BEFORE THE REVIEW COMMITTEE
OF THE AMERICAN MIDWIFERY CERTIFICATION BOARD

In the Disciplinary Matter of:

Tiffany M. Jorgenson, CNM

Respondent

Decision

The State of Colorado Board of Nursing took action against Respondent as outlined in their Stipulation and Final Order dated 3/13/2025. Respondent was licensed to practice as a registered professional nurse in 2010, recognized as a Nurse-Midwife in 2014, and was granted prescriptive authority in 2015 in the State of Colorado. The State actions and their outcomes were:

1. While a certified nurse-midwife and owner of Mountain Miracles Midwifery (MMM) – a home birth practice in Colorado Springs CO, the Respondent failed to provide appropriate care for two patients:

   Case No. 2020-0539, 2020-5484, 2021-1365 & 2022-3024

   Interim Cessation of Practice (x2). On 11/4/2020 the Respondent and the Colorado Board of Nursing entered into a *First Interim Agreement* related to Case Nos. 2020-0539 & 2020-5484. A *Second Interim Agreement* was agreed upon 6/25/2021 related to Case No. 2021-1365. At that time, the Colorado Board of Nursing reviewed materials, including information that the Respondent provided care outside the scope of the Interim Cessation of Practice issued 11/4/2020. The Respondent voluntarily agreed not to practice as a CNM pending further investigation. She agreed not to use her prescriptive authority as part of the voluntary agreement, nor be present or personally participate at any births for current or former patients; this included electronic communication. A non-disciplinary interim Cessation of Practice Agreement was issued on 6/25/2021. The Respondent was prohibited from practicing nurse-midwifery and from holding prescriptive authority in the State of Colorado.

   The *First Interim Agreement* – basis cited was case no. 2020-0539 where the Respondent was deemed to have provided substandard care in relation to labor and delivery care for Patient A (multipara with SROM). The Respondent agreed not to perform any prenatal care (as an RN or as a CNM) after 38 weeks' gestation through birth.

   The *Second Interim Agreement* – issued related to care of case no. 2021-1365. Specifically, the Respondent provided care in violation of the *First Interim Agreement*. In the *Second Interim Agreement*, the Respondent agreed to: 1) not perform any act requiring a CNM registration, 2) not perform any act requiring prescriptive authority, and 3) not be present or participate, personally or in any electronic form, at the births of any current or former patients. The Respondent was found to have violated the *First Interim Agreement* by using her CNM registration and prescriptive authority to order imaging for a pregnant patient (case no. 2022-3024). On 6/23/2022, an order was signed for the Respondent to "immediately cease, desist, and refrain from any further acts for which a license and/or

registration to practice as a professional nurse and/or advanced practice nurse with prescriptive authority" in the state of Colorado.

Case No. 2018-0565, 2020-0539, 2020-5484, 2021-1365 & 2022-3024

Summary Suspension Order & Stipulation and Final Agency Order. On 6/23/2022 the Board of Nursing issued an Order summarily suspending ***all*** the Respondent's licenses, registrations, and authorities regulated by the Board. The Summary Suspension Order was in effect until the Final Agency Order was signed 3/13/25. The Respondent waived the right to a hearing and admitted the facts in the Order. She agreed to the Order terms, and to forego the privilege of multistate licensing.

The following ***cases were undisputed by the Respondent*** and were the basis for the Colorado Board of Nursing actions:

2018-0565

On 1/12/2018, the patient reported that she was in labor and leaking amniotic fluid. The Respondent went to the patient's home but did not conduct evaluation for rupture of membranes. The Respondent left the home despite indications that the patient was in active labor at term and pregnant with her third child. The patient reported to a hospital for evaluation and birth. Investigation found that the Respondent provided substandard care as she 1) did not provide adequate communication with the patient, 2) failed to adequately document care, and 3) failed to administer adequate assessment of rupture of membranes.

2020-0539 & 2020-5484

On 5/22/2019, a 43-year-old, G4P0030 presented to MMM for prenatal care at 9.3 weeks. The Respondent provided prenatal care as a CNM. There was no plan for fetal surveillance due to advanced maternal age (AMA). When post-term, the Respondent stated that the patient had ordered sonograms but that the patient did not comply with the recommendation for a Biophysical Profile (BPP)/non-stress test (NST) with an external provider; the Respondent did do a subsequent NST in the office (borderline reactive due to fetal activity; BL 145 bpm). The patient contests that she failed to comply with recommendation. When the patient started labor on 1/11/2020 at 42.6 weeks, she texted the Respondent that contractions had begun at 1:30 a.m. MT, were 3 min apart and with light spotting. At 8:24 a.m., the patient texted the Respondent that contractions were 2-1/2 to 3 min apart and lasting 50-70 sec. At 9:35 a.m., the patient texted Respondent that contractions were 2-3 min apart.

