**Midwifery Working Group**

**October 25, 2024 | 9:00-10:00am**

**Meeting Minutes**

**Members present:** Lucinda Canty, Christina Mukon, Carolyn Greenfield, Gengi Proteau, Selina Osei, Michelle Telfer, Amy Romano, SciHonor Devotion, Sera Gadbois, Sam Haun, Kati Villeda, Christy D’Aquila

**Members absent:** Kara Crawford, Priya Morganstern

**DPH:** Melia Allan, Dante Costa

**Introduction**

* Sera Gadbois called the meeting to order at 9:03am.
* Christina Mukon motioned to approve the minutes from September; Amy Romano seconded.
  + The minutes passed without discussion

**Presentation and Q&A on MA Maternal Health Legislation with Joyce Kimball, CPM**

* Sera introduced Joyce Kimball, CPM to present on the recent MA legislation

*Presentation*

* Joyce gave a brief history of the professional organization of midwifery in Massachusetts and the board of midwives.
* The maternal health bill that passed in Massachusetts includes a lot of information, but it included a provision to license midwives.
* One concern that MA midwives had was that PEP CPMs would be disallowed from practicing. In this version, these midwives can bridge over to being able to practice.
* The midwifery board includes an OBGYN and a maternal fetal medicine professional, in addition to five MEAC-certified midwives.
* It is her understanding that licensure is happening because there is a demand for CPMs to practice in hospitals and birth centers, and that there are increasing demands for CPMs especially in the wake of COVID-19.

*Q&A*

* Sera asked about how insurance dovetails with licensure. Joyce clarified that there is nothing in the law that says Massachusetts insurance has to cover homebirth. The theory is that licensure will allow midwives to bill to MassHealth, but at this point, this is theoretical.
* When asked about the support for this bill among homebirth midwives, 20 did not, and 10 did. Joyce highlighted that this bill did not come from homebirth midwives, because many homebirth midwives are too busy to get involved in legislation.
* The effect on non-CPMs in the state: in order to attend a birth in Massachusetts, you must be a Massachusetts-licensed midwife, through either the MEAC process or the PEP process plus a bridge program, or through state reciprocity. PEP midwives who got their CPM after 2019 need to go back to school for the bridge education.
* Gengi Proteau asked if there is interest for CPMs to work in birth centers. Joyce spoke about the state of birth centers in Massachusetts, given that birth centers (and labor and delivery wards) are not profitable. Joyce summarized that there are very few CPMs that will go work in a birth center, largely for economic reasons.
  + Gengi added that opening up pathways to getting (insurance) payment for services is more important, than some of the educational issues.
  + Joyce flagged that the ability for insurance companies to pay for home-setting services has always been there.
* When Dante Costa clarified about the legislative process, Joyce clarified that lawmakers did not hear from the full set of midwifes in this community when making this legislation.
* Carolyn shared that there were CPMs involved in the making of this Massachusetts bill, and that there is still a majority of CPMs on the midwifery board. She flagged that she would also like to hear from a midwife who is pro-licensure in Massachusetts.
* Kati Villeda asked if there are potential consequences for supporting a high-risk birth/pregnancy. Joyce shared that in the legislation, it is the duty of the midwife to refer or transfer to a physician, but it does not talk about contacting an agency on the family – the liability emphasis is on the midwife.

**Continued Discussion on MA Midwifery**

* Gengi motioned to extend the meeting by 15 minutes;
* Joyce spoke about the difficulty getting vaginal breach births in CT, since there are only a few OBs who do this. MA midwives have a good relationship with hospitals, so that a transfer to a hospital does not mean an immediate C-section.
* Christina Mukon, an APRN, resonated with a lot of the conversation, and flagged that having conversations with adjacent professions is important work for homebirth midwives to do, since a lot of the other professions do not have the knowledge about what midwives do.
* Selina Osei asked a clarification about the licensure bill in MA – to practice midwifery in MA you must be licensed, and the board exists to set guidelines.
  + She then asked about the practice guidelines for transfer. Joyce mentioned that MA guidelines are fairly robust, and she can distribute them to the group.

**Closing**

* The meeting adjourned at 10:11am.
* The next meeting is scheduled for Friday, November 22, from 9:00am-10:00am.