***

In the first trimester, a substantial number of women with multifetal gestations undergo spontaneous reduction of one or more fetuses, commonly referred to as the “vanishing twin” (100). The probability of this reduction increases with the number of gestational sacs: 36% for twins, 53% for triplets, and 65% for quadruplets (101).

In the second trimester and third trimester, up to 5% of twins and 17% of triplets undergo death of one or more fetuses (102). Chorionicity influences the rate of loss, predicts outcome in the survivor, and guides management. Monochorionic–diamniotic twins have an increased risk of stillbirth compared with dichorionic–diamniotic twins (103–105). Subsequent to the demise of one twin after 14 weeks of gestation, the risk of death in the co-twin is 15% in monochorionic gestations and 3% for dichorionic gestations (105). The risk of neurologic abnormality in the surviving twin is greater in monochorionic gestations (18%) versus dichorionic gestations (1%) (106, 107). Although death of a co-twin in a monochorionic pregnancy in the late second trimester or early third trimester is associated with significant morbidity and mortality in the other fetus, immediate delivery of the co-twin has not been demonstrated to be of benefit (108). Therefore, in monochorionic twin gestations in which death of one fetus is identified before 34 weeks of gestation, management should be based on the condition of the mother or surviving fetus. In the absence of another indication, delivery before 34 weeks of gestation is not recommended (109). Care should be individualized for each patient, and consultation with a physician with advanced training in maternal–fetal medicine is recommended. In the event that a twin pregnancy is diagnosed late enough that chorionicity cannot be established, management should be guided by individualized assessment of fetal growth, growth discordance, and other indicators of fetal well-being.

► ***What is the role of antepartum fetal surveillance in dichorionic pregnancies?***

Once chorionicity has been established in the first or early second trimester, ultrasound examination between 18 weeks and 22 weeks of gestation allows for a survey of fetal anatomy, amniotic fluid, placentation, and growth. Fetal growth in uncomplicated twin pregnancies occurs at a similar rate as singletons until approximately 28–32 weeks of gestation, when the growth rate of twins slows (110). For women with dichorionic twin gestations, there are no evidence-based recommendations on the frequency of fetal growth scans after 20 weeks of gestation; however, it seems reasonable that serial ultrasonographic surveillance be performed every 4–6 weeks

in the absence of evidence of fetal growth restriction or other pregnancy complications.

The use of antepartum testing or umbilical artery Doppler ultrasonography in women with uncomplicated dichorionic multifetal gestations is not associated with improved perinatal outcomes (111). Antenatal fetal surveillance generally is reserved for women with dichorionic twin gestations complicated by maternal or fetal disorders that require antepartum testing, such as fetal growth restriction.

► ***How are the complications caused by monochorionic placentation managed?***

Women with monochorionic pregnancies are followed more closely than those with dichorionic pregnancies because of the higher risk of developing complications in pregnancy, including twin–twin transfusion syndrome (112). This disorder occurs in approximately 10–15% of monochorionic–diamniotic pregnancies and results from the presence of arteriovenous anastomoses in a monochorionic placenta. In the affected pregnancy, there is an imbalance in the fetal–placental circulations, whereby one twin transfuses the other. It usually presents in the second trimester, and serial ultrasonographic evaluation approximately every 2 weeks beginning at approximately 16 weeks of gestation should be considered (113–115).

The criterion for diagnosis of twin–twin transfusion syndrome with ultrasonography is a monochorionic–diamniotic twin gestation with oligohydramnios (maximum vertical pocket less than 2 cm) in one sac and polyhydramnios (maximum vertical pocket greater than 8 cm) in the other sac. It is essential to rule out other etiologies, such as selective fetal growth restriction or fetal discordance for structural, genetic, or infectious disorders. There is no evidence that routine assessment with umbilical artery Doppler is beneficial in the absence of growth or fluid discordance. Once the diagnosis of twin–twin transfusion syndrome has been made, the prognosis depends on gestational age and severity of the syndrome. Staging is commonly performed via the Quintero staging system (Box 1), and treatment commonly is done by laser coagulation or amnioreduction, often in collaboration with a clinician with expertise in twin–twin transfusion syndrome diagnosis and management (112, 116).

Monoamniotic Twins

The “natural” incidence of monoamniotic twins is 1 in 10,000. However, the incidence may be increased for women who undergo in vitro fertilization using zona manipulation (117). This type of twinning is at particularly high risk, with the historic perinatal mortality quoted at up to 80%, primarily related to cord entanglement (118).

Box 1. Staging for Twin-Twin Transfusion Syndrome ↵

Stage 1	Monochorionic–diamniotic gestation with oligohydramnios (MVP less than 2 cm) and polyhydramnios (MVP greater than 8 cm)
Stage 2	Absent (empty) bladder in donor
Stage 3	Abnormal Doppler ultrasonography findings*
Stage 4	Hydrops
Stage 5	Death of one or both twins

Abbreviation: MVP, maximum vertical pocket.

*Defined as the presence of one or more of the following: umbilical artery absent or reversed diastolic flow; ductus venosus absent or reversed diastolic flow; or umbilical vein pulsatile flow.

Data from Quintero RA, Morales WJ, Allen MH, et al. Staging of twin-twin transfusion syndrome. *J Perinatol* 1999;19:550–5.

Although many clinicians offer early inpatient management (beginning at 24–28 weeks of gestation) with daily fetal surveillance, regular assessment of fetal growth, and delivery between 32 weeks and 34 weeks of gestation, the optimal management of these patients remains uncertain (118–120).

Rare Complications

Acardiac twin pregnancy is a complication unique to a monochorionic gestation that is characterized by a fetus lacking a normally developed heart and head. It occurs in approximately 1% of monochorionic twins (121). The acardiac fetus is able to survive in utero because of placental anastomoses shunting blood flow from the “pump twin.” The pump twin can develop a high cardiac output state and subsequent cardiac failure, which results in intrauterine or neonatal demise in approximately 50% of cases (122). These rare conditions can be managed in collaboration with a clinician with expertise in complicated twin gestation management, such as a maternal–fetal medicine specialist.

Conjoined twinning is a rare anomaly, with an incidence of 1 in 50,000 to 1 in 100,000 births (123). Once the diagnosis is reached, it is imperative that a complete workup be undertaken to determine shared anatomy, which guides management and determines prognosis (124). Even with many reports in the lay press of successful separations, of those conjoined twinning cases diagnosed in utero, there is only an 18% survival rate of one twin from ultrasonographic diagnosis to successful separation (125).

► Are there special considerations for timing and route of delivery in women with multifetal gestations?

Although, on average, women with twin pregnancies give birth at approximately 36 weeks of gestation, preterm fetuses remain at significant risk of complications of prematurity (126). The risk of perinatal mortality begins to increase again in twin pregnancies at approximately 38 weeks of gestation (127). Based on these data, and in the absence of large randomized trials that demonstrate a clearly optimal time for delivery, the following recommendations for timing of delivery seem reasonable for women with uncomplicated twin gestations (108):

- Women with uncomplicated dichorionic–diamniotic twin gestations can undergo delivery at 38 weeks of gestation.
- Women with uncomplicated monochorionic–diamniotic twin gestations can undergo delivery between 34 weeks and 37 6/7 weeks of gestation.
- Women with uncomplicated monochorionic–monoamniotic twin gestations can undergo delivery at 32–34 weeks of gestation.

The optimal route of delivery in women with twin gestations depends on the type of twins, fetal presentations, gestational age, and experience of the clinician performing the delivery. A twin gestation in and of itself is not an indication for cesarean delivery. Women with monoamniotic twin gestations should undergo cesarean delivery to avoid an umbilical cord complication of the nonpresenting twin at the time of the initial twin’s delivery (118).

Women with diamniotic twin gestations whose presenting fetus is in a vertex position are candidates for a vaginal birth (128). A recent randomized trial of women with uncomplicated diamniotic twin pregnancies between 32 0/7 weeks and 38 6/7 weeks of gestation with a vertex presenting fetus demonstrated that planned cesarean delivery did not significantly decrease the risk of fetal or neonatal death or serious neonatal morbidity, as compared with planned vaginal delivery (2.2% and 1.9%, respectively; OR [with planned cesarean delivery], 1.16; 95% CI, 0.77–1.74; $P=.49$) (129). Therefore, in diamniotic twin pregnancies at 32 0/7 weeks of gestation or later with a presenting fetus that is vertex, regardless of the presentation of the second twin, vaginal delivery is a reasonable option and should be considered, provided that an obstetrician with experience in internal podalic version and vaginal breech delivery is available (130).

The optimal route of delivery for women with higher-order multifetal gestations remains unknown. Small observational studies have suggested that similar perinatal outcomes can be obtained for women (with uncomplicated triplet pregnancies and a presenting fetus that is vertex) who undergo planned trial of labor compared with those who undergo planned cesarean delivery. Thus, in the presence of obstetricians with experience in vaginal delivery of multiple gestations, a planned vaginal delivery of triplets can be considered (131–133).

Women with one previous low transverse cesarean delivery, who are otherwise appropriate candidates for twin vaginal delivery, may be considered candidates for trial of labor after cesarean delivery (134–138). Delivery may be complicated by the need for internal fetal manipulation or emergent cesarean delivery. Women with multifetal gestations also are at increased risk of uterine atony, postpartum hemorrhage, and emergent hysterectomy (139). The administration of neuraxial analgesia in women with multifetal gestations facilitates operative vaginal delivery, external or internal cephalic version, and total breech extraction, if necessary, and can be converted to general anesthesia if the need for an emergent cesarean delivery arises (130).

Summary of Recommendations and Conclusions

The following recommendations and conclusions are based on good and consistent scientific evidence (Level A):

- ▶ There is no role for the prophylactic use of any tocolytic agent in women with multifetal gestations, including the prolonged use of betamimetics for this indication.
- ▶ Progesterone treatment does not reduce the incidence of spontaneous preterm birth in unselected women with twin or triplet gestations and, therefore, is not recommended.

The following recommendations and conclusions are based on limited or inconsistent scientific evidence (Level B):

- ▶ Because of the increased rate of complications associated with monochorionicity, determination of chorionicity by late first trimester or early second trimester in pregnancy is important for counseling and management of women with multifetal gestations.

- ▶ Interventions, such as prophylactic cerclage, prophylactic tocolytics, prophylactic pessary, routine hospitalization, and bed rest, have not been proved to decrease neonatal morbidity or mortality and, therefore, should not be used in women with multifetal gestations.
- ▶ Magnesium sulfate reduces the severity and risk of cerebral palsy in surviving infants if administered when birth is anticipated before 32 weeks of gestation, regardless of fetal number.
- ▶ Women with one previous low transverse cesarean delivery, who are otherwise appropriate candidates for twin vaginal delivery, may be considered candidates for trial of labor after cesarean delivery.
- ▶ Women who underwent pregnancy reduction from triplets to twins, as compared with those who continued with triplets, were observed to have lower frequencies of pregnancy loss, antenatal complications, preterm birth, low-birth-weight infants, cesarean delivery, and neonatal deaths, with rates similar to those observed in women with spontaneously conceived twin gestations.
- ▶ Unless a contraindication exists, one course of antenatal corticosteroids should be administered to all patients who are between 24 weeks and 34 weeks of gestation and at risk of delivery within 7 days, irrespective of the fetal number.

The following recommendations and conclusions are based primarily on consensus and expert opinion (Level C):

- ▶ Women with uncomplicated monochorionic–monoamniotic twin gestations can undergo delivery at 32–34 weeks of gestation.
- ▶ In diamniotic twin pregnancies at 32 0/7 weeks of gestation or later with a presenting fetus that is vertex, regardless of the presentation of the second twin, vaginal delivery is a reasonable option and should be considered, provided that an obstetrician with experience in internal podalic version and vaginal breech delivery is available.
- ▶ All women with multifetal gestations, regardless of age, are candidates for routine aneuploidy screening.
- ▶ The administration of neuraxial analgesia in women with multifetal gestations facilitates operative vaginal delivery, external or internal cephalic version, and total breech extraction.
- ▶ Women with monoamniotic twin gestations should be delivered via cesarean.

Performance Measure

Proportion of women with twin gestations who present for prenatal care before 16 weeks of gestation who have chorionicity determined

References

1. Martin JA, Hamilton BE, Osterman MJ. Three decades of twin births in the United States, 1980-2009. NCHS Data Brief 2012;(80):1-8. (Level II-3) [PubMed] <
2. Martin JA, Hamilton BE, Ventura SJ, Osterman MJ, Kirmeyer S, Mathews TJ, et al. Births: final data for 2009. Natl Vital Rep 2011;60:1-70. (Level II-3) [PubMed] [Full Text] <
3. Blondel B, Kaminski M. Trends in the occurrence, determinants, and consequences of multiple births. Semin Perinatol 2002;26:239-49. (Level III) [PubMed] <
4. Scher AI, Petterson B, Blair E, Ellenberg JH, Grether JK, Haan E, et al. The risk of mortality or cerebral palsy in twins: a collaborative population-based study. Pediatr Res 2002;52:671-81. (Level II-3) [PubMed] [Full Text] <
5. Rettwitz-Volk W, Tran TM, Veldman A. Cerebral morbidity in preterm twins. J Matern Fetal Neonatal Med 2003; 13:218-23. (Level II-3) [PubMed] [Full Text] <
6. Yokoyama Y, Shimizu T, Hayakawa K. Prevalence of cerebral palsy in twins, triplets and quadruplets. Int J Epidemiol 1995;24:943-8. (Level II-3) [PubMed] <
7. Bromer JG, Ata B, Seli M, Lockwood CJ, Seli E. Preterm deliveries that result from multiple pregnancies associated with assisted reproductive technologies in the USA: a cost analysis. Curr Opin Obstet Gynecol 2011;23: 168-73. (Cost-benefit) [PubMed] <
8. Institute of Medicine. Preterm birth: causes, consequences, and prevention. Washington, DC: National Academies Press; 2007. (Level III) <
9. LeFevre ML, Bain RP, Ewigman BG, Frigoletto FD, Crane JP, McNellis D. A randomized trial of prenatal ultrasonographic screening: impact on maternal management and outcome. RADIUS (Routine Antenatal Diagnostic Imaging with Ultrasound) Study Group. Am J Obstet Gynecol 1993;169:483-9. (Level I) [PubMed] <
10. Geipel A, Berg C, Katalinic A, Plath H, Hansmann M, Germer U, et al. Prenatal diagnosis and obstetric outcomes in triplet pregnancies in relation to chorionicity. BJOG 2005;112:554-8. (Level II-3) [PubMed] [Full Text] <
11. Glinianaia SV, Obeysekera MA, Sturgiss S, Bell R. Stillbirth and neonatal mortality in monochorionic and dichorionic twins: a population-based study. Hum Reprod 2011;26:2549-57. (Level II-3) [PubMed] [Full Text] <
12. Bajoria R, Ward SB, Adegbite AL. Comparative study of perinatal outcome of dichorionic and trichorionic iatrogenic triplets. Am J Obstet Gynecol 2006;194:415-24. (Level II-3) [PubMed] [Full Text] <
13. Kawaguchi H, Ishii K, Yamamoto R, Hayashi S, Mitsuda N. Perinatal death of triplet pregnancies by chorionicity. Perinatal Research Network Group in Japan. Am J Obstet Gynecol 2013;209:36.e1-7. (Level II-3) [PubMed] [Full Text] <
14. Sivan E, Maman E, Homko CJ, Lipitz S, Cohen S, Schiff E. Impact of fetal reduction on the incidence of gestational diabetes. Obstet Gynecol 2002;99:91-4. (Level II-3) [PubMed] [Obstetrics & Gynecology] <
15. Schwartz DB, Daoud Y, Zazula P, Goyert G, Bronsteen R, Wright D, et al. Gestational diabetes mellitus: metabolic and blood glucose parameters in singleton versus twin pregnancies. Am J Obstet Gynecol 1999;181:912-4. (Level II-2) [PubMed] <
16. Sibai BM, Hauth J, Caritis S, Lindheimer MD, MacPherson C, Klebanoff M, et al. Hypertensive disorders in twin versus singleton gestations. National Institute of Child Health and Human Development Network of Maternal-Fetal Medicine Units. Am J Obstet Gynecol 2000;182:938-42. (Level II-3) [PubMed] <
17. Luke B, Brown MB. Contemporary risks of maternal morbidity and adverse outcomes with increasing maternal age and plurality. Fertil Steril 2007;88:283-93. (Level II-3) [PubMed] [Full Text] <
18. Conde-Agudelo A, Belizan JM, Lindmark G. Maternal morbidity and mortality associated with multiple gestations. Obstet Gynecol 2000;95:899-904. (Level II-3) [PubMed] [Obstetrics & Gynecology] <
19. Sheard C, Cox S, Oates M, Ndukwe G, Glazebrook C. Impact of a multiple, IVF birth on post-partum mental health: a composite analysis. Hum Reprod 2007;22: 2058-65. (Level III) [PubMed] [Full Text] <
20. Bailit JL. Hyperemesis gravidarum: epidemiologic findings from a large cohort. Am J Obstet Gynecol 2005; 193:811-4. (Level II-3) [PubMed] [Full Text] <
21. Day MC, Barton JR, O'Brien JM, Istwan NB, Sibai BM. The effect of fetal number on the development of hypertensive conditions of pregnancy. Obstet Gynecol 2005; 106:927-31. (Level II-3) [PubMed] [Obstetrics & Gynecology] <
22. Lynch A, McDuffie R Jr, Murphy J, Faber K, Orleans M. Preeclampsia in multiple gestation: the role of assisted reproductive technologies. Obstet Gynecol 2002;99: 445-51. (Level II-3) [PubMed] [Obstetrics & Gynecology] <
23. Hardardottir H, Kelly K, Bork MD, Cusick W, Campbell WA, Rodis JF. Atypical presentation of preeclampsia in high-order multifetal gestations. Obstet Gynecol 1996; 87:370-4. (Level III) [PubMed] [Obstetrics & Gynecology] <
24. Sibai BM. Diagnosis, controversies, and management of the syndrome of hemolysis, elevated liver enzymes, and low platelet count. Obstet Gynecol 2004;103:981-91. (Level III) [PubMed] [Obstetrics & Gynecology] <
25. Society for Assisted Reproductive Technology. Clinic summary report: all SART member clinics. Available at: https://www.sartcorsonline.com/rptCSR_PublicMultYear.

