BEFORE THE REVIEW COMMITTEE
OF THE AMERICAN MIDWIFERY CERTIFICATION BOARD

In the Disciplinary Matter of

Whitney Elsesser, CNM
Respondent

DECISION

On February 2, 2025, the American Midwifery Certification Board (AMCB) received written Complaint from a patient of Whitney Elsesser, CNM (Respondent), containing allegations that Respondent misinterpreted ultrasound results and reported the findings as a missed abortion. The ultrasound report stated that a follow up scan for viability was recommended in 10-14 days. The patient further alleges the Respondent administered Midfeprex with a prescription for Misoprostol that was taken by the patient the next morning, which resulted in pregnancy termination.

In accordance with AMCB procedures, the complaint was reviewed by the President of AMCB Board of Directors, who determined that the matters alleged in the notice of possible violation, if true, could constitute grounds for disciplinary action.

Accordingly, by letter dated January 22, 2026, AMCB notified Respondent that it had initiated a disciplinary proceeding to determine whether good grounds existed for discipline under the provisions of Section A.9 of the Disciplinary Policy:

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 receipt of notice. On 3/4/2026, AMCB received a response from Respondent which included her CV and an email exchange from State of New Hampshire Office of Professional Licensure and Certification acknowledging receipt of Respondent's response to the complaint filed with their office.

A Review Committee comprised of the Chair of the Discipline Committee, and two additional members was duly convened.

The Review Committee has now considered the charges against Respondent and the above-described matters of record. On the basis of the factual findings and reasons set forth below, the Committee unanimously concludes that reprimand is an appropriate response.

FINDINGS

The Review Committee finds the following facts:

1. AMCB (formerly known as ACC) 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 in June 2007 REV 2018.

3. Respondent was certified by AMCB on 1/4/2022.

4. AMCB received a patient complaint stating:

   a. She showed up for her first prenatal appointment on 1/13/2025 with a desired pregnancy.
   b. The patient had an ultrasound on 1/13/2025 which noted GA: 6w2d at 0.48 cm fetal measurement and no cardiac activity.
   c. The ultrasound impression stated "Early intrauterine gestation is seen with yolk sac and fetal pole measuring 4.8mm. At this time, it may be too early to see fetal heart motion. A follow up scan for viability is recommended in 10-14 days."
   d. Immediately following the ultrasound, patient was seen by Respondent. She noted in the chart that the ultrasound was definitive for a missed abortion and administered Mifeprex with a prescription for Misoprosotol to be taken the next morning, which was taken as directed. This resulted in termination of the pregnancy.
   e. Weeks later, the patient was notified by the practice that another provider in the practice reviewed her chart and that the diagnosis of a missed abortion could not have been made by Respondent at the 1/13/2025 appointment.

5. AMCB received a response from the Respondent indicating that:

   a. She was employed as a Certified Nurse Midwife at Wentworth-Douglas Hospital in New Hampshire.
   b. She met with the patient immediately following her ultrasound and based on available clinical data, including her HCG trends and the absence of cardiac activity and within the context of her symptoms, discussed the possibility of a non-viable pregnancy. Respondent confirms that Mifepristone was administered in-office with a prescription for Misoprostol sent to the patient's pharmacy and patient consented to and followed through with the treatment.
   c. At the time, she believed she was providing appropriate care. She now recognizes that the ultrasound report explicitly recommended follow-up prior to confirming pregnancy failure.
   d. Respondent says it is possible that she did not review the second page (of the ultrasound report) at the time of the visit, as the workflow involved printed reports handed off by ultrasound technicians or support staff and not always directly handed to the provider.
   e. Respondent states that an internal review conducted by the hospital noted that protocol for confirming early pregnancy loss may not have been fully followed and that her documentation of patient education could have been improved.
   f. Respondent states the lead CNM at the practice provided education regarding the diagnostic significance of crow-rump length in the evaluation of early pregnancy loss. Stating further, this content had not been emphasized in her previous practice environment.
   g. She routinely sought input from physicians and midwifery colleagues when uncertainty arose.
   h. After reviewing national guidelines to evaluate and improve clinical decision-making, she

states at 6w2d and 0.48cm CRL, this case did not meet national guidelines (ACOG/SRU) for early pregnancy failure and that medical management should have been delayed pending a follow-up ultrasound or definitive diagnostic findings.

DISCUSSION

In this matter, we are called upon to decide whether and what discipline is warranted against a CNM who has had a patient complaint submitted to AMCB regarding failure to meet professional standards, specifically by misdiagnosing an early pregnancy failure that resulted in pregnancy termination.

The committee reviewed all documents in this case including the patient complaint, 1/13/2025 ultrasound report, 1/13/2025 My Chart progress note, response of Respondent and her CV.

In this case, Respondent has acknowledged her mistake and now strictly defers confirmation of non-viability unless the ACOG or the Society of Radiologist in Ultrasounds criteria is met or a second ultrasound confirms non-viability. She also ensures all documentation includes informed consent, patient education, and shared decision-making with explicit reference to guideline-based thresholds.

The Committee is persuaded that Respondent did not provide care within the expected standard of care and we conclude that there is a basis for formal sanction under 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) of the AMCB Discipline Policy.

SANCTIONS FOR VIOLATIONS

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

1. Reprimand

2. Continuing Education: https://ultrasoundforwomenshealthproviders.teachable.com/p/comprehensive-overview-pocus-course Respondent must submit a certificate of completion of this course to AMCB no later than August 31, 2026, or additional sanctions may be applied to Respondent's certificate.

Effective: 6-24-2026

REVIEW COMMITTEE

Tanya Bailey, MSN, CNM, FACNM, Chair
Amanda Jones, CNM
Sarah Bay, CNM, APRN