

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

In the Disciplinary Matter of

Kerry Pham, CNM
Respondent

DECISION

On October 24, 2024, the American Midwifery Certification Board (AMCB) received notice of an Administrative Complaint (Case No.: 2022-36944), Settlement Agreement, and Final Order from the State of Florida Department of Health. The Settlement Agreement outlined sanctions issued against the license of Kerry Pham CNM (APRN 9265686), which included reprimand, continuing education courses, fines, and a 2-year probation period (2/27/2024 – 2/27/2026).

In accordance with AMCB procedures, the notice was reviewed by the President of the AMCB Board, who determined that the matters outlined in the settlement agreement could constitute grounds for disciplinary action.

Accordingly, by letter dated March 27, 2025, AMCB notified Respondent that it had initiated a disciplinary proceeding to determine whether good grounds existed for discipline under the provisions of Sections A.7 and A.9 of the 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 receipt of the March 27, 2025 notice. A detailed response and supportive documents were received on April 20, 2025, from Ms. Pham. Supportive documents included the following:

- Ms. Pham's resume
- A detailed response to the charges (2+ pages)
- CABC Certificate for Stand & Deliver Family Birth Center

On May 14, 2025, the AMCB sent a request for additional information to Respondent, requesting the following documents:

- Any and all redacted medical records pertaining to your patient identified as "M.C." in the State of Florida Department of Health Administrative Complaint (Case No.: 2022-36944).
- Any and all practice guidelines or protocols in effect in 2022, specifically, but not limited to managing Gestational Hypertension and transfer of care.
- Supervising physician contract in effect in 2022.
- Clinical practice guidelines or protocols that were in effect in 2022.

Kerry Pham, CNM

On May 25, 2025, the Respondent submitted the entire medical chart, policies on management of hypertension, labor dystocia, post dates, PROM PPRM, and transfer of care. Respondent also submitted her 2022 APRN Protocol Agreement.

On June 25, 2025, AMCB sent a request for additional information to Respondent, as well as requested the following documents:

- All certificates of completion of the continuing education courses outlined in the State of Florida Department of Health Settlement Agreement.
- Any and all work reports submitted to date to the State of Florida Board of Nursing and the Department of Health Nursing Compliance Officer.

By July 4, 2025, the Respondent submitted all documents requested and provided answers to specific questions from the committee.

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 grounds for formal discipline against Respondent exist under section A.7 and A.9. The imposition of sanctions is warranted.

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 the discipline of ACNM/ACC/AMCB certificants through the Disciplinary Policy, the most recent version of which AMCB adopted in April 2018.
3. Respondent was certified by AMCB on 10/24/2016.
4. AMCB received notification from the Florida State Board of Nursing that the Respondent had entered a settlement agreement related to an Administrative Complaint filed by the State of Florida Department of Health, alleging that the Respondent:
 - a. The Respondent failed to diagnose patient M.C. with preeclampsia despite recording multiple elevated blood pressure readings and a 24-hour urine protein value over 300 mg.

- b. Despite the indicators of preeclampsia, the Respondent failed to transfer the patient to a higher level of care and failed to refer the patient for birth in a hospital.
 - c. The Respondent failed to transfer the patient to the hospital despite a second stage of labor lasting approximately 4.5 hours.
5. AMCB received a response from the Respondent indicating that:
- a. The patient's first blood pressure was 146/90 at the initial prenatal appointment at 26 weeks' gestation.
 - b. The patient had transferred care from another midwifery practice, and the review of those records indicated no abnormal blood pressures.
 - c. The patient was instructed to monitor her blood pressure at home.
 - d. Subsequent home and office blood pressures were normal.
 - e. At 39.4 weeks' gestation, the patient had blood pressures in the office of 147/85 and, after 15 minutes, 130/85. The patient had no subjective symptoms of preeclampsia. The urine protein/creatinine ratio was elevated (48), and a 24-hour urine collection was initiated, resulting in elevated protein (455 mg).
 - f. The diagnosis of preeclampsia was not made because of the lack of continued elevated blood pressures.
 - g. Transfer to the hospital during the second stage of labor was not made because of consistent progress in labor and consistently reassuring fetal heart rate without decelerations.
 - h. There was a tight nuchal cord discovered during the birth.

