

Midwifery Working Group

April 4, 2024 | 3:00-4:00pm

Meeting Minutes

Members present: Lucinda Canty, Kara Crawford, Tonia Douglas, Sera Gadbois, Camille Grant, Carolyn Greenfield, Sam Haun, Daileann Hemmings, Priya Morganstern, Selina Osei, Gengi Proteau, Amy Romano, Michele Telfer

Members absent: Cynthia Bean, Anna Cobler, Christy D'Aquila, SciHonor Devotion, Dawn Havener, Christina Mukon, Kim Sandor, Fatmata Williams

DPH: Melia Allan, Dante Costa, Miriam Miller

Introduction

- Priya motioned to approve the February 2024 minutes, Sam seconded

Public Comment

- Melia and Dante spoke about the creation of a website for the working group, and asked members to ensure their names and credentials are correct, and to begin thinking of resources, upcoming events, and additional information that they would like to see on the page as it gets built out
 - Lucinda added that it would be good to have a history section on midwifery, including the history of midwifery in Connecticut

Emergency drills for homebirth with Amy Romano

- Amy Romano shared a presentation on improving emergency preparedness in Community Birth, that her organization Primary Maternity Care created
 - Slides will be shared with group members and posted alongside the meeting minutes
- She spoke about negative patient experiences of community birth transfers from a focus group, and that clinical emergency drills and the rest of this program aims to reduce these negative experiences
- Step Up Together Action Collaborative 2024
 - This collaborative is working with birth centers, their partner hospitals, and EMS services to develop and strengthen transfer guidelines, policies, and protocols for OB emergencies
- Participants of the Action Collaborative are clustered in New England, but also located across the entire United States
- If CT homebirth midwives and hospitals are interested, the collaborative would love to look for opportunities to expand this drill program

- Group members asked questions about expanding the tools from birth centers to homebirth, hospital willingness to collaborate on drills, methods for pulling together a medical chart for a transfer, what the community debrief is like, and many more important discussion points
- Dante brought up how DPH OEMS staff may be able to help with that side of the outreach

Discussion of Hawaii midwifery litigation

Overview article that was circulated to the group: <https://nativehawaiianlegalcorp.org/hawaii-law-restricting-midwives-challenged-in-court/>

- Members gave background about the situation in Hawai'i: a licensing law was passed with broad language defining midwifery that could be interpreted to include lactation consultants and doulas, and anyone who is giving advice around birth; traditional birthing attendants/midwives have been criminalized in the care they are providing to their communities; a group of midwives and families who would like to use midwives filed a lawsuit challenging this licensing law
 - The effect of this law has been to essentially outlaw any midwife that is not working in a hospital (CPMs do not meet the requirements, only CNMs do)
 - The law was promoted as a way to license CPMs and increase safety and access, but part of the law required a midwifery education pathway through a MEAC-accredited school, however, there are no MEAC-accredited schools in Hawai'i, increasing barriers for midwives to become licensed in this way
- The situation in Hawai'i prompted a discussion of midwifery history and cultural sensitivity in birth care, especially in relation to Black and indigenous women in the US
 - One member brought up an idea about weaving in cultural education during drill trainings with EMS and hospitals, since culturally responsive birth care is important to recognize and honor
 - Theme: People deserve to be treated humanely in birth
- One member also flagged the isolation and additional barriers that midwifery students of color face. She commended the grant funding from the Connecticut Health Foundation for doula integration, and she expressed that she would like to see something similar with midwifery to uplift students and midwives of color.
- Members discussed how people who are looking for a midwife can know that their midwife is educated, trained, and culturally competent? The group discussed themes of midwifery exceptionalism, but also recognized that it is complex to balance education and evaluation with racism in birth care, and protecting midwives/patients of color
- The discussion closed with the group not wanting to accidentally do something where regulations put midwives in a situation like in Hawai'i, but it is still important to make sure providers are trained and qualified

Closing

- Sera mentioned that there is a Yale student midwife that she would love to have as a guest
- Sera reminded members to email her with any agenda items or guest speakers they would like to bring in to the meetings
- The meeting adjourned at 4:07pm