- aspx?ClinicPKID=0. Retrieved February 5, 2014. (Level III) [↔](#)
26. Dodd JM, Crowther CA. Reduction of the number of fetuses for women with a multiple pregnancy. *Cochrane Database of Systematic Reviews* 2012, Issue 10. Art. No.: CD003932. DOI: 10.1002/14651858.CD003932.pub2. (Meta-analysis) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 27. Smith-Levitin M, Kowalik A, Birnholz J, Skupski DW, Hutson JM, Chervenak FA, et al. Selective reduction of multifetal pregnancies to twins improves outcome over nonreduced triplet gestations. *Am J Obstet Gynecol* 1996;175:878–82. (Level III) [\[PubMed\]](#) [↔](#)
 28. Berkowitz RL, Stone JL, Eddleman KA. One hundred consecutive cases of selective termination of an abnormal fetus in a multifetal gestation. *Obstet Gynecol* 1997; 90:606–10. (Level III) [\[PubMed\]](#) [\[Obstetrics & Gynecology\]](#) [↔](#)
 29. Eddleman KA, Stone JL, Lynch L, Berkowitz RL. Selective termination of anomalous fetuses in multifetal pregnancies: two hundred cases at a single center. *Am J Obstet Gynecol* 2002;187:1168–72. (Level II-3) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 30. Lust A, De Catte L, Lewi L, Deprest J, Loquet P, Devlieger R. Monochorionic and dichorionic twin pregnancies discordant for fetal anencephaly: a systematic review of prenatal management options. *Prenat Diagn* 2008;28:275–9. (Level III) [\[PubMed\]](#) [↔](#)
 31. Lynch L, Berkowitz RL, Stone J, Alvarez M, Lapinski R. Preterm delivery after selective termination in twin pregnancies. *Obstet Gynecol* 1996;87:366–9. (Level III) [\[PubMed\]](#) [\[Obstetrics & Gynecology\]](#) [↔](#)
 32. Lee YM, Cleary-Goldman J, Thaker HM, Simpson LL. Antenatal sonographic prediction of twin chorionicity. *Am J Obstet Gynecol* 2006;195:863–7. (Level II-3) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 33. Finberg HJ. The “twin peak” sign: reliable evidence of dichorionic twinning. *J Ultrasound Med* 1992;11:571–7. (Level III) [\[PubMed\]](#) [↔](#)
 34. Reichmann JP. Home uterine activity monitoring: an evidence review of its utility in multiple gestations. *J Reprod Med* 2009;54:559–62. (Level III) [\[PubMed\]](#) [↔](#)
 35. Berghella V, Hayes E, Visintine J, Baxter JK. Fetal fibronectin testing for reducing the risk of preterm birth. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art.No.: CD006843. DOI: 10.1002/14651858.CD006843.pub2. (Meta-analysis) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 36. Joffe GM, Jacques D, Bemis-Heys R, Burton R, Skram B, Shelburne P. Impact of the fetal fibronectin assay on admissions for preterm labor. *Am J Obstet Gynecol* 1999; 180:581–6. (Level II-3) [\[PubMed\]](#) [↔](#)
 37. Giles W, Bisits A, Knox M, Madsen G, Smith R. The effect of fetal fibronectin testing on admissions to a tertiary maternal-fetal medicine unit and cost savings. *Am J Obstet Gynecol* 2000;182:439–42. (Cost-benefit) [\[PubMed\]](#) [↔](#)
 38. Grobman WA, Welshman EE, Calhoun EA. Does fetal fibronectin use in the diagnosis of preterm labor affect physician behavior and health care costs? A randomized trial. *Am J Obstet Gynecol* 2004;191:235–40. (Level I) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 39. Ness A, Visintine J, Ricci E, Berghella V. Does knowledge of cervical length and fetal fibronectin affect management of women with threatened preterm labor? A randomized trial. *Am J Obstet Gynecol* 2007;197: 426.e1–7. (Level I) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 40. Plaut MM, Smith W, Kennedy K. Fetal fibronectin: the impact of a rapid test on the treatment of women with preterm labor symptoms. *Am J Obstet Gynecol* 2003;188:1588–93; discussion 1593–5. (Level I) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 41. Dor J, Shalev J, Mashlach S, Blankstein J, Serr DM. Elective cervical suture of twin pregnancies diagnosed ultrasonically in the first trimester following induced ovulation. *Gynecol Obstet Invest* 1982;13:55–60. (Level I) [\[PubMed\]](#) [↔](#)
 42. Rebarber A, Roman AS, Istwan N, Rhea D, Stanziano G. Prophylactic cerclage in the management of triplet pregnancies. *Am J Obstet Gynecol* 2005;193:1193–6. (Level II-3) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 43. Moragianni VA, Aronis KN, Craparo FJ. Biweekly ultrasound assessment of cervical shortening in triplet pregnancies and the effect of cerclage placement. *Ultrasound Obstet Gynecol* 2011;37:617–8. (Level III) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 44. Berghella V, Odibo AO, To MS, Rust OA, Althuisius SM. Cerclage for short cervix on ultrasonography: meta-analysis of trials using individual patient-level data. *Obstet Gynecol* 2005;106:181–9. (Meta-analysis) [\[PubMed\]](#) [\[Obstetrics & Gynecology\]](#) [↔](#)
 45. Roman AS, Saltzman DH, Fox N, Klausner CK, Istwan N, Rhea D, et al. Prophylactic cerclage in the management of twin pregnancies. *Am J Perinatol* 2013;30:751–4. (Level II-3) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 46. Crowther CA, Han S. Hospitalisation and bed rest for multiple pregnancy. *Cochrane Database of Systematic Reviews* 2010, Issue 7. Art.No.: CD000110. DOI: 10.1002/14651858.CD000110.pub2. (Meta-analysis) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 47. Wilkins IA, Lynch L, Mehalek KE, Berkowitz GS, Berkowitz RL. Efficacy and side effects of magnesium sulfate and ritodrine as tocolytic agents. *Am J Obstet Gynecol* 1988;159:685–9. (Level I) [\[PubMed\]](#) [↔](#)
 48. Samol JM, Lambers DS. Magnesium sulfate tocolysis and pulmonary edema: the drug or the vehicle? *Am J Obstet Gynecol* 2005;192:1430–2. (Level II-3) [\[PubMed\]](#) [\[Full Text\]](#) [↔](#)
 49. Cetrulo CL, Freeman RK. Ritodrine HCL for the prevention of premature labor in twin pregnancies. *Acta Genet Med Gemellol* 1976;25:321–4. (Level III) [\[PubMed\]](#) [↔](#)
 50. O’Leary JA. Prophylactic tocolysis of twins. *Am J Obstet Gynecol* 1986;154:904–5. (Level III) [\[PubMed\]](#) [↔](#)
 51. Ashworth MF, Spooner SF, Verkuyl DA, Waterman R, Ashurst HM. Failure to prevent preterm labour and delivery in twin pregnancy using prophylactic oral salbutamol. *Br J Obstet Gynaecol* 1990;97:878–82. (Level I). [\[PubMed\]](#) [↔](#)

52. Yamasmit W, Chaithongwongwatthana S, Tolosa JE, Limpongsanurak S, Pereira L, Lumbiganon P. Prophylactic oral betamimetics for reducing preterm birth in women with a twin pregnancy. *Cochrane Database of Systematic Reviews* 2012, Issue 9. Art. No.: CD004733. DOI: 10.1002/14651858.CD004733.pub3. (Meta-analysis) [PubMed] [Full Text] ↩
53. Fletcher SE, Fyfe DA, Case CL, Wiles HB, Upshur JK, Newman RB. Myocardial necrosis in a newborn after long-term maternal subcutaneous terbutaline infusion for suppression of preterm labor. *Am J Obstet Gynecol* 1991;165:1401–4. (Level III) [PubMed] ↩
54. Gabriel R, Harika G, Saniez D, Durot S, Quereux C, Wahl P. Prolonged intravenous ritodrine therapy: a comparison between multiple and singleton pregnancies. *Eur J Obstet Gynecol Reprod Biol* 1994;57:65–71. (Level II-3) [PubMed] ↩
55. Food and Drug Administration. FDA drug safety communication: new warnings against use of terbutaline to treat preterm labor. Silver Spring (MD): FDA; 2011. Available at: <http://www.fda.gov/drugs/drugsafety/ucm243539.htm>. Retrieved January 31, 2014. (Level III) ↩
56. Liem S, Schuit E, Hegeman M, Bais J, de Boer K, Bloemenkamp K, et al. Cervical pessaries for prevention of preterm birth in women with a multiple pregnancy (ProTWIN): a multicentre, open-label randomised controlled trial. *Lancet* 2013;382:1341–9. (Level I) [PubMed] [Full Text] ↩
57. Rouse DJ, Caritis SN, Peaceman AM, Sciscione A, Thom EA, Spong CY, et al. A trial of 17 alpha-hydroxyprogesterone caproate to prevent prematurity in twins. National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *N Engl J Med* 2007;357:454–61. (Level I) [PubMed] [Full Text] ↩
58. Norman JE, Mackenzie F, Owen P, Mactier H, Hanretty K, Cooper S, et al. Progesterone for the prevention of preterm birth in twin pregnancy (STOPPIT): a randomised, double-blind, placebo-controlled study and meta-analysis. *Lancet* 2009;373:2034–40. (Level I) [PubMed] [Full Text] ↩
59. Combs CA, Garite T, Maurel K, Das A, Porto M. 17-hydroxyprogesterone caproate for twin pregnancy: a double-blind, randomized clinical trial. *Obstetrix Collaborative Research Network. Am J Obstet Gynecol* 2011;204:221.e1–221.e8. (Level I) [PubMed] [Full Text] ↩
60. Combs CA, Garite T, Maurel K, Das A, Porto M. Failure of 17-hydroxyprogesterone to reduce neonatal morbidity or prolong triplet pregnancy: a double-blind, randomized clinical trial. *Obstetrix Collaborative Research Network* [published erratum appears in *Am J Obstet Gynecol* 2011;204:166]. *Am J Obstet Gynecol* 2010;203:248.e1–9. (Level I) [PubMed] [Full Text] ↩
61. Caritis SN, Rouse DJ, Peaceman AM, Sciscione A, Momirova V, Spong CY, et al. Prevention of preterm birth in triplets using 17 alpha-hydroxyprogesterone caproate: a randomized controlled trial. Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), Maternal-Fetal Medicine Units Network (MFMU). *Obstet Gynecol* 2009;113:285–92. (Level I) [PubMed] [Obstetrics & Gynecology] ↩
62. Durnwald CP, Momirova V, Rouse DJ, Caritis SN, Peaceman AM, Sciscione A, et al. Second trimester cervical length and risk of preterm birth in women with twin gestations treated with 17-alpha hydroxyprogesterone caproate. Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *J Matern Fetal Neonatal Med* 2010;23:1360–4. (Level II-3) [PubMed] [Full Text] ↩
63. Wood S, Ross S, Tang S, Miller L, Sauve R, Brant R. Vaginal progesterone to prevent preterm birth in multiple pregnancy: a randomized controlled trial. *J Perinat Med* 2012;DOI: 10.1515/jpm-2012-0057. (Level I) [PubMed] ↩
64. Fonseca EB, Celik E, Parra M, Singh M, Nicolaides KH. Progesterone and the risk of preterm birth among women with a short cervix. *Fetal Medicine Foundation Second Trimester Screening Group. N Engl J Med* 2007;357:462–9. (Level I) [PubMed] [Full Text] ↩
65. Romero J, Rebarber A, Saltzman DH, Schwartz R, Peress D, Fox NS. The prediction of recurrent preterm birth in patients on 17-alpha-hydroxyprogesterone caproate using serial fetal fibronectin and cervical length. *Am J Obstet Gynecol* 2012;207:51.e1–5. (Level II-3) [PubMed] [Full Text] ↩
66. Senat MV, Porcher R, Winer N, Vayssiere C, Deruelle P, Capelle M, et al. Prevention of preterm delivery by 17 alpha-hydroxyprogesterone caproate in asymptomatic twin pregnancies with a short cervix: a randomized controlled trial. *Groupe de Recherche en Obstetrique et Gynecologie. Am J Obstet Gynecol* 2013;208:194.e1–8. (Level I) [PubMed] [Full Text] ↩
67. Serra V, Perales A, Meseguer J, Parrilla JJ, Lara C, Bellver J, et al. Increased doses of vaginal progesterone for the prevention of preterm birth in twin pregnancies: a randomised controlled double-blind multicentre trial. *BJOG* 2013;120:50–7. (Level I) [PubMed] [Full Text] ↩
68. Haas DM, Quinney SK, Clay JM, Renbarger JL, Hebert MF, Clark S, et al. Nifedipine pharmacokinetics are influenced by CYP3A5 genotype when used as a preterm labor tocolytic. *Obstetric-Fetal Pharmacology Research Units Network. Am J Perinatol* 2013;30:275–81. (Level III) [PubMed] [Full Text] ↩
69. Roberts D, Dalziel SR. Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD004454. DOI: 10.1002/14651858.CD004454.pub2. (Meta-analysis) [PubMed] [Full Text] ↩
70. Effect of corticosteroids for fetal maturation on perinatal outcomes. *NIH Consens Statement* 1994;12(2):1–24. (Level III) [PubMed] ↩
71. Antenatal corticosteroid therapy for fetal maturation. *Committee Opinion No. 677. American College of Obstetricians and Gynecologists. Obstet Gynecol* 2016;128:187–94. [PubMed] [Obstetrics & Gynecology] ↩
72. Crowther CA, Hiller JE, Doyle LW, Haslam RR. Effect of magnesium sulfate given for neuroprotection before