The Respondent arrived at the patient's home at ~11:30 a.m. There was spontaneous rupture of membranes (thick meconium, face presentation). Fetal heart tones were "possibly" 130 but without decelerations or accelerations. The Respondent noted that it was difficult to hear heart tones and difficult to differentiate between the patient's heart rate and the fetal rate. The Respondent then made the decision to transfer.

The Respondent stated that the patient was advised of homebirth risks when post-term including the increased risk of stillbirth.

The Colorado Board of Nursing found that Respondent failed to meet acceptable standards of care, noting:

- If the patient was informed of recommended testing, then refused to comply, care should have been discontinued.

- BPP and NST should have been performed – not only an NST. If the practice fetal monitor could not sufficiently ensure the procedure, the patient should have been referred.
- Given the patient's age and gestation (almost 43 weeks), the CNM should have arrived at the home sooner.

2021-2282

On 4/12/2021, the Respondent violated the terms of the First Non-Disciplinary Interim Cessation of Practice Agreement by providing labor and delivery care.

2022-3024

On 1/19/2022, the Respondent violated the terms of the Second Non-Disciplinary Interim Cessation of Practice Agreement by ordering patient tests in violation of her suspended credentials.

2. Following investigation and review, the agreed Order of the Colorado Board of Nursing (BON) signed March 13, 2025 was that the Advanced Practice Nurse-Midwifery License (APN 0991575-CNM) and prescriptive authority privileges (RXN 0101519-CNM) issued to Respondent be **RESTRICTED**. The license to practice as a Registered Nurse (RN 0195756) is also suspended. The period of restriction (Advanced Practice CNM with prescriptive authority) was to be in effect for 2 years (through 3/13/2027) unless the Colorado Board of Nursing determines more time is necessary). Respondent's licenses were placed on Probation for a 2-year term commencing 3/13/2025. The Respondent was required to complete the Center for Personalized Education for Physicians (CPEP) Program requirements, and complete an Ethics course. The ethics course was completed May 16-18, 2024.
    - **CPEP Program** – Respondent required to contact CPEP within 30 days for a competence assessment. Complete and review assessment within 120 days of the order. Completed assessment with report issued (May 9 & June 3-4, 2024). The report indicated the following:
        a. Overall, the CPEP evaluation determined that Respondent was "Safe to practice with recommendations (safe to practice while remediating educational needs in a setting that incorporates structure, support, oversight, and accountability).
        b. CPEP recommended:

        Structured, individualized educational intervention with emphasis on areas of need (clinical judgement/reasoning with an educational preceptor and point of care experiences to: reacclimate to delivery setting, increased exposure to higher acuity cases, review of patient risk assessment, informed consent processes, labor planning, support in higher risk labors and births, fetal surveillance, criteria for appropriate birth setting, documentation, and communication).
    - During period of PRACTICE RESTRICTION, the Respondent was limited in her ability to practice advanced nursing as a CNM to include:
        i. Provision of prenatal care only after 38 weeks' gestation.
        ii. Deliveries only in a hospital-based setting with OB/GYN coverage at all times

iii. Respondent description for at least 8 patients treated by Respondent who required medical intervention due to common complications in pregnancy. (Found on Order pg 7 a.)
iv. Observation of all deliveries by another provider (minimum of 10)
v. Respondent description of lessons learned regarding patient communication and timely identification and response to changing perinatal conditions for all births.
vi. Respondent description of lessons learned regarding follow up postpartum care for a minimum of 8 mothers/babies.
vii. While on probation, the Respondent was required to practice at least 32 hours/week but no more than 80 hours/2 weeks (not less than 16 hours/week and not done in more than 24-hour shifts in the hospital setting, and 12-hour shifts in the non-hospital setting.
viii. Where enrolled in an educational program involving clinical practice, all Order provisions apply.
ix. Respondent was NOT to have more than 1 employer, work for a temporary pool agency, provide home health care as an APN, or provide APN outside of a clinical setting.
x. Practice Monitor approved by Board to include creation of a Practice Monitoring Plan (PMP) with written practice reports to be submitted to the Board quarterly through the term of the probation. (Order pg 10)

In accordance with AMCB procedures, Dr. Bridget Howard, President, reviewed the documents and above findings. In a certified letter dated January 29, 2026, AMCB notified Respondent that a Discipline Review Committee had been appointed in response to the actions taken on her nurse-midwifery license by the State of Colorado Board of Nursing. She was notified that Colorado Board of Nursing findings represented possible violation of AMCBs Discipline Policy. Specifically, concerns were raised regarding violation of the following AMCB Discipline Policy statutes:

> A.7 Limitation or sanction by federal, state or private licensing board, administrative agency, association or health care organization related to public health or safety or midwifery practice.
>
> A.9 Engaging in unprofessional conduct, 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 the letter. AMCB received an email of response to the notice of disciplinary proceeding from Respondent dated March 2, 2026. A Disciplinary Review Committee, comprised of three individuals with no prior involvement with the matter or the individual against whom discipline is being considered, was duly convened.

