

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

In the Disciplinary Matter of:

Jana Schenkel, CNM  
Respondent

**Decision**

On 20 July 2024, the American Midwifery Certification Board (AMCB) received a written complaint from a patient of Jana Schenkel, CNM (Respondent), owner of Happy Stork Midwifery Service in connection with midwifery care provided. The incident involved maternity care provided by the Respondent to the complainant at Blessed Beginnings Care Center (BBCC) from 1 December 2022 through 26 June 2023; primary concern related to intrapartum midwifery care provided on 26 June 2023.

**Summary of Patient Complaint.** According to the patient complaint, there were concerns with care provided in late pregnancy including failure to take blood pressure at 40 weeks gestation. The patient reported she had prolonged labor with pre-eclampsia which turned into eclampsia with seizures during second stage labor. The complainant believes that the infant's low Apgar score (5) was directly related to the eclampsia/seizures. The patient had concerns about seizure management and believed that transfer to the hospital was not implemented despite her blood pressure (BP) being too high for out-of-hospital birth. Once transferred following birth, the patient further believed that her extended hospital stay (5 days) was due to the amount of blood lost at the birth center and that the newborn's breathing and feeding problems which necessitated hospital admission, were directly related to the respondent's care. Finally, the complainant expressed concern that membranes were swept without prior discussion and agreement.

**AMCB Procedures.** In accordance with AMCB procedures, Dr. Bridget Howard, AMCB President, reviewed the documents from the patient complainant. In a letter dated 27 March 2025, the AMCB notified Respondent that a Discipline Review Committee had been appointed. The formation of this committee was in response to the consumer complaint which suggested a possible violation of the AMCB's Discipline 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 AMCB notice requested that the Respondent submit a written answer to these charges within 30 days of receipt of the letter, in addition to providing a copy of her current CV. AMCB received a faxed response to the notice of disciplinary proceeding from Respondent on 25 April 2025, in addition to her current CV. Also received were Happy Stork Midwifery and BBCC practice guidelines, policies & procedures, CABC accreditation status, and medical records. In addition:

- The complainant provided a release for her hospital medical records.
- 15 May 2025 a request was made for the complainant to give permission to share her name and date of service with the RN birth attendant; permission was granted.

- A request for information was given to the RN in a letter dated 20 May 2025. A phone conversation was held between the RN and AMCB Discipline Committee Director on 11 June 2025.
- Finally, on 18 June 2025, a request was made for the Respondent to provide the committee with clarity regarding the medications carried by BBCC (specifically those available for hypertension) and the contact information for the consulting physician (MD Stroud) who was consulted during labor and birth. The Respondent provided the requested information on 9 July 2025.
- A request for information was sent to the consulting physician on 25 June 2025 but a response was not received.

### **Findings**

The Review Committee found the following facts:

1. AMCB (previously known as ACC) was formed in 1990 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 revised and approved in April 2018.
3. Respondent was initially certified by AMCB on 9/11/2015 and is currently certified through 12/31/2025 (certification #CNM2913).
4. The Respondent holds an unencumbered active RN license from the State of Indiana (#28232392A, exp 10/31/2025) and from the State of Michigan (#4704278413, exp 01/08/2026).
5. The respondent has an unencumbered active certified nurse midwife license in the State of Indiana (#09000283A, exp 10/31/2025), including prescriptive authority (License #71006693A).
6. No complaint was filed by the complainant with the Indiana Board of Nursing or any other entity.
7. The Respondent completed her Masters in Nursing in 2015 from Wayne State University, specializing in nurse-midwifery.

The Discipline Committee met on 12 June 2025 and reviewed the following documents:

- Patient complaint against Respondent
- Patient medical records
- Respondents Collaborative Practice Agreement
- Indiana APRN Administration Code (Title 68, Part 1300, Subpart D)
- AABC standards for birth centers
- Respondent's CV
- Letter of Response from Respondent to AMCB
- Policies and Procedures (antepartum care, intrapartum care,
- Indiana State Law (APRN prescriptive authority, practice of nurse-midwifery)
- CABC Accreditation status
- Report from AMCB Discipline Director regarding 11 June 2025 phone conversation with attending RN.

## Discussion

In this matter, we were called upon to decide whether and what discipline was warranted against the Respondent regarding the patient complaint. Relevant portions of reviewed documents are as follows:

**Labor/Birth Medical Record (6/25-26/2025).** Patient was a married, white, female, G1P0 with good dates by sure LNMP and confirmed by US at 12.2 weeks (EDD: 6/13/2023). A+. GBS neg. 3-hour GTT neg. BMI 21.6. NKDA. BP range 102-128/63-83 during prenatal period. Pregnancy complicated by hypothyroidism (tx'd). History of PCOS, endometriosis, and infertility. Received care from the Happy Stork Midwifery Services for prenatal care, then was admitted to the BBCC on 6/25/2023 at 1445 @ 41.6 weeks @ 6cm/80/-1 with a BBOW. Category 1 FHTs. There were no clinic recordings of BP after 41-2/7<sup>th</sup> weeks (prenatally). Birth Center recordings of BP were:

140/89 @ 1323 (6/25/2025) (admission to the Birth Center)

152/104 @ 1930 (6/25/2023)

148/88 @ 2125 (6/25/2023)

148/98 @ 2227 (6/25/2025)

See Birth Center Intrapartum protocols 4.27 – 4.30.