- preterm birth: a randomized controlled trial. Australasian Collaborative Trial of Magnesium Sulphate (ACTOMg SO4) Collaborative Group. *JAMA* 2003;290:2669–76. (Level I) [[PubMed](#)] [[Full Text](#)] ↵
73. Marret S, Marpeau L, Zupan-Simunek V, Eurin D, Leveque C, Hellot MF, et al. Magnesium sulphate given before very-preterm birth to protect infant brain: the randomised controlled PREMAG trial. PREMAG trial group. *BJOG* 2007;114:310–8. (Level I) [[PubMed](#)] [[Full Text](#)] ↵
 74. Rouse DJ, Hirtz DG, Thom E, Varner MW, Spong CY, Mercer BM, et al. A randomized, controlled trial of magnesium sulfate for the prevention of cerebral palsy. Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units Network. *N Engl J Med* 2008;359:895–905. (Level I) [[PubMed](#)] [[Full Text](#)] ↵
 75. Doyle LW, Crowther CA, Middleton P, Marret S, Rouse D. Magnesium sulphate for women at risk of preterm birth for neuroprotection of the fetus. *Cochrane Database of Systematic Reviews* 2009, Issue 1. Art. No.: CD004661. DOI: 10.1002/14651858.CD004661.pub3. (Meta-analysis) [[PubMed](#)] [[Full Text](#)] ↵
 76. Conde-Agudelo A, Romero R. Antenatal magnesium sulfate for the prevention of cerebral palsy in preterm infants less than 34 weeks' gestation: a systematic review and metaanalysis. *Am J Obstet Gynecol* 2009;200:595–609. (Meta-analysis) [[PubMed](#)] [[Full Text](#)] ↵
 77. Costantine MM, Weiner SJ. Effects of antenatal exposure to magnesium sulfate on neuroprotection and mortality in preterm infants: a meta-analysis. Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *Obstet Gynecol* 2009;114:354–64. (Meta-analysis) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 78. Magnesium sulfate before anticipated preterm birth for neuroprotection. Committee Opinion No. 455. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;115:669–71. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 79. Meyers C, Adam R, Dungan J, Prenger V. Aneuploidy in twin gestations: when is maternal age advanced? *Obstet Gynecol* 1997;89:248–51. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 80. Rodis JF, Egan JF, Craffey A, Ciarleglio L, Greenstein RM, Scorza WE. Calculated risk of chromosomal abnormalities in twin gestations. *Obstet Gynecol* 1990;76:1037–41. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 81. Garchet-Beaudron A, Dreux S, Leporrier N, Oury JF, Muller F. Second-trimester Down syndrome maternal serum marker screening: a prospective study of 11 040 twin pregnancies. ABA Study Group, Clinical Study Group. *Prenat Diagn* 2008;28:1105–9. (Level III) [[PubMed](#)] ↵
 82. Bush MC, Malone FD. Down syndrome screening in twins. *Clin Perinatol* 2005;32:373–86, vi. (Level III) [[PubMed](#)] ↵
 83. Chasen ST, Pemi SC, Kalish RB, Chervenak FA. First-trimester risk assessment for trisomies 21 and 18 in twin pregnancy. *Am J Obstet Gynecol* 2007;197:374.e1–3. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
 84. Sebire NJ, Snijders RJ, Hughes K, Sepulveda W, Nicolaides KH. Screening for trisomy 21 in twin pregnancies by maternal age and fetal nuchal translucency thickness at 10–14 weeks of gestation. *Br J Obstet Gynaecol* 1996;103:999–1003. (Level II-3) [[PubMed](#)] ↵
 85. Sepulveda W, Wong AE, Casasbuenas A. Nuchal translucency and nasal bone in first-trimester ultrasound screening for aneuploidy in multiple pregnancies. *Ultrasound Obstet Gynecol* 2009;33:152–6. (Level III) [[PubMed](#)] [[Full Text](#)] ↵
 86. Sebire NJ, D'Ercole C, Hughes K, Carvalho M, Nicolaides KH. Increased nuchal translucency thickness at 10–14 weeks of gestation as a predictor of severe twin-to-twin transfusion syndrome. *Ultrasound Obstet Gynecol* 1997;10:86–9. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
 87. Noninvasive prenatal testing for fetal aneuploidy. Committee Opinion No. 545. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:1532–4. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 88. Agarwal K, Alfirevic Z. Pregnancy loss after chorionic villus sampling and genetic amniocentesis in twin pregnancies: a systematic review. *Ultrasound Obstet Gynecol* 2012;40:128–34. (Meta-analysis) [[PubMed](#)] [[Full Text](#)] ↵
 89. Simonazzi G, Curti A, Farina A, Pilu G, Bovicelli L, Rizzo N. Amniocentesis and chorionic villus sampling in twin gestations: which is the best sampling technique? *Am J Obstet Gynecol* 2010;202:365.e1–5. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
 90. Cahill AG, Macones GA, Stamilio DM, Dicke JM, Crane JP, Odibo AO. Pregnancy loss rate after mid-trimester amniocentesis in twin pregnancies. *Am J Obstet Gynecol* 2009;200:257.e1–6. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
 91. Eddleman KA, Stone JL, Lynch L, Berkowitz RL. Chorionic villus sampling before multifetal pregnancy reduction. *Am J Obstet Gynecol* 2000;183:1078–81. (Level III) [[PubMed](#)] [[Full Text](#)] ↵
 92. Talbot GT, Goldstein RF, Nesbitt T, Johnson JL, Kay HH. Is size discordancy an indication for delivery of preterm twins? *Am J Obstet Gynecol* 1997;177:1050–4. (Level III) [[PubMed](#)] [[Full Text](#)] ↵
 93. Breathnach FM, McAuliffe FM, Geary M, Daly S, Higgins JR, Dornan J, et al. Perinatal Ireland Research Consortiu. Definition of intertwin birth weight discordance. *Obstet Gynecol*. 2011 Jul;118(1):94–103. DOI: 0.1097/AOG.0b013e31821fd208. [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
 94. Lopriore E, Slaghekke F, Vandenbussche FP, Middeldorp JM, Walther FJ, Oepkes D. Cerebral injury in mono-chorionic twins with selective intrauterine growth restriction and/or birthweight discordance. *Am J Obstet Gynecol* 2008;199:628.e1–5. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
 95. Appleton C, Pinto L, Centeno M, Clode N, Cardoso C, Graca LM. Near term twin pregnancy: clinical relevance of weight discordance at birth. *J Perinat Med* 2007;35:62–6. (Level II-3) [[PubMed](#)] ↵

96. Cohen SB, Elizur SE, Goldenberg M, Beiner M, Novikov I, Mashiach S, et al. Outcome of twin pregnancies with extreme weight discordancy. *Am J Perinatol* 2001;18:427–32. (Level II-3) [PubMed] [Full Text] ↩
97. Kilic M, Aygun C, Kaynar-Tuncel E, Kucukoduk S. Does birth weight discordance in preterm twins affect neonatal outcome? *J Perinatol* 2006;26:268–72. (Level II-3) [PubMed] [Full Text] ↩
98. Yinon Y, Mazkereth R, Rosentzweig N, Jarus-Hakak A, Schiff E, Simchen MJ. Growth restriction as a determinant of outcome in preterm discordant twins. *Obstet Gynecol* 2005;105:80–4. (Level II-3) [PubMed] [Obstetrics & Gynecology] ↩
99. Odibo AO, McDonald RE, Stamilio DM, Ural SH, Macones GA. Perinatal outcomes in growth-restricted twins compared with age-matched growth-restricted singletons. *Am J Perinatol* 2005;22:269–73. (Level II-3) [PubMed] [Full Text] ↩
100. Landy HJ, Keith LG. The vanishing twin: a review. *Hum Reprod Update* 1998;4:177–83. (Level III) [PubMed] [Full Text] ↩
101. Dickey RP, Taylor SN, Lu PY, Sartor BM, Storment JM, Rye PH, et al. Spontaneous reduction of multiple pregnancy: incidence and effect on outcome. *Am J Obstet Gynecol* 2002;186:77–83. (Level II-3) [PubMed] [Full Text] ↩
102. D’Alton ME, Simpson LL. Syndromes in twins. *Semin Perinatol* 1995;19:375–86. (Level III) [PubMed] ↩
103. Lee YM, Wylie BJ, Simpson LL, D’Alton ME. Twin chorionicity and the risk of stillbirth [published erratum appears in *Obstet Gynecol* 2008;111:1217]. *Obstet Gynecol* 2008;111:301–8. (Level II-3) [PubMed] [Obstetrics & Gynecology] ↩
104. Morikawa M, Yamada T, Yamada T, Sato S, Cho K, Minakami H. Prospective risk of stillbirth: monozygotic diamniotic twins vs. dichorionic twins. *J Perinat Med* 2012;40:245–9. (Level II-3) [PubMed] ↩
105. Danon D, Sekar R, Hack KE, Fisk NM. Increased stillbirth in uncomplicated monozygotic twin pregnancies: a systematic review and meta-analysis. *Obstet Gynecol* 2013;121:1318–26. (Meta-analysis) [PubMed] [Obstetrics & Gynecology] ↩
106. Hillman SC, Morris RK, Kilby MD. Co-twin prognosis after single fetal death: a systematic review and meta-analysis. *Obstet Gynecol* 2011;118:928–40. (Meta-analysis) [PubMed] [Obstetrics & Gynecology] ↩
107. Ong SS, Zamora J, Khan KS, Kilby MD. Prognosis for the co-twin following single-twin death: a systematic review. *BJOG* 2006;113:992–8. (Meta-analysis) [PubMed] [Full Text] ↩
108. Karageyim Karsidag AY, Kars B, Dansuk R, Api O, Unal O, Turan MC, et al. Brain damage to the survivor within 30 min of co-twin demise in monozygotic twins. *Fetal Diagn Ther* 2005;20:91–5. (Level III) [PubMed] ↩
109. Spong CY, Mercer BM, D’Alton M, Kilpatrick S, Blackwell S, Saade G. Timing of indicated late-preterm and early-term birth. *Obstet Gynecol* 2011;118:323–33. (Level III) [PubMed] [Obstetrics & Gynecology] ↩
110. Alexander GR, Kogan M, Martin J, Papiernik E. What are the fetal growth patterns of singletons, twins, and triplets in the United States? *Clin Obstet Gynecol* 1998;41:114–25. (Level II-3) [PubMed] ↩
111. Giles W, Bisits A, O’Callaghan S, Gill A. The Doppler assessment in multiple pregnancy randomised controlled trial of ultrasound biometry versus umbilical artery Doppler ultrasound and biometry in twin pregnancy. DAMP Study Group. *BJOG* 2003;110:593–7. (Level I) [PubMed] [Full Text] ↩
112. Twin-twin transfusion syndrome. Society for Maternal-Fetal Medicine [published erratum appears in *Am J Obstet Gynecol* 2013;208:392]. *Am J Obstet Gynecol* 2013;208:3–18. (Level III) [PubMed] [Full Text] ↩
113. Sueters M, Middeldorp JM, Lopriore E, Oepkes D, Kanhai HH, Vandebussche FP. Timely diagnosis of twin-to-twin transfusion syndrome in monozygotic twin pregnancies by biweekly sonography combined with patient instruction to report onset of symptoms. *Ultrasound Obstet Gynecol* 2006;28:659–64. (Level III) [PubMed] [Full Text] ↩
114. Royal College of Obstetricians and Gynaecologists. Consensus views arising from the 50th Study Group: multiple pregnancy. London: RCOG; 2006. Available at: <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/StudyGroupConsensusViewsMultiplePregnancy.pdf>. Retrieved February 5, 2014. (Level III) ↩
115. Lewi L, Gucciardo L, Van Mieghem T, de Koninck P, Beck V, Medek H, et al. Monozygotic diamniotic twin pregnancies: natural history and risk stratification. *Fetal Diagn Ther* 2010;27:121–33. (Level III). [PubMed] [Full Text] ↩
116. Stamilio DM, Fraser WD, Moore TR. Twin-twin transfusion syndrome: an ethics-based and evidence-based argument for clinical research. *Am J Obstet Gynecol* 2010;203:3–16. (Level III) [PubMed] [Full Text] ↩
117. Slotnick RN, Ortega JE. Monoamniotic twinning and zona manipulation: a survey of U.S. IVF centers correlating zona manipulation procedures and high-risk twinning frequency. *J Assist Reprod Genet* 1996;13:381–5. (Level III) [PubMed] ↩
118. Baxi LV, Walsh CA. Monoamniotic twins in contemporary practice: a single-center study of perinatal outcomes. *J Matern Fetal Neonatal Med* 2010;23:506–10. (Level III) [PubMed] ↩
119. DeFalco LM, Sciscione AC, Megerian G, Tolosa J, Macones G, O’Shea A, et al. Inpatient versus outpatient management of monoamniotic twins and outcomes. *Am J Perinatol* 2006;23:205–11. (Level III) [PubMed] [Full Text] ↩
120. Ezra Y, Shveiky D, Ophir E, Nadjari M, Eisenberg VH, Samueloff A, et al. Intensive management and early delivery reduce antenatal mortality in monoamniotic twin pregnancies. *Acta Obstet Gynecol Scand* 2005;84:432–5. (Level III) [PubMed] [Full Text] ↩
121. Sogaard K, Skibsted L, Brocks V. Acardiac twins: pathophysiology, diagnosis, outcome and treatment. Six cases and review of the literature. *Fetal Diagn Ther* 1999;14:53–9. (Level III) [PubMed] ↩