The Disciplinary Review Committee has now considered the charges against Respondent and the above-described matters of record including Respondent's detailed response and additional information or clarification was requested by the Committee. The requested

information included: 1) Respondent account of events, 2) Respondent's curriculum vitae, 3) patient records, 4) results of CPEP evaluation, 5) report of Erin J. Stoesz (retained by Respondent to review records), 6) signed consent forms and declinations for the patients in question, and 7) proof of Ethics course completion.

While requested, the following did not exist and/or were not submitted: 1) practice guidelines (Policies & Procedures) from time of patient incidents (did submit new Policies & Procedures and Practice Guidelines, dated 2025), 2) signed patient declinations, 3) risk assessment form used, and 4) completion of CPEP educational plan (unable to find employment to meet requirements).

Findings

The Review Committee finds the following facts:

1. AMCB (previously known as ACC) was formed in 1991 by the American College of Nurse-Midwives 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 Jorgenson was initially certified as a nurse-midwife by AMCB on 11/17/2014 and is due to re-certify by 12/31/2029.
4. Respondent is currently licensed as a Registered Nurse (RN 0195756) in the State of Colorado (initial licensure 6/29/2010). She was recognized as a Nurse-Midwife (APN 0991575-CNM) on 12/22/2014 with prescriptive authority granted (RXN 0101519-CNM) (issued 11/10/2015).
5. Respondent currently resides in Colorado Springs, CO and is a clinician at Mountain Miracles Midwifery in Colorado Springs, CO.
6. Respondent agreed to and signed the Colorado Board of Nursing's Stipulation and Final Agency Order on March 13, 2025.

Discussion

In this matter, we are called upon to decide whether and what discipline is warranted against Respondent who received an order for Probation and RESTRICTED advanced practice nursing (CNM) until corrective actions are completed for a period of two (2) years (through 3/13/2027). After considerable discussion and consideration of the facts, circumstances, and outcomes of the cases enumerated above, we found that:

1. The Respondent failed to meet ACNM Standards (ACNM Standards for the Practice of Midwifery, Approved 9/24/2011). Standard V stated "Midwifery Care is Based Upon Knowledge, Skills, and Judgments which are Reflected in ***Written Practice Guidelines*** and are used to Guide the Scope of Midwifery Care and Services Provided to Clients." The certificant stated there were no written practice guidelines in place during the time of the incidents.

2. The Respondent failed to demonstrate adequate patient counseling, management, and documentation related to AMA (advanced maternal age) and post-term status with failure to conduct regular risk assessment, implement appropriate fetal surveillance, and refer for physician consultation, malpresentation (face), thick

meconium in active labor, and inappropriate documentation of maternal and fetal status (IA) during active labor (ACNM Clinical Bulletin #14, *Midwifery Provision of Home Birth Services*, 2015; Varney, 6th ed, 2018).

The Review Committee concludes that the Respondent engaged in conduct that violated the following AMCB Disciplinary Policies:

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 unprofessional conduct, 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 Respondent has met some requirements set forth by the Colorado Board of Nursing that included CPEP assessment and cessation of nurse-midwifery practice and prescriptive authority. However, we recommend the following AMCB disciplinary action:

SANCTIONS FOR VIOLATIONS

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

1. Suspension of AMCB Certification.

Respondent's certification is hereby suspended pending her submission of documentation of completion of midwifery specialty courses in a nurse-midwifery or midwifery program accredited by – or with pre-accreditation status from, the Accreditation Commission for Midwifery Education (ACME). Specialty courses should include didactic and practicum experiences in primary care, antepartum, gynecologic, intrapartum, postpartum, and newborn care. The courses must be completed by the end of Respondent's current certification cycle ending 12/31/2029.

If Respondent is unable to complete the courses by this date, a one-year extension until 12/31/2030 may be granted upon submission of a detailed explanation outlining why the Respondent was unable to complete said courses by the specified date. If an extension is granted, the Respondent's certification status will remain suspended until AMCB deems the suspension requirements have been met.

Upon completion of specialty midwifery courses, the Respondent must submit a signed letter from the Program Director attesting that Respondent has successfully completed the courses. Upon submission of that documentation, AMCB will review and consider a request for expedited reinstatement of Respondent's Certification.

2. Fine Assessment.

A fine of $1,000 is assessed for time and effort of AMCB resources. The fine is to be paid in full prior to reinstatement of Respondent's Certification.

Effective: September 14, 2026

REVIEW COMMITTEE

Marie Hastings-Tolsma, PhD, CNM, FACNM, Chair
L. Amy Giles, DNP, CNM, FACNM
Priscilla M. Nodine, PhD, CNM, FACNM

Bridget Howard, DNP, MSN, CNM, FACNM
President, AMCB Board of Directors