DISCUSSION

In this matter, we are called upon to decide whether and what discipline is warranted against the CNM Kerry Pham regarding the Florida Department of Health Administrative Complaint, Consent Agreement, and Order. Specifically, on whether she failed to appropriately diagnose a patient with preeclampsia, to manage a patient with preeclampsia by transferring care during the antepartum period, and to transfer care to the hospital during a prolonged second stage. This cascade of events resulted in the patient's labor occurring in the birth center, with subsequent loss of a detectable fetal heart rate at the end of the second stage. Tragically, the newborn was born without a heartbeat and did not survive despite efforts to resuscitate.

The committee agrees that the Respondent violated provisions of Sections A.7 and A.9 of the AMCB Disciplinary Policy.

The breach of the standard of care primarily relates to the diagnosis and management of hypertensive disorders of pregnancy, including preeclampsia. Despite the claim by the Respondent that the patient's blood pressure was normal at the previous provider, the committee noted an elevated blood pressure on the patient's record at 10 weeks' gestation. The Respondent should have identified the past elevated blood pressure at the transfer of care visit at 26 weeks' gestation, and at the very least raised the suspicion that a hypertensive disorder was either present or would develop later in the pregnancy. Further, when presented with conflicting blood pressure readings at 39.4 weeks' gestation, the Respondent made a cognitive error of discounting the elevated blood pressure because of the subsequent normal blood pressure reading. Given the well-documented proteinuria, this should have led to the diagnosis of preeclampsia. The committee identified the development of proteinuria as the crucial moment when the Respondent should have taken action to protect the patient. This

occurred despite clear clinical practice protocols in place regarding the transfer of patients with hypertensive disorders of pregnancy. The Respondent has recognized in her letter to AMCB that she now recognizes her errors and would manage such a case differently in the future. The Respondent has also completed a course in “Hypertensive Disorders in Primary Care and Pregnancy” as part of the continuing education requirements of the Florida Department of Health Settlement Agreement.

The committee also had concerns about intrapartum fetal monitoring. Despite the documentation of a normal fetal heart rate, Apgar scores of zero through 10 minutes indicate that the stillbirth did not happen in the last few minutes of labor. The documentation of a normal fetal heart rate 5 minutes before the birth is not congruent with the outcome of stillbirth. We did not find that a tight nuchal cord would explain a rapid, catastrophic, and undetected decline in fetal condition. This leads us to question the accuracy of the intermittent fetal heart monitoring as documented.

Accordingly, we conclude that there is a basis for formal sanction under section A.7., that the Respondent had been sanctioned by a state licensing board, relating to public health or safety, or midwifery practice. Further, we conclude that there is a basis for formal sanction under section A.9., that the Respondent has engaged 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.

Therefore, we recommend that the Respondent be sanctioned with a Reprimand and with a requirement to complete 8 additional continuing education hours related to fetal heart rate monitoring, including intermittent auscultation. We are not requiring continuing education in the management of hypertension because completion of such a course was documented by the Respondent. The course(s) on fetal heart rate monitoring must be pre-approved by AMCB to ensure that the courses meet this requirement. Such courses are offered by The Association of Women’s Health, Obstetric and Neonatal Nurses, among other accredited providers of continuing education. Certificate(s) of completion should be sent to AMCB by 31 December 2025.

REVIEW COMMITTEE

Ira Kantrowitz-Gordon, CNM, PhD, FACNM, FAAN Chair
Clare Sherley, CNM, DNP
Cindy Williams, CNM, MSN

Effective: 9-25-2025