122. van Gemert MJ, Umur A, van den Wijngaard JP, VanBavel E, Vandembussche FP, Nikkels PG. Increasing cardiac output and decreasing oxygenation sequence in pump twins of acardiac twin pregnancies. *Phys Med Biol* 2005;50:N33–42. (Level III) [[PubMed](#)] ↵
123. Mutchinick OM, Luna-Munoz L, Amar E, Bakker MK, Clementi M, Cocchi G, et al. Conjoined twins: a worldwide collaborative epidemiological study of the International Clearinghouse for Birth Defects Surveillance and Research. *Am J Med Genet C Semin Med Genet* 2011;157C:274–87. (Level II-3) [[PubMed](#)] ↵
124. Spitz L, Kiely EM. Conjoined twins. *JAMA* 2003;289:1307–10. (Level III) [[PubMed](#)] ↵
125. Mackenzie TC, Crombleholme TM, Johnson MP, Schnaufer L, Flake AW, Hedrick HL, et al. The natural history of prenatally diagnosed conjoined twins. *J Pediatr Surg* 2002;37:303–9. (Level III) [[PubMed](#)] ↵
126. Refuerzo JS, Momirova V, Peaceman AM, Sciscione A, Rouse DJ, Caritis SN, et al. Neonatal outcomes in twin pregnancies delivered moderately preterm, late preterm, and term. *Am J Perinatol* 2010;27:537–42. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
127. Cheung YB, Yip P, Karlberg J. Mortality of twins and singletons by gestational age: a varying-coefficient approach. *Am J Epidemiol* 2000;152:1107–16. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
128. Crowther CA. Caesarean delivery for the second twin. *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD000047. DOI: 10.1002/14651858.CD000047.pub2. (Level III) [[PubMed](#)] ↵
129. Barrett JF, Hannah ME, Hutton EK, Willan AR, Allen AC, Armson BA, et al. A randomized trial of planned cesarean or vaginal delivery for twin pregnancy. *Twin Birth Study Collaborative Group* [published erratum appears in *N Engl J Med* 2013;369:2364]. *N Engl J Med* 2013;369:1295–305. (Level I) [[PubMed](#)] [[Full Text](#)] ↵
130. D’Alton ME. Delivery of the second twin: revisiting the age-old dilemma. *Obstet Gynecol* 2010;115:221–2. (Level III) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
131. Grobman WA, Peaceman AM, Haney EI, Silver RK, MacGregor SN. Neonatal outcomes in triplet gestations after a trial of labor. *Am J Obstet Gynecol* 1998;179:942–5. (Level II-2) [[PubMed](#)] ↵
132. Alamia V Jr, Royek AB, Jaekle RK, Meyer BA. Preliminary experience with a prospective protocol for planned vaginal delivery of triplet gestations. *Am J Obstet Gynecol* 1998;179:1133–5. (Level III) [[PubMed](#)] ↵
133. Wildschut HI, van Roosmalen J, van Leeuwen E, Keirse MJ. Planned abdominal compared with planned vaginal birth in triplet pregnancies. *Br J Obstet Gynaecol* 1995;102:292–6. (Level III) [[PubMed](#)] ↵
134. Sansregret A, Bujold E, Gauthier RJ. Twin delivery after a previous caesarean: a twelve-year experience. *J Obstet Gynaecol Can* 2003;25:294–8. (Level III) [[PubMed](#)] ↵
135. Cahill A, Stamilio DM, Pare E, Peipert JP, Stevens EJ, Nelson DB, et al. Vaginal birth after cesarean (VBAC) attempt in twin pregnancies: is it safe? *Am J Obstet Gynecol* 2005;193:1050–5. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
136. Varner MW, Thom E, Spong CY, Landon MB, Leveno KJ, Rouse DJ, et al. Trial of labor after one previous cesarean delivery for multifetal gestation. National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units Network (MFMU). *Obstet Gynecol* 2007;110:814–9. (Level II-3) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵
137. Myles T. Vaginal birth of twins after a previous Cesarean section. *J Matern Fetal Med* 2001;10:171–4. (Level II-2) [[PubMed](#)] ↵
138. Miller DA, Mullin P, Hou D, Paul RH. Vaginal birth after cesarean section in twin gestation. *Am J Obstet Gynecol* 1996;175:194–8. (Level II-3) [[PubMed](#)] [[Full Text](#)] ↵
139. Francois K, Ortiz J, Harris C, Foley MR, Elliott JP. Is peripartum hysterectomy more common in multiple gestations? *Obstet Gynecol* 2005;105:1369–72. (Level II-3) [[PubMed](#)] [[Obstetrics & Gynecology](#)] ↵

The MEDLINE database, the Cochrane Library, and the American College of Obstetricians and Gynecologists' own internal resources and documents were used to conduct a literature search to locate relevant articles published between January 1990–October 2013. The search was restricted to articles published in the English language. Priority was given to articles reporting results of original research, although review articles and commentaries also were consulted. Abstracts of research presented at symposia and scientific conferences were not considered adequate for inclusion in this document. Guidelines published by organizations or institutions such as the National Institutes of Health and the American College of Obstetricians and Gynecologists were reviewed, and additional studies were located by reviewing bibliographies of identified articles. When reliable research was not available, expert opinions from obstetrician–gynecologists were used.

Studies were reviewed and evaluated for quality according to the method outlined by the U.S. Preventive Services Task Force:

- I Evidence obtained from at least one properly designed randomized controlled trial.
- II-1 Evidence obtained from well-designed controlled trials without randomization.
- II-2 Evidence obtained from well-designed cohort or case–control analytic studies, preferably from more than one center or research group.
- II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.
- III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

Based on the highest level of evidence found in the data, recommendations are provided and graded according to the following categories:

Level A—Recommendations are based on good and consistent scientific evidence.

Level B—Recommendations are based on limited or inconsistent scientific evidence.

Level C—Recommendations are based primarily on consensus and expert opinion.

Copyright October 2016 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

Requests for authorization to make photocopies should be directed to Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400.

ISSN 1099-3630

**The American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920**

Multifetal gestations: twin, triplet, and higher-order multifetal pregnancies. Practice Bulletin No. 169. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;128:e131–46.

Twin Birth Informed Consent

This document is designed to help you make an informed decision regarding the birth of your twins. ~~Depending on the providers in your area, you may have two or three options for your birth.~~ The American College of Obstetrics and Gynecologists (ACOG), the foremost professional membership organization for obstetricians and gynecologists which is dedicated to improving women's health, considers multiple gestation (twins) to be an absolute contraindication to planned home birth. This is due to a higher risk of perinatal death. ~~Depending on the providers in your area, you may have two or three options for your birth.~~

Formatted: Font: 10 pt

Formatted: Font: 10 pt

- an elective cesarean
- a vaginal twin birth in a hospital
- a vaginal twin birth outside of a hospital

Formatted: No bullets or numbering

Formatted: Indent: Left: 0"

Planned Twin Vaginal Birth: Risks for the babies:

- In the event that twin B cannot be born vaginally (for any reason) and requires cesarean - research has shown outcomes for this combination vaginal/cesarean birth are worse than in a planned cesarean situation (Cranford, 2015).
- There may be a higher risk of cord prolapse, particularly if twin B is breech. This situation is an emergency, requiring cesarean and may place the baby's life in jeopardy.
- When twin A is breech, a cesarean section is recommended by ACOG. Planned home birth of a breech-presenting fetus is associated with increased risk for intrapartum death (mortality rate of 13.5 in 1,000 and neonatal mortality rate of 9.2 in 1,000).

Formatted: Space After: 0 pt, Widow/Orphan control, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border)

Formatted: Font: (Default) Arial, 11 pt, Font color: Auto

Risks for mother:

- Increased risk of perineal damage and pain (compared to cesarean birth).
- Increased risk of postpartum hemorrhage which sometimes require blood transfusions.
- Increased risk for uterine atony.
- Increased risk for emergent hysterectomy.

Risks for future pregnancies:

- None

Birthing at home:

- Distance from an OR, medications, -and available ~~physician~~OB may increase risks if emergency cesarean becomes indicated.
- Given increased risk for atony and for hemorrhage without resources to treat these complications, risk for severe morbidity and transfusion are increased.
- Distance from the NICU and pediatrician may increase some risk of morbidity and mortality to the infants.

- Skill and experience of midwife and attendants is a factor in considerations for out of hospital birth with twins and may increase risk for poor outcomes.

Formatted: Normal, Space After: 13.3 pt, No widow/orphan control, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border), Tab stops: 0.15", Left + 0.5", Left

- Home birth is associated with a more than twofold increased risk of perinatal death (1–2 in 1,000) and a threefold increased risk of neonatal seizures or serious neurologic dysfunction (0.4–0.6 in 1,000).

Formatted: Font: (Default) Helvetica, 11.5 pt, Font color: Custom Color(RGB(81,81,81))

Formatted: Font: (Default) Calibri, 12 pt, Bold, Font color: Black, Pattern: Clear

- I understand that the training midwives receive varies greatly. ACOG supports provision of care by midwife who have a certification by American Midwifery Certification Board or International Confederation of Midwives Global Standards for Midwifery Education. The College does not support provision of care by midwives who do not meet these standards.

Formatted: Font: Times New Roman, 12 pt, Font color: Auto, Pattern: Clear

- In a planned home birth, approximately 23-37% of first time moms and 4-9% of multiparous (not first baby) are transferred to the hospital during labor.

Formatted: Font: Times New Roman, 12 pt, Font color: Auto, Pattern: Clear

- Transportation time to the hospital may decrease the ability of the hospital to provide good outcomes. For example, if the baby is in distress and a cesarean section is delayed, this could lead to permanent morbidity and mortality. If the mother is hemorrhaging, this could lead to increased need for transfusion, hysterectomy, and severe morbidity.

Formatted: Font: Times New Roman, 12 pt, Font color: Auto, Pattern: Clear

Birth at hospital:

Likelihood of successful vaginal delivery may be reduced, depending on hospital policy, provider and staff comfort with twin vaginal birth. Planned home birth is associated with fewer maternal interventions than planned hospital birth (co).

Formatted: Normal, No bullets or numbering

Formatted: Font: (Default) Times New Roman

Formatted: List Paragraph, Space After: 0 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Widow/Orphan control, Border: Top: (No border), Bottom: (No border), Left: (No border), Right: (No border), Between : (No border), Tab stops: Not at 0.15" + 0.5"

Formatted: Space After: 0 pt, Widow/Orphan control, Tab stops: Not at 0.15" + 0.5"

Planned Twin Cesarean Birth Risks for the baby:

- ~~Increased risk of prematurity and associated complications~~
- Transitional respiratory complications
- Increased risk of breastfeeding complications

Risks for the mother:

- Increased risk of infection, hemorrhage, deep vein thrombosis, stroke or pulmonary embolism, development of internal adhesions (scar tissue) affecting other organs, organ damage, and death.
- Complications from spinal anesthesia (short and long term possibilities)

Risks for future pregnancies:

- Increased risk of placenta previa, placenta accreta a-(risks increase w each ~~surgical birth cesarean~~)
- Increased risk for uterine rupture if labor occurs in future pregnancy. ~~(regardless of~~

future birthing choices)

- ~~Increased risk of ectopic pregnancy, infertility, and preterm birth or low birth weight.~~

Acknowledgment of Full Disclosure and Informed Choice:

Twin Birth

By completing the following form, you are acknowledging that you have received the information necessary to decide and that you take full responsibility for all outcomes associated with that decision. ~~Read through all the options before initialing one and signing below.~~

I understand that my midwife is certified by:

_____ American Midwifery Certification Board

_____ International Confederation of Midwives Global Standards for Midwifery Education

_____ None of the above

Note: ACOG does not support provision of care by midwives who do not meet one of these standards.

Read through all the options before initialing one and signing below. ;I choose to select:

_____ **“Planned Twin Vaginal Birth at home with my current midwife”**

_____ **“Planned Twin Birth with an in-hospital care provider”**

Client Name (print): _____

Client Signature: _____ Date: _____

Midwife Signature: _____ Date: _____

References:

“Multifetal Gestations: Twin, Triplet, and Higher-Order Multifetal Pregnancies Practice Bulletin” PB Number 169, October 2016. ACOG.

“Planned Home Birth” Committee Opinion CO Number 697. April 2017. ACOG.



Applicant: **Brott, Pamela**

Case#: **4481686**

352 1505-11-140

MIDWIFE LICENSE PROCESSING (Initial)

CHS Program Staff Instructions: Complete this form to process initial applications and ensure this form is kept with the original application file for audit purposes.


QUALIFICATIONS CHECKLIST:

- SLL** Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Completed Affidavit of Lawful Presence Form
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Consent for Background Check (*refer to signature block located at the bottom of this form*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof age is at least 18 years (*legible copy of government issued photo ID such as a Driver's License*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of High School graduation or Graduate Education Diploma (GED)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification from NARM or AMCB
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of other pertinent credentials listed below
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____

ADDITIONAL INFORMATION REQUIRED CONTACT LOG:

<u>Date</u>	<u>Method</u> (circle one)	<u>Purpose</u>	<u>Initials</u>
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		

BACKGROUND CHECK:

Submit Date	Initials	RCVD Date	Results	Notes	Initials
04-14-2021	SLL	04-14-2021	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

MIDW COMMITTEE RECOMMENDATION:

Meeting Date	Recommendation	Notes	Initials
04-21-2021	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		

NOTES:

OUTCOME:

Final Status	Initials	Notification Date	Notes	Initials
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Scan Date/Initials:

e-File Date/Initials:



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Information Request Portal Response

6600 North Harvey Place • Oklahoma City, OK 73116

(405) 879-2986

CHIRP@osbi.ok.gov

http://www.ok.gov/osbi/Criminal_History/CHIRP

Type of Search(es) Requested <input checked="" type="checkbox"/> OSBI Name Based <input checked="" type="checkbox"/> DOC Sex Offender <input type="checkbox"/> DOC Violent Offender	Request Date 04/14/2021
---	---------------------------------------

The Oklahoma State Bureau of Investigation (OSBI)'s Criminal History Information Request Portal (CHIRP) allows for online search requests of OSBI's Criminal History Database and the Oklahoma Department of Corrections' Sex Offender and Violent Offender Registries. Matches identified in OSBI's database are returned with a state identification number and associated RAP sheet.

REQUESTOR INFORMATION:

ORGANIZATION _____
AUTHORIZED USER <u>SPLAWN, JAMES</u>
STREET ADDRESS _____
PHONE NUMBER _____ E-MAIL ADDRESS <u>CHSLICENSING@HEALTH.OK.GOV</u>

SUBJECT INFORMATION:

NAME <u>BROTT, PAMELA JEAN</u>
ALIAS/MAIDEN NAME(S) <u>SHARP, PAMELA</u>
DATE OF BIRTH <u>01/29/1975</u> RACE <u>W</u> SEX <u>F</u> SOCIAL SECURITY NUMBER _____
PURPOSE OF REQUEST <u>Midwife License</u>

SEARCH RESULTS:

OSBI Computerized Criminal History	Department of Corrections Sex Offender Registry	Department of Corrections Violent Offender Registry
NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.	NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.	
04/14/2021	04/14/2021	

Record information is furnished solely on the basis of name or description similarity with the subject of the inquiry

Oklahoma State Department of Health
Accounting Services
Customer Receipt

Receipt Number:

4481686

For Monies Received From Mr./Ms.

PAMELA BROTT

4/12/2021

In the Sum of

One Thousand Dollars and 00/100

\$ 1,000.00

For Services Provided For:
Midwife Registry

210HEX1 002155XP0A 20001 2819900

Method of Payment:

Certified (Cashier's) Check

M. Mathew

Received By:

THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



**OKLAHOMA
State Department
of Health**

Oklahoma State Department of Health / Consumer Health Service
 Mail: PO Box 268815, Oklahoma City, OK 73126-8815
 Physical: 123 Robert S. Kerr Ave., Oklahoma City, OK 73102
 Telephone: (405) 271-5243 / Fax: (405) 271-5286
 E-mail: CHSLicensing@health.ok.gov
 Midwife Program Website: <http://chs.health.ok.gov/>

MIDWIFE LICENSE APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Consent for Background Check (refer to signature block located at the bottom of this form)
- Proof age is at least 18 years (legible copy of government issued photo ID such as a Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

APPLICANT INFORMATION

Applicant Name: BROTT PAMELA J
Last First Middle

Mailing Address: 311 EAST A ST
Street Address

ATOKA OK 74525
City State Zip

Phone #: 903-647-1266 Cellular #: 903-647-1266 Alternate #: 903-647-4296

County: ATOKA E-mail: beginningathome@gmail.com

BACKGROUND CHECK INFORMATION

Date of Birth: [REDACTED] Race: [REDACTED] Gender: [REDACTED]

Maiden Name: Sharp Aliases: Pam

CREDENTIAL INFORMATION

Yes No Do you have other credentials? *If yes, list credentials: Doula, childbirth educator, BF counselor*

Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state? *ATM Preceptor*

If yes, list state(s): Texas

Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain: _____

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of form for your files.)

Signature: [Signature] Date: 3/30/21

OSDH License #: _____ OSDH Receipt #: _____ Receipt Date: _____



Oklahoma State
Department of Health
Creating a State of Health

**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: Pamela J. Brott

Date: 3/30/21

City: Atoka, OK.