There was no documentation that membranes were swept. There was failed Foley induction with subsequent AROM induction. Active labor 5 hrs, 10 min. Second stage 6 hrs, 6 min. Third stage 59 min. ROA. Record indicates nuchal cord x1 (x2 documented in CNM account). AROM (clear) 31 hours, 16 minutes. Episiotomy performed following awareness of seizure and “pulled baby out.” EBL: 1600 mL. Vertex. Apgars 5/9. Fetal weight: 4,096 gm. Birth of a male infant on 6/26/2023 @ 41.6 weeks. Transfer via EMS at 2354 following a seizure; patient out of building at 0018 (6/27/2023). Newborn given PPV x5 breaths with good response. Cord avulsion with retained placenta which was removed at 1 hour at the hospital as manual removal at the Birth Center was unsuccessful. Placenta with succenturiate lobe x1.

Of note, the MD consultant was contacted by phone at two points during labor: 1) 6/25/2023 @ 1615, and 2) 6/25/2023 @ 2250. There was no indication from documentation – nor from discussion with the attending RN, that the MD consultant had any awareness of BP concerns. Documentation: late entry states that at 1615 “Dr, Stroud as consultant [was contacted]...briefed on current patient status. 9/100/0 and not wanting to go to hospital....” Patient complete by 1745; pushing. States patient was informed that if she was not delivered by 2200, transfer would be necessitated. Documentation states that at 2212 a recommendation for transfer was again discussed and noted that “if baby not delivered by 2300, I will transfer her to hospital.” At 2250, MD consultant was again consulted but note indicates that if the patient/baby were stable, decline of transfer acceptable. Document indicates that transfer to hospital was being initiated but before it could be initiated, patient had a seizure (@ 2352) following crowning at 2350. EMS was not called until 2354.

From documentation and conversation with the RN, it is likely that the patient had two seizures. One seizure was described as a “zoning-out” approximately 10-15 minutes “prior to sz [seizure]” documented by RN at 2354 and as a “late entry” by the CNM. O2 started at 2355. While an IV was started at 2330 (6/26/2025) and 30 mU of Pitocin IV was administered at 0004 (6/27/2025); MgSO4 or nifedipine were not administered despite site availability. In addition, the Happy Stork’s intrapartum policies (sections 4.27-4.29) for hypertension screening and management of eclampsia were not followed.

Impression:

1. Post-term normal vaginal birth (42 weeks) s/p IOL (AROM)
2. Episiotomy
3. Pre-eclampsia → eclampsia → seizures (2<sup>nd</sup> stage), untreated
4. Prolonged second stage labor
5. PROM (31:16 hours)
6. Retained placenta with succenturiate lobe and avulsed cord [manual removal by physician post-transfer]
7. Post-partum hemorrhage
8. Nuchal cord → reduced
9. Prolonged ROM (31+ hours) with acute chorioamnionitis, untreated
10. Transfer → intrapartum (maternal), newborn

In summary, the CNM failed to:

1. Follow Birth Center protocols, including monitoring elevated BPs, transfer for elevated BPs and prolonged ROM
2. Consult with MD regarding elevated BPs
3. Appraise the patient of the need for transfer with failure to transfer in a timely manner
4. Recognize the presentation of seizures
5. Manage seizures consistent with guidelines
6. Document consistent with nurse-midwifery standards

**Summary.** It was the Discipline Committee's unanimous decision that the **Respondent did violate A9 of AMCB's Discipline Policy**. It is our decision that the Respondent **should be sanctioned** and we recommend such to the AMCB Executive Committee for Discipline. We acknowledge the pain and suffering the complainant would be experiencing secondary to the traumatic birth of her son.

The Respondent failed to appropriately monitor the patient's BP where timely intervention may have prevented progression to eclampsia, recognize and manage seizures consistent with eclampsia, follow Birth Center protocols, clear documentation, and appropriate consultation. While the Respondent did consult with the physician; there is no documentation evidence that the MD consultant was aware of blood pressure issues. The evidence demonstrates that the Respondent was negligent in her care of the patient.

### **SANCTIONS FOR VIOLATIONS**

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

1. Reprimand
2. Assessment of a \$750 fine
3. Continuing Education:
  - SMFM Hypertensive Disease Bundle <https://education.smfm.org/products/critical-care-in-obstetrics-online-course-2025-hypertensive-disease-bundle>

- Documentation Midwife Charting and Documentation  
<https://midwiferybusinessconsultation.teachable.com/p/midwife-charting-documentation-tips> Emphasis needs to be on concise and timely documentation.
- Patient Rights & Ethics (NIH course) <https://www.ncbi.nlm.nih.gov/books/NBK538279/>  
Quiz – link embedded in the course.

Completion of coursework should be documented by the sponsoring organization by certificate which must be submitted to AMCB. All requirements and penalties must be completed by 15 December 2025.

REVIEW COMMITTEE

Marie Hastings-Tolsma, PhD, CNM, FACNM, Chair  
Priscilla Nodine, PhD, CNM, FACNM  
Marcee C. Everly, DNP, CNM

Effective date: 9-25-2025