

**BEFORE THE REVIEW COMMITTEE
OF THE AMERICAN MIDWIFERY CERTIFICATION BOARD**

In the Disciplinary Matter of:

Lydia Doublestein, CM
Respondent

DECISION

The American Midwifery Certification Board (AMCB) received an Application for Consent Order, Original Vote and Order (Calendar No.: 33311) from the New York State Education Department Office of Professional Discipline State Board for Midwifery. The Consent Order dated June 13, 2023, outlines sanctions issued against Respondent's license (001802) which include a 2-year suspension followed by a one-year probation period.

In accordance with AMCB procedures, the complaint was reviewed by the AMCB President, who determined that the matters alleged in the Consent Agreement, if true, could constitute grounds for disciplinary action.

Accordingly, by letter dated June 25, 2025, AMCB notified Respondent that it had initiated a disciplinary proceeding to determine whether good grounds existed for discipline under the provisions of Sections VI. A.7. and .A.9. of the AMCB Disciplinary Policy:

A.7. Limitation or sanction by a federal, state or private licensing board, administrative agency, association or health care organization relating to public health or safety, or midwifery practice.

A.9. Engaging in conduct which is inconsistent with professional standards, including but not limited to (i) any practice that creates unnecessary danger to a patient's life, health or safety; and (ii) any practice that is contrary to the ethical conduct appropriate to the profession that results in termination or suspension from practice. Actual injury to a patient or the public need not be shown under this provision.

The notice requested that Respondent submit a written answer to these charges within 30 days of the June 25th notice. On July 21, 2025, Respondent provided a written response to AMCB providing her timeline of events, narratives of investigated, reflections on practice environment and improvements to clinical care, closing professional reflections, components of the Internationally Educated Midwives Bridging Program (IEMBP)/Canadian Bridging Program sources of reference, registration decision of the British Columbia College of Nurses & Midwives (BCCNM) ID# 001995, updated CV and letters of support.

A Review Committee comprised of a Chair (Tanya Bailey, MSN, CNM, FACNM) and two qualified members (Shawna King, CM, LM, MS and Amanda Jones, CNM) was duly convened.

The Review Committee has now considered the charges against Respondent and the above-described matters of record. Based on the factual findings and reasons set forth below, the Committee unanimously concludes that grounds for discipline against Respondent exist under sections A.7. and A.9. of the AMCB Disciplinary Policy and that the imposition of sanctions is warranted.

FINDINGS

The Review Committee finds the following facts:

1. AMCB (formerly the ACNM Certification Council) was formed in 1991 by the American College of Nurse Midwives (ACNM) as an independent entity to carry on the existing program of ACNM for certifying the competency of individuals as entry-level nurse-midwives.
2. AMCB has assumed responsibility for discipline of ACNM/ACC/AMCB certificants through the Disciplinary Policy, the most recent version of which AMCB adopted April 2018.
3. Respondent was certified by AMCB on June 6, 2017.
4. Incidents of negligent midwifery practice outlined in the NY OPSED Consent Application and Order were:
 - a. On or about September 8, 2019, Respondent failed to transfer patient to a hospital.
 - b. On or about February 24, 2020, failed to appropriately monitor the fetal heart rate, failed to transfer the patient to a hospital and delayed calling emergency service.
5. The incidents were not contested by Respondent.
6. Respondent has not practiced as a CM in the United States since February 2020.
7. Consent Agreement. A Consent agreement was entered into between the Respondent and the NY State Education Department Office of Professional discipline State board of Midwifery on June 13, 2023.

a. Terms of the Consent Agreement included a 1-year suspension of license (stayed) with the following continuing education requirements:

1. Midwifery license 001802 suspended for three years; the last twelve months stayed upon service of the 24-month suspension.