State: Oklahoma


Signature: 

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

 **Oklahoma**
Driver License


Lic No **K083729169**

D DOB **01/22/2019** Exp **12/31/2022**

Restr: **NONE** End: **NONE**

**BROTT,
PAMELA JEAN**

**311 EAST A ST
ATOKA, OK 74525-0000**

 **K083729169**

DL

SECONDARY SCHOOL RECORD--TRANSCRIPT

STUDENT INFORMATION

SCHOOL INFORMATION

Last Name Sharp, Pamela			First Name Pamela			Middle Name J			School Name Oakfield-Alabama Central School			
Home Address 1522 Ledge Rd., Basom NY 14013			City Basom NY			State 14013			School Address Box 210; Oakfield, NY 14125			
Parent or Guardian Mr./Mrs. Gene Sharp			School Accredited By <input checked="" type="checkbox"/> State System <input type="checkbox"/> Rtg. Accred. Assoc.			School Phone Number 716/948-5211						
Previous Secondary School Attended (if any)			Date Left			Enrollment in Grades 400 9-12		Percent Graduates Entering College 15 4 Yr. Col. 35 2 Yr. Col and Other				
Date of Birth		Sex	<input type="checkbox"/> Withdrew <input checked="" type="checkbox"/> Was or Will Be Graduated		Month Year		Passing Mark 65		Honors Mark (if any) 90		LOWEST NUMERICAL EQUIVALENT A B C D	

YEAR	SUBJECTS	IDENTIFY LAB TV SEMINAR SUMMER	IDENTIFY HONORS ACCEL AD. PL. ETC.	MARKS		CRED OR UNIT	STATE EXAM. SCORES
				1ST SEM.	FINAL OR 2ND SEM.		
9	Inter. Writing			74	3/2		
	British Literature			76	3/2		
	Social Studies 9			72	1		
	Sequential Math 1			80	1	88	
	Physical Science 9			71	1		
1989	Spanish 1			92	1		
1990	Band			90	1		
	Chorus			90	1/2		
	Earth Science (gr.8)lab			65	1	72	
10	Shakespeare			82	1/2		
	Research/Public Spkg			90	1/2		
	Social Studies 10			79	1	65	
	Sequential Math 2			F	1	65	
1990	Biology	lab		72	1	65	
1991	Health			94	1/2		
	Spanish 2			85	1		
	Chorus			92	1/2		
11	English 11			82	1	77	
	Social studies 11			82	1		
	Spanish 3			87	1	89	
	Spanish 4			96	1/2		
	Phys.Ed.			89	1/2		
1991	Music in Our Lives			94	1		
1992	Chorus			92	1/2		
	Foundations in Music			89	1		
12	English 12			88	1		
	Social Studies 12			85	1	73	
	Spanish 4			95	1/2		
	Chorus			92	1/2		
	Phys.Ed.			88	1/2		
1992							
1993							

EXPLANATION OF HONORS COURSES

11/92 Cum. GPA 83.17%

RANK IN CLASS BASED ON _____ SEMESTERS

EXACTLY APPROX. 32 IN CLASS OF 76

FINAL RANK 33/77 Final avg. 83.82%

Check Appropriate Rank Information

ALL SUBJECTS GIVEN CREDIT ALL STUDENTS

MAJOR SUBJECTS ONLY COLL. PREP. STUDENTS ONLY

Explain Weighting of Marks in Determining Rank

Prior to 1991-92 school year, all credit subjects were averaged except Chorus, Band, and Physical Education. NO WEIGHTED GRADING.

As of the 1991-92 school year, all credit subjects are averaged. Subjects with Regents exams carry a 1.06% weight; A.P./Honor classes carry a 1.12% weight.

OUTSTANDING ACTIVITIES, HONORS, AWARDS

DATE	NAME OF TEST	RAW OR STD. SCORE	PERCENTILE SCORE	NORM GROUP	DATE	NAME OF TEST	RAW OR STD. SCORE	PERCENTILE SCORE	NORM GROUP
	LAST SHARP					SHARP PAMELA J			
	FIRST PAMELA					106706969			
	TEST DATE	GRADE	SAT V	Reading	Voc.	SAT M	TSWE		
		11	350	36	35	350	43		
	ADMISSIONS TESTING PROGRAM The College Board		ACH 1	ACH 2	ACH 3				

NAME OF STUDENT		SCHOOL SECURITY NUMBER		TEST DATE		
SHARP PAMELA J		106706969		04		
ACT TEST SCORES:		ENGLISH	MATHEMATICS	READING	SCI. REAS.	COMPOSITE
		19	18	20	19	19
ACT SUBSCORES:		10	09	07	10	10
		12	08	08		44

The North American Registry of Midwives

does hereby certify that

Pamela J. Brott

having satisfied all requirements set forth by the North American Registry of Midwives
is entitled to be known as a

NAARM

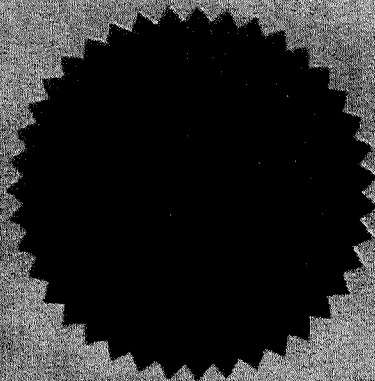
Certified Professional Midwife

with all honors, rights and privileges thereto pertaining
In witness whereof we affix our signatures and our seal

Marian Khelan

Chairperson

Expiration Date: 1/29/2024



Carol A. Nelson

Director of Applications

CPM Number: 17090011

The North American Registry of Midwives
HAVING SATISFIED ALL REQUIREMENTS SET FORTH BY THE NORTH AMERICAN
REGISTRY OF MIDWIVES YOU ARE ENTITLED TO BE KNOWN AS A CERTIFIED
PROFESSIONAL MIDWIFE WITH ALL HONORS, RIGHTS AND PRIVILEGES
THERETO PERTAINING.

NARM

Pamela J. Brott

Certificate No.
17090011

Expiration Date
1/29/2024



Neonatal Resuscitation Program (NRP) PROVIDER

The individual named below has successfully completed the national cognitive and skills evaluations in accordance with the NRP curriculum of the American Academy of Pediatrics and American Heart Association.

Pamela Brott

Provider Name and Credentials

9/12/2019

Course Completion Date

9/30/2021

Recommended Renewal Date



If you have any question regarding the NRP, please contact the American Academy of Pediatrics life support staff at 800/433-9016, option 4, by e-mail at lifesupport@aap.org or online at www.aap.org/nrp.

This NRP e-card can be sent to any third party by e-mail. The cardholder must return to his or her online NRP account to designate the recipient's address.

This card signifies completion of the following lessons:

- | | |
|--|---|
| Lesson 1: Foundations of Neonatal Resuscitation | Lesson 6: Chest Compressions |
| Lesson 2: Preparing for Resuscitation | Lesson 7: Medications |
| Lesson 3: Initial Steps of Newborn Care | Lesson 8: Post-resuscitation Care |
| Lesson 4: Positive-Pressure Ventilation | Lesson 9: Resuscitation of Babies Born Preterm |
| Lesson 5: Alternative Airways: Endotracheal Tubes and Laryngeal Masks | Lesson 10: Special Considerations |
| | Lesson 11: Ethics and Care at the End of Life |

SC04592e-1475-4600-9ac6-535b480d6767

© 2017 American Academy of Pediatrics
and American Heart Association

American Academy of Pediatrics
PEDIATRIC CARE FOR ALL CHILDREN



SpeedyCeus.com
P.O. Box 2016
Chino Hills, California 91709
(909) 628-4216
lance@speedyceus.com

CERTIFICATE OF COMPLETION

This Certifies that
Pamela Brott
License/Certification Number:
has successfully completed the course
Medication Administration
on
March 29, 2021
for 2 clock hours of interactive clinical continuing education .

SpeedyCeus and/or this program have been approved for continuing education hours by:

- **The California Board of Registered Nursing # CEP 14462**



Lance J. Parks, LCSW



CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Pamela Brott

HAS SUCCESSFULLY COMPLETED

LPN IV Series: Venipuncture and Maintenance

ANCC CONTACT HOURS: 4

CEUFast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
ANCC Provider number #P0274.

March 30, 2021

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
Lead Nurse Planner

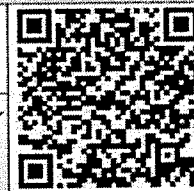
ceufast.com

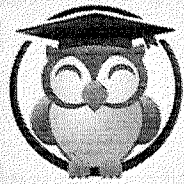
CERTIFICATE ID

5579964

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/verify





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Pamela Brott

HAS SUCCESSFULLY COMPLETED

LPN IV Series: Administration Methods

ANCC CONTACT HOURS: 2

CEUFast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
ANCC Provider number #P0274.

March 30, 2021

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
Lead Nurse Planner

ceufast.com

CERTIFICATE ID

5579649

VERIFY AUTHENTICITY

Scan QR code OR visit
CEUfast.com/verify



Certificate

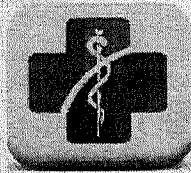
OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:
Bloodborne Pathogens
Infectious Disease Control
Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Pamela J Brott, LM, CPM

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 1 year. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines. ID#: **4F31FAE**




COURSE PROVIDED BY:
National CPR Foundation

Completion: **March 17, 2021**

Instructor: **Paul J. Scruton**

Signature: *Paul Scruton*

Printable Wallet Card



NationalCPRFoundation™
Provider Card

Student: Pamela J Brott, LM, CPM

The mentioned individual is now Certified in the mentioned Course by demonstrating proficiency by successfully passing the Examination in accordance with the Terms and Conditions of National CPR Foundation (NCPRF). Valid for 1 year.

Certificate: Bloodborne Pathogens ID#: 4F31FAE
Date: 3-17-21

Course administered by National CPR Foundation in Accordance with the 2015 ECC/ILCOR and AHA guidelines

NationalCPRFoundation.com

Follow Us On:



BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association**

Pamela Brott

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

09/12/2019
Issue Date

09/2021
Recommended Renewal Date

BASIC LIFE SUPPORT

Training Center Name **WNJRCM**

TC ID #
TX04844

TC Info **Sherman, TX 75092**

TC
903-870-5682

Course Location **BOL Resource Center ~ Madill, OK**

Instructor Name **Mary Friedlein**

Inst. ID #
11060219672

Holder's
Signature

Rick Figueroa
Chair

Thomas F. Butler
Vice Chair



Gerald R. Callas, M.D., F.A.S.A.
Helen Callier
Nora Castañeda
Joel Garza
Gary F. Wesson, D.D.S., M.S.

Licensed Midwife
PAMELA JEAN BROTT

License Number: 99314

The person named above is licensed by the Texas Department of Licensing and Regulation.

License Expires: February 28, 2023

Brian E. Francis
Executive Director

Pamela Brott CD (CBI)
Certified Birth Doula

www.childbirthinternational.com



Childbirth International

making a difference

Pamela Brott Dip CBEd (CBI)
Certified Childbirth Educator

www.childbirthinternational.com



Childbirth International

making a difference

Pamela J. Brott CBC (CBI)
Certified Breastfeeding Counselor

www.childbirthinternational.com



Childbirth International

making a difference

The North American Registry of Midwives

does hereby certify that

Pamela J. Brott

has satisfied all requirements set forth by
the North American Registry of Midwives and is issued the

Midwifery Bridge Certificate

This certificate satisfies the criteria for licensure of CPMs agreed to by the US-MERA Organizations:

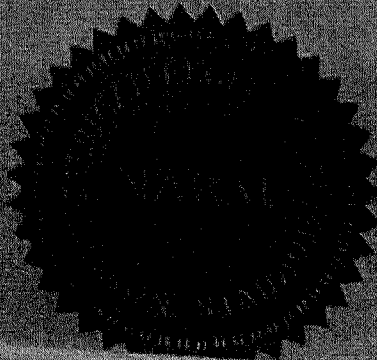
- Accreditation Commission for Midwifery Education (ACME)
- American College of Nurse-Midwives (ACNM)
- American Midwifery Certification Board (AMCB)
- Midwifery Education Accreditation Council (MEAC)
- Midwives Alliance of North America (MANA)
- National Association of Certified Professional Midwives (NACPM)
- North American Registry of Midwives (NARM)

In witness whereof we affix our signatures and our seal

Ada Damagh

NARM Chairperson

Issue Date: 12/7/2017



Carol A. Nelson

NARM Director of Applications

MBC number: 121701

The North American Registry of Midwives

does hereby certify that

American Registry
Pamela J. Brott

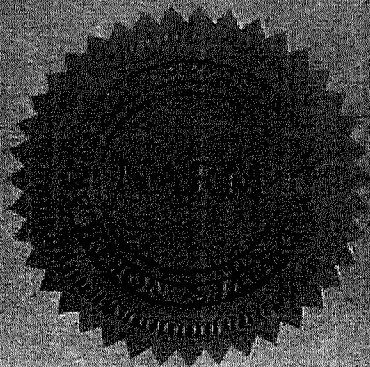
North
having satisfied all requirements set forth
by the North American Registry of Midwives is hereby known as

NARM

Registered Preceptor

with all responsibilities thereto pertaining
In witness whereof we affix our seal

of Midwives
The



Carol A. Nelson

Director of Applications

Preceptor number: 180107

Renewal Date: 1/29/2024



ATM MIDWIFERY TRAINING PROGRAM

Claudine Crews, CPM, LM

Course Coordinator

P. O. Box 887

Elmendorf, TX 78112

Verification of Preceptor Status

Date 3/19/2021

To Whom It May Concern:

Re: Pamela Brott

The letter is to confirm that Pamela Brott is currently an approved preceptor for the Association of Texas Midwives Midwifery Training Program (ATMMTP.) Her status as an approved preceptor has been in effect since May 4, 2018 and expires on December 15, 2021

The ATMMTP (atmmtp.org) is an approved midwifery education program through the Texas Department of Licensing and Regulation, license number 99002.

Sincerely,

Claudine Crews, CPM, LM

Claudine Crews, CPM, LM
ATM Midwifery Training Program
Course Coordinator



Applicant: **Dumoss, Annabelle**

Case#: **4480752**

332 1505-PO-410

MIDWIFE LICENSE PROCESSING (Initial)

CHS Program Staff Instructions: Complete this form to process initial applications and ensure this form is kept with the original application file for audit purposes.

QUALIFICATIONS CHECKLIST:

- SLC* Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Completed Affidavit of Lawful Presence Form
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Consent for Background Check (*refer to signature block located at the bottom of this form*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof age is at least 18 years (*legible copy of government issued photo ID such as a Driver's License*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of High School graduation or Graduate Education Diploma (GED)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of current certification from NARM or AMCB
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLC* Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- N/A* Proof of other pertinent credentials listed below
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____

ADDITIONAL INFORMATION REQUIRED CONTACT LOG:

<u>Date</u>	<u>Method</u> (circle one)	<u>Purpose</u>	<u>Initials</u>
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		

BACKGROUND CHECK:

Submit Date	Initials	RCVD Date	Results	Notes	Initials
04-09-2021	<i>SLC</i>	04-14-2021	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<i>[Signature]</i>
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

MIDW COMMITTEE RECOMMENDATION:

Meeting Date	Recommendation	Notes	Initials
04-21-2021	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		

NOTES:

OUTCOME:

Final Status	Initials	Notification Date	Notes	Initials
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Scan Date/Initials:

e-File Date/Initials:



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Information Request Portal Response

6600 North Harvey Place • Oklahoma City, OK 73116

(405) 879-2986

CHIRP@osbi.ok.gov

http://www.ok.gov/osbi/Criminal_History/CHIRP

Type of Search(es) Requested <input checked="" type="checkbox"/> OSBI Name Based <input checked="" type="checkbox"/> DOC Sex Offender <input type="checkbox"/> DOC Violent Offender	Request Date 04/14/2021
---	---------------------------------------

The Oklahoma State Bureau of Investigation (OSBI)'s Criminal History Information Request Portal (CHIRP) allows for online search requests of OSBI's Criminal History Database and the Oklahoma Department of Corrections' Sex Offender and Violent Offender Registries. Matches identified in OSBI's database are returned with a state identification number and associated RAP sheet.

