Midwifery Working Group

Thursday, November 2, 2023

3:00-4:00pm

Meeting Minutes

Join Zoom Meeting
https://us02web.zoom.us/j/89561763590?pwd=OHlFNEd0TEprbVFzdVF3NS85OWZwQT09

Meeting ID: 895 6176 3590
Passcode: 536773

Minutes

Members Present: Sera Gadbois, Amy Romano, Tanya Wills, Kara Crawford, Gengi Proteau, Daileann Hemmings, Camille Grant, Kati Villeda, SciHonor Devotion, Christy D, Christina

DPH Staff: Chris Andresen, Eliann Sylvester, Dante Costa, Melia Allan

Introductions

- Members who could not attend the first meeting introduced themselves to the group

1. Follow ups since last meeting

- Chris Andresen gave an overview of scope of practice review committee
    - Questions about the training, medications and prescribing
- The process provides information to legislators if they want to take up a bill defining the profession
- Daileann asked about the length of training for a CM
    - Amy: they do a masters program, but they do not enter with an RN
- Tanya highlighted an issue collaborating with doctors, and whether or not they're willing to work with people pursuing a homebirth - this was not an issue in New York, but she is seeing it in CT
    - If a patient needs something that is not in a midwife's SOP, a physician shouldprovide that – many times physicians say that those people aren't eligible for those services because they are pursuing a homebirth
    - This collaboration is something that midwives should pursue
- Sera expressed that this has been her normal in the homebirth world in CT (where they have certain trusted providers that are willing to work with their clients, but never in a more open and honest way)
- SciHonor seconded the NY sentiments, saying: "The midwives I worked with in NY never had issues working with other practitioners including OBs."

- Tanya: midwives are not doing anything wrong, and our patients deserve to get their needs met
    - Wants to see a smooth transition into and out of hospital/physician care
    - This must start with unity and a campaign from us – we need physicians to collaborate with midwives
- Gengi: has a few willing practices, but at the cost that the family will transfer full care to the hospital, otherwise they are unwilling
- Sera: we are lacking access to stat labs – it would be wonderful if we could send a patient to a hospital to get stat labs done, rather than having to send them to an emergency room or to labor and delivery
    - This is a tax on the system (people going to emergency rooms who are not in an emergency)
    - Clarification: midwives that do not have state licensure cannot utilize Quest
- Gengi: liability insurance is often an excuse/a reason why physicians do not take in homebirth patients
- Dante: EMS likes the idea of having a smooth transition – they are open to discussion
    - Sera: the vast majority of cases are not emergent, so even though it would be good it doesn't solve the full problem
    - Gengi and Sera: We would still love to talk to EMS, but it's really hard to do transfers without coming in an ambulance
    - Mothers are not allowed to transfer on their hands and knees – can be really problematic if there is a cord issue
- Gengi brought up the organization NNEPQIN that is in MA VT and NH – they have a model that could be good to look at or emmulate (https://www.nnepqin.org/
    - Amy also thinks NNEPQIN is good, mentioned smooth transitions which is a statewide organization in Washington
- Christy – the experience of not being heard even when the client requested to have the records faxed
    - What type of discharge summaries should go out – seamless care should include these things
- There is a point at which MFM stops being helpful esp in cases where child has a fatal disease but the patient still wants a homebirth – more collaboration would be good
- Christina: regarding the hospital transfer issue, is this mostly coming from individual hospitals (where we could reach out to CHA) or is it more approached legislatively, since there are some outlier hospitals that wouldn't comply
- Amy: We should set the standard for what is the appropriate response for hospitals
    - The AIM bundle may be a good way to address this
    - https://www.aimcci.org/bundles/
- Gengi: her sense is that people in hospitals don't know what to do with midwives and their patients, some of it is pure lack of plan on the hospital side
    - Sera agrees here – the person on the other side of the phone doesn't know what to say and what to do with you, she often has to walk the labor and delivery receptionist and nurses through the process
    - Tanya asked if it is possible that we can speak to each hospital and let them know of the process

- Gengi also noted that in the process of midwives educating hospitals, CPMs might be at a loss – they don't know how anything works in the hospital side, maybe more education is also needed on the homebirth end so that midwives know what to say to them (to get their attention)
- SciHonor shared that "Some of my classmates work with midwives who send their local hospitals a "list" of how many clients they have for the month and basic info on the clients (to soften the hospitals up), so they're not thrown off if a transfer is required."
- Amy: Utah just had every hospital in the state fill out a spreadsheet with information on who you call, who you go to, etc – and this is what the midwives use
    - This could be a systematic way to get this information
- Dante: the trust-building and getting to know you is also really important with hospitals and their staff
- Tanya: is there a Connecticut midwives association?
    - Gengi: no, but midwives she has talked to across the board is that there is interest

Closing

- Will discuss Topic 1 later, but this conversation was important to have
- If there are topics or guest speakers you want to bring into the group, contact Sera