2. One year probation to commence upon Respondent's return to practice as a midwife in the State of New York.

8. Respondent's reply to allegations. The Respondent's written reply to the Review Committee states the following regarding the incidents in question.

a. On September 8, 2019, Respondent assumed care of a patient with a planned homebirth. The patient's labor pattern and fetal heart tones were reported by a colleague midwife to be normal. When Respondent arrived at the home, the patient was in transition, agitated and stated she wanted to transfer to the hospital. Respondent listened to fetal heart tones, administered GBS antibiotics, documented vital signs and checked with the birth assistant. Respondent suggested patient do belly lifts for 5 contractions. After those contractions the Respondent performed a cervical exam and patient was fully dilated and the baby was descending with strong pushing effort. Patient no longer asked for transfer and Respondent's clinical assessment was transfer would be unwise due to birth being imminent. Fetal heart tones were last auscultated 15 minutes prior to birth. The baby was born limp, pale and without a heartbeat.

b. On February 24, 2020, Respondent reports she attended a patient in labor who desired a VBAC in a community birth setting. The patient was counselled on the benefits and risks. The patient labor started well, she had a premature urge to push with persistent anterior cervical lip. When the patient's water broke, there was moderate meconium. Respondent advised the patient that meconium can be a sign of fetal distress but not always and informed her that transfer to the hospital was an option. The patient did not voice a desire to transfer. Fetal heart tones were not abnormal. Twice in the afternoon they discussed transfer. After a conversation, the patient declined transfer. Respondent suggested an hour of rest then Mile's Circuit to try to get the baby to rotate. The patient requested a transfer. At the time, the lip resolved, Respondent palpated the baby rotating from OP to OA and then there was good fetal descent. After the rotation, the Respondent lost fetal heart tones. The Respondent decided to do an ultrasound. Using the ultrasound machine took 15 minutes and Respondent was still unable to auscultate heart tones. 911 was called and on arrival to the L&D unit triage there were no heart tones or cardiac movement visualized on bedside ultrasound. An urgent Cesarean section was performed, and the baby was stillborn and could not be resuscitated.

9. Respondent has successfully completed all the requirements of the IEMBP, passed the Objective Skills Competency Examinations and sat for the Canadian Midwifery Registration Examination through the Canadian Midwifery Regulators Council.

10. Respondent was issued the Registered Midwife (RM) credential through the BCCNM in November of 2023 and has been practicing as a midwife in Canada since January 2024 with an unrestricted license.

DISCUSSION

In this matter we are called upon to decide whether and what discipline is warranted against a CM who has been sanctioned for professional negligence by a state licensing board.

The Committee is persuaded that no evidence exists that would cast doubt on the observance of due process in this case. The Committee is satisfied that the NY State OPSED acted under lawful authority and valid procedures.

Respondent was sanctioned by the NY State OPSED, a fact that she does not contest. Consequently, without more, a basis for discipline exists under section A.7. of the AMCB Disciplinary Policy.

With regard to section A.9. (Engaging in conduct which is inconsistent with professional standards, including but not limited to (i) any practice that creates unnecessary danger to a patient's life, health or safety; and (ii) any practice that is contrary to the ethical conduct appropriate to the profession that results in termination or suspension from practice. Actual injury to a patient or the public need not be shown under this provision.), the review committee determined unanimously there was a violation of A.9. The Respondent's negligence in midwifery practice, specifically with regard to failing to transfer, failing to appropriately monitor fetal heart rate and delayed communication with EMS resulted in the stillborn deaths of two fetuses. Again, the Respondent did not contest the NY OPSED charges; furthermore, she accepted the penalty by the NY OPSED of the 2-year license suspension with subsequent probation upon return to practice in New York.

SANCTIONS FOR VIOLATIONS

The Review Committee determines that the following sanctions shall be imposed for the violations found:

1. A Letter of Reprimand shall be issued.
2. Respondent will personally notify AMCB if there are any further infractions of the AMCB Discipline Policy.
3. Upon re-entering practice in the United States, Respondent must submit evidence of an unencumbered license from British Columbia.

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4. Upon re-entering practice in the United States, Respondent's practice must be supervised for a period of 1 year by a CM/CNM approved by AMCB.

REVIEW COMMITTEE

Tanya Bailey, MSN, CNM, FACNM, Chair

Shawna King, CM, LM, MS

Amanda Jones, CNM

Effective date: 11-7-2025