REQUESTOR INFORMATION:

ORGANIZATION _____
AUTHORIZED USER <u>SPLAWN, JAMES</u>
STREET ADDRESS _____
PHONE NUMBER _____ E-MAIL ADDRESS <u>CHSLICENSING@HEALTH.OK.GOV</u>

SUBJECT INFORMATION:

NAME <u>DUMOSS, ANNABELLE MORGAN</u>
ALIAS/MAIDEN NAME(S) <u>GILMOUR, ANNABELLE</u>
DATE OF BIRTH <u>12/05/1994</u> RACE <u>W</u> SEX <u>F</u> SOCIAL SECURITY NUMBER _____
PURPOSE OF REQUEST <u>Midwife License</u>

SEARCH RESULTS:

OSBI Computerized Criminal History	Department of Corrections Sex Offender Registry	Department of Corrections Violent Offender Registry
NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.	NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.	
04/14/2021	04/14/2021	

Record information is furnished solely on the basis of name or description similarity with the subject of the inquiry

Oklahoma State Department of Health
Accounting Services
Customer Receipt

Receipt Number:
4480752

For Monies Received From Mr./Ms.

ANNABELLE DUMOSS

4/7/2021

In the Sum of

One Thousand Dollars and 00/100

\$ 1,000.00

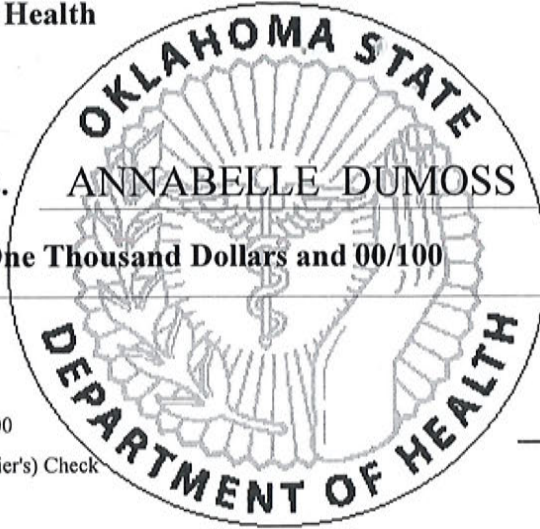
For Services Provided For:
Midwife Registry

210HEX1 002155XP0A 20001 2819900

Method of Payment: Certified (Cashier's) Check

M. Mathew

Received By:



THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



MIDWIFE LICENSE APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Consent for Background Check (refer to signature block located at the bottom of this form)
- Proof age is at least 18 years (legible copy of government issued photo ID such as a Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

APPLICANT INFORMATION

Applicant Name: DuMoss Annabelle Morgan
Last First Middle

Mailing Address: 3610 S Rolling Oaks Dr.
Street Address

Tulsa Ok. 74107
City State Zip

Phone #: _____ Cellular #: 502.759.7299 Alternate #: _____

County: Tulsa E-mail: annabelle.demoss@tulsabirthcenter.com

BACKGROUND CHECK INFORMATION

Date of Birth: [REDACTED] Race: [REDACTED] Gender: [REDACTED]

Maiden Name: Gilmour Aliases: _____

CREDENTIAL INFORMATION

Yes No Do you have other credentials? *If yes, list credentials: CPM*

Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state?

If yes, list state(s): _____

Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain: _____

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of form for your files.)

Signature: Annabelle DuMoss Date: 3/25/21

OSDH License #: _____ OSDH Receipt #: _____ Receipt Date: _____



**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: Annabelle DuMoss

Date: 03/25/21

City: Tulsa

State: OK.

Signature: Annabelle DuMoss

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

Jefferson County Public Schools

Louisville



Kentucky

This certifies that

Annabelle Morgan Gilmour

has satisfactorily completed the Graduation Requirements prescribed
by the Jefferson County Board of Education
and is therefore awarded this

Eastern High School
Diploma

Given at Louisville, in the State of Kentucky, [REDACTED]

Mat Pee

Superintendent, Jefferson County Public Schools


Gina Porter

Chairman, Jefferson County Board of Education



Heather E. Orman, Ph.D.

Principal

 **Oklahoma** USA
Driver License

Original
Class: **D** Lic. No: **T084034808**
Iss: **08/23/2017** DOB: [REDACTED]
Exp: **08/31/2021**
Restr: **NONE** End: **NONE**

DEMOSS
ANNABELLE MORGAN
3610 S ROLLING OAKS DR
TULSA, OK 74107-0000

Annabelle Demoss **T084034808**

Sex: **F** Hgt: [REDACTED] Wgt: [REDACTED] Eyes: [REDACTED]

DL

The North American Registry of Midwives

does hereby certify that

Annabelle M. DeMoss

having satisfied all requirements set forth by the North American Registry of Midwives
is entitled to be known as a

NARM

Certified Professional Midwife

with all honors, rights and privileges thereto pertaining
In witness whereof we affix our signatures and our seal

Miriam Khalsa

Chairperson

Expiration Date: 12/5/2021



Carol A. Nelson

Director of Applications

CPM Number: 18110006



Neonatal Resuscitation Program (NRP) PROVIDER

The individual named below has successfully completed the national cognitive and skills evaluations in accordance with the NRP curriculum of the American Academy of Pediatrics and American Heart Association.

Annabelle Morgan DeMoss

Provider Name and Credentials

1/30/2021

Course Completion Date

1/31/2023

Recommended Renewal Date



If you have any question regarding the NRP, please contact the American Academy of Pediatrics life support staff at 800/433-9016, option 4, by e-mail at lifesupport@aap.org or online at www.aap.org/nrp.

This NRP e-card can be sent to any third party by e-mail. The cardholder must return to his or her online NRP account to designate the recipient's address.

This card signifies completion of the following lessons:

- | | |
|--|---|
| Lesson 1: Foundations of Neonatal Resuscitation | Lesson 6: Chest Compressions |
| Lesson 2: Preparing for Resuscitation | Lesson 7: Medications |
| Lesson 3: Initial Steps of Newborn Care | Lesson 8: Post-resuscitation Care |
| Lesson 4: Positive-Pressure Ventilation | Lesson 9: Resuscitation of Babies Born Preterm |
| Lesson 5: Alternative Airways: Endotracheal Tubes and Laryngeal Masks | Lesson 10: Special Considerations |
| | Lesson 11: Ethics and Care at the End of Life |

38ad028a-2d66-4d79-bbe1-a549a19a6b7

© 2017 American Academy of Pediatrics
and American Heart Association

American Academy of Pediatrics
Dedicated to the health of all children™



Certificate of Completion

This hereby certifies that
annabelle demoss

____ (last 4 digits of SS#)

has completed the course

Pharmacology for Midwives Including GBS Treatment:

8 Contact Hours: MEAC CEU ID# M2021-08-1001DE

21-Feb 2021.

Certificate #: 86109-25695051-632722

 Mercy In Action



Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:
Bloodborne Pathogens
Infectious Disease Control
Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Annabelle DeMoss

The above mentioned Student is now certified in the above mentioned course by demonstrating proficiency in the subject by passing the examination in accordance with the Terms & Conditions of National CPR Foundation - Valid for 1 year. Course administered in accordance with the **2015** ECC/ILCOR and AHA® guidelines. ID#: **453FC7**



COURSE PROVIDED BY:
NationalCPRFoundation

Completion: **February 13, 2021**

Instructor: **Paul J. Scruton**

Signature: *Paul Scruton*

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association.**

Annabelle DeMoss

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.**

Issue Date

1/30/2021

Training Center Name

Wilson N. Jones Regional Medical Center

Training Center ID

TX04844

Training Center City, State

Sherman, TX

**Training Center Phone
Number**

(903) 870-4611

Renew By

01/2023

Instructor Name

Mary Friedlein

Instructor ID

11060219672

eCard Code

215418638952

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2020 American Heart Association. All rights reserved. 20-3001 10/20



GUIDELINES
2015 CPR & ECC

Certificate

annabelle demoss

has successfully completed
HeartCode® BLS Online Portion

Hands-on skills practice and testing, either conducted by an authorized AHA BLS Instructor or using a voice-assisted manikin system, is required to receive a Basic Life Support Provider course completion card.

For greater success, it is recommended the hands-on skills session be conducted shortly after completing the online portion. Please take this certificate with you to your hands-on skills session.

*This certificate does not constitute successful completion of the full
Basic Life Support Provider Course.*

IMP2135TD2SM

Certificate Number

01/16/2021 19:29:11

Date Completed



Applicant: *Norris, Deanna*

Case#: *4481696*

2021 12-14-21

MIDWIFE LICENSE PROCESSING (Initial)

CHS Program Staff Instructions: Complete this form to process initial applications and ensure this form is kept with the original application file for audit purposes.


QUALIFICATIONS CHECKLIST:

- see* Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Completed Affidavit of Lawful Presence Form
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Consent for Background Check (*refer to signature block located at the bottom of this form*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof age is at least 18 years (*legible copy of government issued photo ID such as a Driver's License*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of High School graduation or Graduate Education Diploma (GED)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of current certification from NARM or AMCB
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- see* Proof of other pertinent credentials listed below
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____

ADDITIONAL INFORMATION REQUIRED CONTACT LOG:

Date	Method (circle one)	Purpose	Initials
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		

BACKGROUND CHECK:

Submit Date	Initials	RCVD Date	Results	Notes	Initials
04-14-2021	SJT	04-14-2021	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

MIDW COMMITTEE RECOMMENDATION:

Meeting Date	Recommendation	Notes	Initials
04-21-2021	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		

NOTES:

OUTCOME:

Final Status	Initials	Notification Date	Notes	Initials
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Scan Date/Initials:

e-File Date/Initials:



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Information Request Portal Response

6600 North Harvey Place • Oklahoma City, OK 73116

(405) 879-2986

CHIRP@osbi.ok.gov

http://www.ok.gov/osbi/Criminal_History/CHIRP

Type of Search(es) Requested

- OSBI Name Based
 DOC Sex Offender
 DOC Violent Offender

Request Date

04/14/2021

The Oklahoma State Bureau of Investigation (OSBI)'s Criminal History Information Request Portal (CHIRP) allows for online search requests of OSBI's Criminal History Database and the Oklahoma Department of Corrections' Sex Offender and Violent Offender Registries. Matches identified in OSBI's database are returned with a state identification number and associated RAP sheet.

REQUESTOR INFORMATION:

ORGANIZATION _____
AUTHORIZED USER SPLAWN, JAMES
STREET ADDRESS _____
PHONE NUMBER _____ E-MAIL ADDRESS CHSLICENSING@HEALTH.OK.GOV

SUBJECT INFORMATION:

NAME NORRIS, DEANNA MICHELE
ALIAS/MAIDEN NAME(S) PROCTOR, DEANNA
DATE OF BIRTH 01/02/1977 RACE W SEX F SOCIAL SECURITY NUMBER _____
PURPOSE OF REQUEST Midwife License

SEARCH RESULTS:

OSBI Computerized Criminal History	Department of Corrections Sex Offender Registry	Department of Corrections Violent Offender Registry
<p>NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.</p> <p>04/14/2021</p>	<p>NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION.</p> <p>04/14/2021</p>	

Record information is furnished solely on the basis of name or description similarity with the subject of the inquiry

Oklahoma State Department of Health
Accounting Services
Customer Receipt

Receipt Number:

4481696

For Monies Received From Mr./Ms.

DEANNA NORRIS

4/12/2021

In the Sum of

One Thousand Dollars and 00/100

\$ 1,000.00

For Services Provided For:
Midwife Registry

210HEX1 002155XP0A 20001 2819900

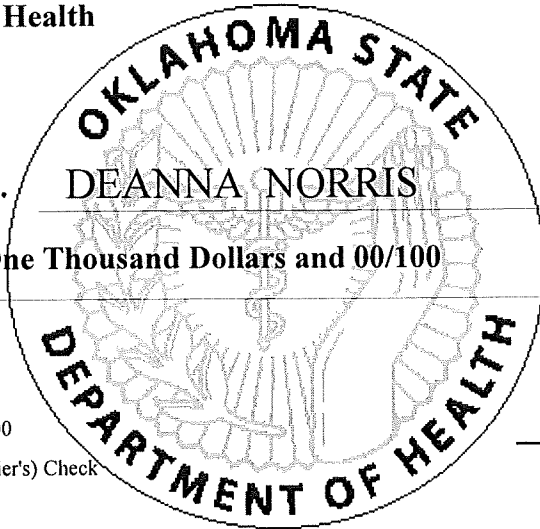
Method of Payment:

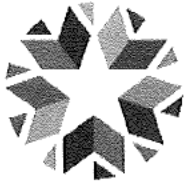
Certified (Cashier's) Check

M. Mathew

Received By:

THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA





**OKLAHOMA
State Department
of Health**

Oklahoma State Department of Health / Consumer Health Service
 Mail: PO Box 268815, Oklahoma City, OK 73126-8815
 Physical: 123 Robert S. Kerr Ave., Oklahoma City, OK 73102
 Telephone: (405) 271-5243 / Fax: (405) 271-5286
 E-mail: CHSLicensing@health.ok.gov
 Midwife Program Website: <http://chs.health.ok.gov/>

MIDWIFE LICENSE APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Consent for Background Check (refer to signature block located at the bottom of this form)
- Proof age is at least 18 years (legible copy of government issued photo ID such as a Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

APPLICANT INFORMATION

Applicant Name: Norris Deanna Michelle
Last First Middle

Mailing Address: 410 East 3rd Street
Street Address

Edmond OK 73034
City State Zip

Phone #: 405-630-0606 Cellular #: _____ Alternate #: _____

County: Oklahoma E-mail: deanna@holisticbirthingervices.com

BACKGROUND CHECK INFORMATION

Date of Birth: [REDACTED] Race: [REDACTED] Gender: [REDACTED]

Maiden Name: Proctor Aliases: Deanna Thompson

CREDENTIAL INFORMATION

Yes No Do you have other credentials? yes If yes, list credentials: CPM IBSM

Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state?

If yes, list state(s): _____

Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain: _____

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of form for your files.)

Signature: Deanna Thompson Date: April 8, 2021

OSDH License #: _____ OSDH Receipt #: _____ Receipt Date: _____



Oklahoma State
Department of Health
Creating a State of Health

**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: Deanna Michele Norris

Date: April 8, 2021

City: Edmond

State: OK

Signature: *Deanna M. Norris*

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

**INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:
The person signing this form must read these instructions carefully.**

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.



Oklahoma

Driver License

USA

Renewal

Lic. No: **C080661437**

Class: **D**

DOB:

Iss: **03/01/2018**

Exp: **10/31/2021**

Restr: **NONE**

End: **NONE**

**NORRIS,
DEANNA MICHELE**

**410 E 3RD ST
EDMOND, OK 73034-0000**

DOB

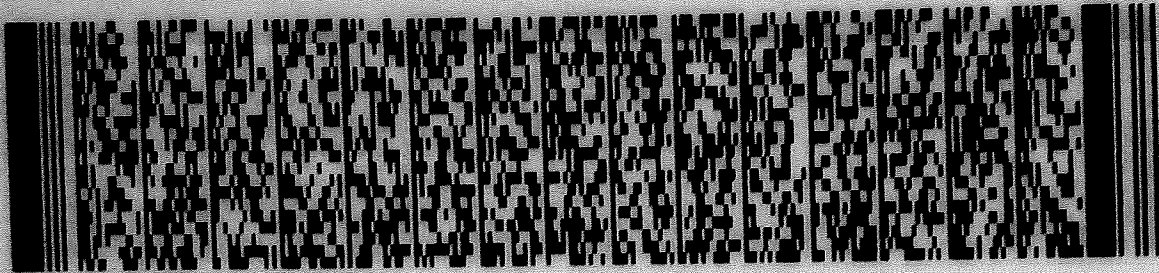
Deanna Norris

C080661437

Sex Hgt Wgt Eyes



DL

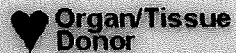


Class: D-All vehicles or combination of vehicles except A, B and C.

Restr: NONE

Endors: NONE

**Notify in writing, Driver License Services, P.O.
Box 11415, Oklahoma City, OK 73136-0415
within 10 days of any name or address change.**



**Organ/Tissue
Donor**

www.ok.gov/dps

**COUNTY: 55
\$38.50**

Carney Public Schools

Name: DeAnna Proctor
 Place of Birth: Oklahoma City, OK
 Parent/Guardian: Jeannie Cerney
 Entrance Date:
 Graduation Date: May 12, [REDACTED]

DOB: [REDACTED]
 Grade:
 Sex: [REDACTED]
 Transferred From:
 Withdrew:

9th Grade

Course	Sem 1	Sem 2	Cred
English I	B	A	1
Algebra I	B	B	1
Civics/ OK Hist.	C	B	1
Phys. Sci.	B	B	1
Adv. Girls Chorus	A	A	1
P.E.	A	-	1/2

10th Grade

Course	Sem 1	Sem 2	Cred
English II	A	B	1
Biology I	A	A	1
Geometry	A	A	1
P.E.	A	A	1
Home Ec. II	A	A	1
Careers	A	A	1

11th Grade

Course	Sem 1	Sem 2	Cred
English III	A	A	1
Algebra II	A	A	1
Fam. Living	A	A	1
Chemistry	B	B	1
P.E.	A	A	1
Am. History	A	A	1
World Hist.	A	-	1/2

12th Grade

Course	Sem 1	Sem 2	Cred
English IV	A	A	1
Nat. Res.	A	A	1
V. Tech.	A	A	1
Human Science	A	A	1
P.E.	S	S	1

Class Size: 17
 Student Rank: 2
 GPA: 3.70
 Unweighted:
 Weighted:

ACT Scores	Eng Math	Read	Sci R	Comp
	21 22	24	24	23
OPI Scores	Eng Alg I	Bio 1	US Hist	

Carney High School
 P.O. Box 240
 Carney, OK 74832
 405-865-2344

Superintendent: _____
 Principal: _____

Midwives College of Utah

The Board of Directors of the Midwives College of Utah, upon the recommendation of the President and Faculty, have conferred upon

Deanna Michele Norris

the degree of

Bachelor of Science in Midwifery

with all the rights, privileges and honors pertaining thereto. In testimony thereof, we have affixed our signatures and the seal of the Midwives College of Utah on this thirty-first day of March in the year of our Lord two thousand and twenty-one.

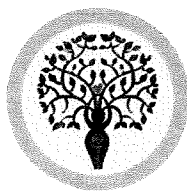
Valerie Hall, LM, CPM

Valerie Hall, Board of Directors

Kristi Ridd-Young

Kristi Ridd-Young, President





MIDWIVES
COLLEGE OF UTAH
 MIDWIFING MIDWIVES

Official Transcript Only When Signed and Sealed
 Accredited by The Midwifery Education Accreditation Council

Transcript of Deanna Norris

Degree(s) Awarded

Program Name Graduation Date
 Bachelor of Science in Midwifery March 31st 2021

Transfer Credit

Replaced	Description	Credit Hours	Institution
ENG200	ENGL1113/Freshman Composition	3	Oklahoma State University
	Transfer Credits	23	Oklahoma State University

Total Transfer Credit Hours: 26

Waived Courses

Course
 ENG 200

Winter 2016

Course	Grade	Credit Hours
BIOL 100 <i>Anatomy for Health Professionals</i>	A-	3
MDWF 100 <i>Introduction to Midwifery</i>	B	1
PROD 100 <i>New Student Orientation</i>	P*	0.5
ENG 201 <i>Writing for Midwives Seminar</i>	A	2

Semester Credit Hours: 6.5
Semester GPA: 3.68

Summer 2016

Course	Grade	Credit Hours
HLTH 130 <i>Holistic Health</i>	A	2
MDWF 341 <i>Human Lactation</i>	A	1
HLTH 234 <i>Medical Terminology</i>	A	2
BOTNY 150 <i>Herbology for Midwives</i>	A	2
COMM 114 <i>Communication Skills</i>	A-	1

Semester Credit Hours: 8
Semester GPA: 3.96

Fall 2016

Course	Grade	Credit Hours
MDWF 146 <i>Midwife's Assistant Orientation</i>	A-	3

Semester Credit Hours: 3
Semester GPA: 3.70

Winter 2017

Course	Grade	Credit Hours
BOTNY 2010 <i>Advanced Herbology</i>	B	2
MDWF 335 <i>IV Skills Lab</i>	A-	0.5
MDWF 338 <i>Prenatal Care I</i>	B+	2

MDWF 439 <i>Obstetrical Pharmacology</i>	F*	2
BIOL 306 <i>Genetics</i>	F*	2
SOSC 420(A) <i>Independent Midwifery Studies I</i>	B+	1
COMM 214 (A) <i>Providing Trauma Informed Care</i>	B-	2

Semester Credit Hours: 4
Semester GPA: 2.75

BUS 413 (A) <i>Small Business Fundamentals</i>	F*	2
MDWF 447 <i>Well Woman Care</i>	F*	2
STAT 312 <i>Epidemiology</i>	F*	1
MDWF 3060 <i>Fundamentals of Waterbirth</i>	B-	2
SOSC 421(A) <i>Independent Midwifery Studies II</i>	F*	1
MDWF 439 <i>Obstetrical Pharmacology</i>	D	2
HLTH 332 <i>Pediatrics</i>	B	2
BIOL 2010 <i>Genetics</i>	C+	2

Semester Credit Hours: 11
Semester GPA: 1.86

Summer 2019

Course	Grade	Credit Hours
BIOL 406 <i>Embryology and Neonatology</i>	C+	2
HLTH 336 <i>Clinical Tests in the Childbearing Year</i>	F*	2
MATH 212 <i>Introductory Math</i>	F*	2
STAT 313 <i>Principles of Evidence-Informed Practice</i>	C	2

Semester Credit Hours: 4
Semester GPA: 1.43

Fall 2019

Course	Grade	Credit Hours
MDWF 243 <i>Labor and Birth Lab</i>	P*	1

Semester Credit Hours: 1
Semester GPA: N/A

Winter 2020

Course	Grade	Credit Hours
BUS 3010 (A) <i>Small Business Fundamentals</i>	F*	2
MATH 1010 <i>Introductory Math</i>	B+	2
MDWF 2060 <i>Clinical Testing/Childbearing Year</i>	B	3
MDWF 2070 <i>Obstetrical Pharmacology</i>	B+	3
MDWF 2100 <i>Well Person Care</i>	F*	4
PHYT 1010 <i>Aromatherapy</i>	F*	1

Semester Credit Hours: 8
Semester GPA: 1.70

Summer 2020

Course	Grade	Credit Hours
MDWF 2080 <i>Ante/Intrapartum FHR Surveillance</i>	B-	2

Semester Credit Hours: 2
Semester GPA: 2.70

The North American Registry of Midwives
does hereby certify that

DEANNA NORRIS

having satisfied all requirements set forth by the North American Registry of Midwives
is entitled to be known as a

NARM

Certified Professional Midwife®

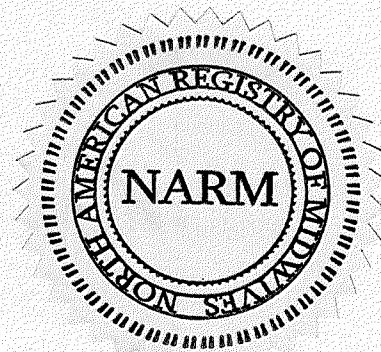
with all honors, rights and privileges thereto pertaining
In witness whereof we affix our signatures and our seal

Miriam Khalsa

Chairperson

Expiration Date:

01/02/2024



Carol A. Nelson

Director of Applications

CPM® Number:

CPM21040002



Neonatal Resuscitation Program (NRP) PROVIDER

The individual named below has successfully completed the national cognitive and skills evaluations in accordance with the NRP curriculum of the American Academy of Pediatrics and American Heart Association.

Deanna Norris

Provider Name and Credentials

3/7/2020

Course Completion Date

3/31/2022

Recommended Renewal Date



If you have any question regarding the NRP, please contact the American Academy of Pediatrics life support staff at 800/433-9016, option 4, by e-mail at lifesupport@aap.org or online at www.aap.org/nrp.

This NRP e-card can be sent to any third party by e-mail. The cardholder must return to his or her online NRP account to designate the recipient's address.

This card signifies completion of the following lessons:

- | | |
|--|---|
| Lesson 1: Foundations of Neonatal Resuscitation | Lesson 6: Chest Compressions |
| Lesson 2: Preparing for Resuscitation | Lesson 7: Medications |
| Lesson 3: Initial Steps of Newborn Care | Lesson 8: Post-resuscitation Care |
| Lesson 4: Positive-Pressure Ventilation | Lesson 9: Resuscitation of Babies Born Preterm |
| Lesson 5: Alternative Airways: Endotracheal Tubes and Laryngeal Masks | Lesson 10: Special Considerations |
| | Lesson 11: Ethics and Care at the End of Life |

© 2017 American Academy of Pediatrics and American Heart Association

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



American Heart Association
In Sync

Certificate of Completion

This hereby certifies that
deanna norris

2815 (last 4 digits of SS#)

has completed the course

Online Shock and Intravenous Therapy for Midwives:
6 Contact Hours: MEAC CEU ID # M2021-35-0115DE

08-Apr 2021.

Certificate #: 88158-26018757-1669807

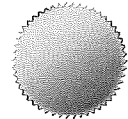


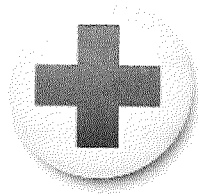
Mercy In Action

3018 W Overland Rd

Boise, ID 83705

www.mercycollegeofmidwifery.edu





American Red Cross
Training Services

Certificate of Completion

Deanna Norris

has successfully completed requirements for

Bloodborne Pathogens Training

Date Completed: 2/5/2021

Validity Period: 1 - Years

Conducted by: American Red Cross



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association®**

Deanna Norris

**has successfully completed the cognitive and skills
evaluations in accordance with the curriculum of the
American Heart Association Basic Life Support
(CPR and AED) Program.**

Issue Date

3/7/2020

Recommended Renewal Date

03/2022

Training Center Name

Wilson N. Jones Regional Medical Center

Instructor Name

Mary Friedlein

Training Center ID

TX04844

Instructor ID

11060219672

Training Center Address

500 N Highland Ave
Sherman TX 75092-7354 USA

eCard Code

205502390590

**Training Center Phone
Number**

(903) 870-4611

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2016 American Heart Association. All rights reserved. 15-3001 3/16



Applicant: *Sharp, Jeannette*

Case#: *4472689*

358 1505-10-10

MIDWIFE LICENSE PROCESSING (Initial)

CHS Program Staff Instructions: Complete this form to process initial applications and ensure this form is kept with the original application file for audit purposes.


QUALIFICATIONS CHECKLIST:

- SLL* Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Completed Affidavit of Lawful Presence Form
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Consent for Background Check (*refer to signature block located at the bottom of this form*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof age is at least 18 years (*legible copy of government issued photo ID such as a Driver's License*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of High School graduation or Graduate Education Diploma (GED)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of current certification from NARM or AMCB
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL* Proof of other pertinent credentials listed below
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____

ADDITIONAL INFORMATION REQUIRED CONTACT LOG:

<u>Date</u>	<u>Method</u> (circle one)	<u>Purpose</u>	<u>Initials</u>
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		

BACKGROUND CHECK:

Submit Date	Initials	RCVD Date	Results	Notes	Initials
04-09-2021	SLC	04-14-2021	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

MIDW COMMITTEE RECOMMENDATION:

Meeting Date	Recommendation	Notes	Initials
04-21-2021	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		

NOTES:

OUTCOME:

Final Status	Initials	Notification Date	Notes	Initials
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Scan Date/Initials:

e-File Date/Initials:



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Information Request Portal Response

6600 North Harvey Place • Oklahoma City, OK 73116

(405) 879-2986

CHIRP@osbi.ok.gov

http://www.ok.gov/osbi/Criminal_History/CHIRP

Type of Search(es) Requested <input checked="" type="checkbox"/> OSBI Name Based <input checked="" type="checkbox"/> DOC Sex Offender <input type="checkbox"/> DOC Violent Offender	Request Date 04/14/2021
---	---------------------------------------

The Oklahoma State Bureau of Investigation (OSBI)'s Criminal History Information Request Portal (CHIRP) allows for online search requests of OSBI's Criminal History Database and the Oklahoma Department of Corrections' Sex Offender and Violent Offender Registries. Matches identified in OSBI's database are returned with a state identification number and associated RAP sheet.

REQUESTOR INFORMATION:

ORGANIZATION _____
AUTHORIZED USER <u>SPLAWN, JAMES</u>
STREET ADDRESS _____
PHONE NUMBER _____ E-MAIL ADDRESS <u>CHSLICENSING@HEALTH.OK.GOV</u>

SUBJECT INFORMATION:

NAME <u>SHARP, JEANNETTE ANN</u>
ALIAS/MAIDEN NAME(S) <u>PACETTI, JEANNETTE</u>
DATE OF BIRTH <u>12/27/1963</u> RACE <u>W</u> SEX <u>F</u> SOCIAL SECURITY NUMBER _____
PURPOSE OF REQUEST <u>Midwife License</u>

SEARCH RESULTS:

OSBI Computerized Criminal History	Department of Corrections Sex Offender Registry	Department of Corrections Violent Offender Registry
NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION. 04/14/2021	NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION. 04/14/2021	

Record information is furnished solely on the basis of name or description similarity with the subject of the inquiry

Oklahoma State Department of Health
Accounting Services
Customer Receipt

Receipt Number:

4472689

For Monies Received From Mr./Ms.

Jeannette Sharp

3/5/2021

In the Sum of

One Thousand Dollars and 00/100

\$ 1,000.00

For Services Provided For:
Midwife Registry

210HEX1 002155XP0A 20001 2819900

Method of Payment:

Personal Check

B. Ballinger

Received By:



THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



MIDWIFE LICENSE APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Consent for Background Check (refer to signature block located at the bottom of this form)
- Proof age is at least 18 years (legible copy of government issued photo ID such as a Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

APPLICANT INFORMATION

Applicant Name: Sharp Jeannette Ann
Last First Middle

Mailing Address: 40387 S. County Road 4565
Street Address

Keota Oklahoma 74941
City State Zip

Phone #: — Cellular #: 918-839-7380 Alternate #: —

County: Haskell E-mail: jeannetteslaboroflove@gmail.com

BACKGROUND CHECK INFORMATION

Date of Birth: [REDACTED] Race: [REDACTED] Gender: [REDACTED]

Maiden Name: Pacetti Aliases: None

CREDENTIAL INFORMATION

Yes No Do you have other credentials? *If yes, list credentials: Midwifery Bridge Certificate*

Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state?

If yes, list state(s): Arkansas

Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain: _____

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of form for your files.)

Signature: Jeannette Sharp Date: 2-10-21

OSDH License #: _____ OSDH Receipt #: _____ Receipt Date: _____



**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: Jeannette Sharp

Date: 2-10-21

City: Keota

State: OK

Signature: Jeannette Sharp

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

NOT FOR REAL ID PURPOSES

Oklahoma

Driver License

Renewal: [REDACTED] Lic. No. **V082261443**

Class: **D**

Exp: **12/09/2020**

Restr: **NONE** End: **NONE**

SHARP, JEANNETTE ANN
 40387 S CR 4565 RD
 KEOTA, OK 74841-0009

Jeannette Sharp

Sex: [REDACTED] Hair: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED]

DL

Neonatal Resuscitation Program (NRP) PROVIDER

The individual named below has successfully completed the national cognitive and skills evaluations in accordance with the NRP curriculum of the American Academy of Pediatrics and American Heart Association

Jeannette Ann Sharp
 Provider Name and Credentials

9/23/2020 **9/30/2022**
 Course Completion Date Recommended Renewal Date

The North American Registry of Midwives

HAVING SATISFIED ALL REQUIREMENTS SET FORTH BY THE NORTH AMERICAN REGISTRY OF MIDWIVES YOU ARE ENTITLED TO BE KNOWN AS A CERTIFIED PROFESSIONAL MIDWIFE WITH ALL HONORS, RIGHTS AND PRIVILEGES THERETO PERTAINING.

NARM

Jeannette A. Sharp

Certificate No. **18120012** Expiration Date **12/27/2021**

BASIC LIFE SUPPORT

BLS Provider


Jeannette Sharp

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

American Heart Association

Issue Date	Recommended Renewal Date
1/7/2020	01/2022

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycard.



National Health & Safety Association

Bloodborne Pathogens

STUDENT Jeannette Sharp, CPM

This card certifies that the individual has successfully completed the requirements in accordance with the National Health & Safety Association curriculum.

CERTIFIED ON Jan 28, 2021 VALID 1 YEAR

Administered by the National Health & Safety Association following OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030.

ID 164112-52633C725 For course details and recertification, visit cpr.io



Tim Forson
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

January 23, 2020

To Whom It May Concern:

Current Name: Sharp, Jeannette
Date of Birth: [REDACTED]

This certifies that Jeannette Ann Pacetti having satisfactorily completed all requirements of law and standards for high school graduation as prescribed by the State Board of Education and the District School Board was awarded a diploma on June 2, [REDACTED] from St. Augustine High School.

Regards,

Rebecca S. Cosgrove
Rebecca S. Cosgrove
Records Analyst
Student Records

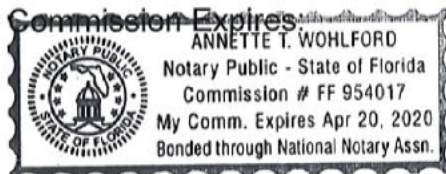
STATE OF FLORIDA:
COUNTY OF ST. JOHNS:

Sworn And Subscribed to me by Rebecca S. Cosgrove, personally known to me,
on the 23rd day of January, 2020

Annette Wohlford

Notary Public, State of Florida

My Commission Expires





CEUfast
NURSING CE

THIS IS TO CERTIFY THAT

Jeannette Sharp

HAS SUCCESSFULLY COMPLETED

LPN IV Series: Administration Methods

ANCC CONTACT HOURS: 2

CEUfast, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
ANCC Provider number #P0274.

January 28, 2021

COMPLETION DATE

Julia Tortorice

Julia Tortorice, RN, MBA, MSN, NEA-BC,
Lead Nurse Planner

ceufast.com

CERTIFICATE ID
5356596

VERIFY AUTHENTICITY

Scan QR code OR visit
[CEUfast.com/verify](https://ceufast.com/verify)



Certificate of Completion

This hereby certifies that
Jeannette Sharp

____ (last 4 digits of SS#)

has completed the course

Pharmacology for Midwives Including GBS Treatment:

8 Contact Hours: MEAC CEU ID# M2021-08-1001DE

03-Feb 2021.

Certificate #: 86109-25490326-712565

 Mercy In Action



The North American Registry of Midwives

does hereby certify that

Jeannette A. Sharp

has satisfied all requirements set forth by
the North American Registry of Midwives and is issued the

Midwifery Bridge Certificate

This certificate satisfies the criteria for licensure of CPMs agreed to by the US-MERA Organizations:

- Accreditation Commission for Midwifery Education (ACME)
- American College of Nurse-Midwives (ACNM)
- American Midwifery Certification Board (AMCB)
- Midwifery Education Accreditation Council (MEAC)
- Midwives Alliance of North America (MANA)
- National Association of Certified Professional Midwives (NACPM)
- North American Registry of Midwives (NARM)

In witness whereof we affix our signatures and our seal

Miriam Khalsa

NARM Chairperson

Issue Date : 12/20/2019



Carol A. Nelson

NARM Director of Applications

MBC number: 121912

ARKANSAS DEPARTMENT OF HEALTH

The Department of Health, Women's Health Section, in accordance with the Provisions of Act 481 of the General Assembly of 1987, does hereby attest that

Jeannette Sharp

Has successfully completed the prescribed licensure examination and in recognition thereof, is hereby licensed to perform the skills of

Licensed Lay Midwife

License Number: 022020

Expiration Date: August 31, 2023

Jose R. Romero MD

Jose R. Romero, MD, Secretary of Health

8.20.20

Date

William Greenfield MD

William Greenfield, MD, MBA, FACOG, Medical Director for Family Health

8.18.2020

Date





Applicant: **Frantz, Kathleen**

Case#: **4479901**

388 1505-PO-14

MIDWIFE LICENSE PROCESSING (Initial)

CHS Program Staff Instructions: Complete this form to process initial applications and ensure this form is kept with the original application file for audit purposes.


QUALIFICATIONS CHECKLIST:

- SLL** Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (*non-refundable*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Completed Affidavit of Lawful Presence Form
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Consent for Background Check (*refer to signature block located at the bottom of this form*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof age is at least 18 years (*legible copy of government issued photo ID such as a Driver's License*)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of High School graduation or Graduate Education Diploma (GED)
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification from NARM or AMCB
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
 Deficiency: **OMITTED PROOF** Initials: **SLL** Date: **4-14-21**
 Resolved: **APPROPRIATE PROOF SENT BY E-MAIL** Initials: **SLL** Date: **4-14-21**
- SLL** Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____
- SLL** Proof of other pertinent credentials listed below
 Deficiency: _____ Initials: _____ Date: _____
 Resolved: _____ Initials: _____ Date: _____

ADDITIONAL INFORMATION REQUIRED CONTACT LOG:

Date	Method (circle one)	Purpose	Initials
04-14-2021	E-mail <u>Voice</u> Mail	INFORMED APPLICANT OF MISSING ITEM(S)	SLL
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		
	E-mail Voice Mail		

BACKGROUND CHECK:

Submit Date	Initials	RCVD Date	Results	Notes	Initials
04-09-2021	SH	04-14-2021	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

MIDW COMMITTEE RECOMMENDATION:

Meeting Date	Recommendation	Notes	Initials
04-21-2021	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		
	<input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> Tabled		

NOTES:

OUTCOME:

Final Status	Initials	Notification Date	Notes	Initials
<input type="checkbox"/> Approved				
<input type="checkbox"/> Denied				

Scan Date/Initials: _____ e-File Date/Initials: _____



OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Information Request Portal Response

6600 North Harvey Place • Oklahoma City, OK 73116

(405) 879-2986

CHIRP@osbi.ok.gov

http://www.ok.gov/osbi/Criminal_History/CHIRP

Type of Search(es) Requested <input checked="" type="checkbox"/> OSBI Name Based <input checked="" type="checkbox"/> DOC Sex Offender <input type="checkbox"/> DOC Violent Offender	Request Date 04/14/2021
---	---------------------------------------

The Oklahoma State Bureau of Investigation (OSBI)'s Criminal History Information Request Portal (CHIRP) allows for online search requests of OSBI's Criminal History Database and the Oklahoma Department of Corrections' Sex Offender and Violent Offender Registries. Matches identified in OSBI's database are returned with a state identification number and associated RAP sheet.

REQUESTOR INFORMATION:

ORGANIZATION	_____
AUTHORIZED USER	SPLAWN, JAMES
STREET ADDRESS	_____ _____
PHONE NUMBER	_____ E-MAIL ADDRESS <u>CHSLICENSING@HEALTH.OK.GOV</u>

SUBJECT INFORMATION:

NAME	FRANTZ, KATHLEEN GRACE
ALIAS/MAIDEN NAME(S)	_____
DATE OF BIRTH	10/16/1995
RACE	W
SEX	F
SOCIAL SECURITY NUMBER	_____
PURPOSE OF REQUEST	Midwife License

SEARCH RESULTS:

OSBI Computerized Criminal History	Department of Corrections Sex Offender Registry	Department of Corrections Violent Offender Registry
NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION. 04/14/2021	NO RECORD WAS FOUND MATCHING THE SUBJECT NAME AND/OR DESCRIPTION. 04/14/2021	

Record information is furnished solely on the basis of name or description similarity with the subject of the inquiry

Oklahoma State Department of Health
Accounting Services
Customer Receipt

Receipt Number:
4479901

For Monies Received From Mr./Ms.

KATHLEEN GRACE FRANTZ

4/5/2021

In the Sum of

One Thousand Dollars and 00/100

\$ 1,000.00

For Services Provided For:
Midwife Registry

210HEX1 002155XP0A 20001 2819900

Method of Payment: Personal Check

M. Mathew

Received By:



THIS RECEIPT DOES NOT CONSTITUTE A LICENSE WITHIN THE STATE OF OKLAHOMA



OKLAHOMA
State Department
of Health

Oklahoma State Department of Health / Consumer Health Service
 Mail: PO Box 268815, Oklahoma City, OK 73126-8815
 Physical: 123 Robert S. Kerr Ave., Oklahoma City, OK 73102
 Telephone: (405) 271-5243 / Fax: (405) 271-5286
 E-mail: CHSLicensing@health.ok.gov
 Midwife Program Website: <http://chs.health.ok.gov/>

MIDWIFE LICENSE APPLICATION

Instructions: Complete this application by using the checklists to ensure all required documentation is attached and mail to the address shown on this form.

Application & Documentation Checklist (ref. OAC 310:395-7-2, 310:395-7-3)

- Completed and signed Midwife License Application Form with Application Fee \$1,000.00 (non-refundable)
- Completed Affidavit of Lawful Presence Form
- Consent for Background Check (refer to signature block located at the bottom of this form)
- Proof age is at least 18 years (legible copy of government issued photo ID such as a Driver's License)
- Proof of High School graduation or Graduate Education Diploma (GED)
- Proof of current certification from NARM, AMCB, or equivalent certify certification approved by the Commissioner of Health
- Proof of current certification in neonatal resuscitation by the American Academy of Pediatrics or equivalent
- Proof of completion of coursework or training certificate within the last 3 years in administration of medicine including injections and IV administration
- Proof of current certification in Bloodborne Pathogen (BBP) training from the American Red Cross (ARC) or equivalent
- Proof of current certification in CPR training for health care providers from the American Heart Association (AHA) or equivalent
- Proof of other pertinent credentials listed below

APPLICANT INFORMATION

Applicant Name: FRANTZ Last Kathleen First Grace Middle

Mailing Address: 19767 W. 161st St. S. Street Address
Kellyville City OK State 74039 Zip

Phone #: 918.527.7927 Cellular #: — Alternate #: —

County: CREEK E-mail: A.littlegrace14@hotmail.com

BACKGROUND CHECK INFORMATION

Date of Birth: [REDACTED] Race: [REDACTED] Gender: [REDACTED]

Maiden Name: Frantz Aliases: —

CREDENTIAL INFORMATION

- Yes No Do you have other credentials? *If yes, list credentials:*
- Yes No Are you currently licensed or have been previously licensed as a Midwife in any other state?

If yes, list state(s): Texas

- Yes No Have you ever been convicted of misconduct or been subject to disciplinary action?

If yes, explain: N/A.

READ CAREFULLY The applicant signing this application being duly sworn declares that the foregoing statements are true to the best of their knowledge and that they personally signed this application. The applicant also accepts and understands all conditions of licensure as set forth in OAC 310:395 including rules pertaining to scope of work, professional standards, and required reporting to OSDH. By signing below, you also give consent for the department to perform a background check which may contain information regarding your criminal history and/or motor vehicle records, and other background information about you. Submitting this form DOES NOT give permission to provide or offer to provide midwife services as a Professional Licensed Midwife or a Licensed Midwife. (Note: Retain a copy of form for your files.)

Signature: Kathleen Frantz Date: 3.13.2021

OSDH License #: _____ OSDH Receipt #: _____ Receipt Date: _____



Oklahoma State
Department of Health
Creating a State of Health

**AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # _____

Authorizing Document: _____ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: Kathleen GRACE Frantz

Date: 3.12.2021

City: Kellyville

State: OK.

Signature: Kathleen Frantz

For RENEWAL license, permit or certificate, please write the number: _____
(Current license, permit or certificate number)

INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services" or the form titled "Affidavit of Lawful Presence by Person Receiving Services" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "I am a citizen of the United States." If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States."
3. If an approved alien, write the identification number in the "Admission/Registration #" field and write the name of the authorizing document in the "Authorizing Document" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

Texas **DRIVER LICENSE** USA TX

DL 44094180 Class C
Iss 01/11/2019 Exp 10/16/2025

DOB [REDACTED]
FRANTZ
KATHLEEN GRACE

340 NAPLES ST
CORPUS CHRISTI TX 78404

12 Restrictions NONE 9a End NONE
16 Hgt [REDACTED] 15 Sex [REDACTED] 18 Eyes [REDACTED]

5 DD 08619980018131338452

Kathleen Frantz

High School Diploma

This Certifies That

Kathleen Grace Frantz

Has completed the Course of Study prescribed for Graduation by

Shepherd's Grace Home School

In Testimony Whereof, this Diploma is conferred, and we have subscribed our names

on the 24th day of the month of May in the year ██████████.



Sarah L. Frantz

Sarah L. Frantz

Lane L. Frantz

Lane L. Frantz

The North American Registry of Midwives
HAVING SATISFIED ALL REQUIREMENTS SET FORTH BY THE NORTH AMERICAN
REGISTRY OF MIDWIVES YOU ARE ENTITLED TO BE KNOWN AS A CERTIFIED
PROFESSIONAL MIDWIFE WITH ALL HONORS, RIGHTS AND PRIVILEGES
THERETO PERTAINING.

NARM

Kathleen G. Frantz

Certificate No.
18110001

Expiration Date
10/16/2021



Neonatal Resuscitation Program (NRP) PROVIDER

The individual named below has successfully completed the national cognitive and skills evaluations in accordance with the NRP curriculum of the American Academy of Pediatrics and American Heart Association.

Kathleen Grace Frantz

Provider Name and Credentials

1/27/2020

Course Completion Date

1/31/2022

Recommended Renewal Date



If you have any question regarding the NRP, please contact the American Academy of Pediatrics life support staff at 800/433-3016, option 4, by e-mail at lifesupport@aap.org or online at www.aap.org/nrp.

This NRP e-card can be sent to any third party by e-mail. The cardholder must return to his or her online NRP account to designate the recipient's address.

This card signifies completion of the following lessons:

- | | |
|--|---|
| Lesson 1: Foundations of Neonatal Resuscitation | Lesson 6: Chest Compressions |
| Lesson 2: Preparing for Resuscitation | Lesson 7: Medications |
| Lesson 3: Initial Steps of Newborn Care | Lesson 8: Post-resuscitation Care |
| Lesson 4: Positive-Pressure Ventilation | Lesson 9: Resuscitation of Babies Born Preterm |
| Lesson 5: Alternative Airways: Endotracheal Tubes and Laryngeal Masks | Lesson 10: Special Considerations |
| | Lesson 11: Ethics and Care at the End of Life |

483eb744-e9cc-44ed-9779-0ba3c2692e2c

© 2017 American Academy of Pediatrics
and American Heart Association

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



Kathleen Grace Frantz

has successfully completed this online course

Bloodborne Pathogens Online Course

March 7, 2021



**American
Red Cross**



**American
Red Cross**



**American
Red Cross**

BASIC LIFE SUPPORT**BASIC LIFE SUPPORT****BLS
Provider**

Kathleen frantz

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date	Recommended Renewal Date
2/29/2020	02/2022

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.



Training Center Name Premedics, Inc.

Training Center ID TN20259

TC Address 555 Church St E Ste 202
Brentwood TN 37027-4896 USA

TC Phone (615) 846-2300

Instructor Name Rey Rabagos

Instructor ID 04112380518

© 2016 American Heart Association 15-3001 3/16

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves



License Number: 99346

Current Date: 11/17/2020 07:12 PM

Name:

FRANTZ, KATHLEEN G

License Type:

Licensed Midwife

License Status:

Current

Expiry Date:

02/28/2022

Effective Rank Date:

08/10/2018

Addresses

Mailing Address

Address

**CORPUS CHRISTI , TX
NUECES
78415-2507
US**

Main Address

Address

**CORPUS CHRISTI , TX
NUECES
78404
US**