



Midwifery Working Group
Thursday, February 1 | 3:00-4:00pm
Meeting Minutes

Members present: Kara Crawford, Christy D'Aquila, SciHonor Devotion, Sera Gadbois, Camille Grant, Carolyn Greenfield, Sam Haun, Daileann Hemmings, Selina Osei, Gengi Proteau, Amy Romano, Tanya Wills

Members absent: Lucinda Canty, Priya Morganstern, Christina Mukon, Kim Sandor, Fatmata Williams

DPH Staff: Melia Allan, Dante Costa, Elliann Sylvester

Others: Anna Cobler, Dawn Havener

Introduction

- Christy motioned to approve the January minutes, Gengi seconded
- Sam motioned to move the public comment section to after the discussion, Michelle seconded this motion, all members were in favor

Discussion: Licensure and Accountability Part 2

- Sera asked members of the group who are not part of the group of unlicensed community midwives to share why they come to the group and what they hope to get out of these meetings
 - Members shared they are here to bring experience on birth centers, network and build community with other supporters of the midwifery model of care, make connections between hospital and out-of-hospital settings using an equity lens, and engage in collaboration to make birth options more accessible and safer for CT residents.
- Sera offered the perspectives of unlicensed midwives in the state of Connecticut, especially in response to the discussion of the benefits of licensure and regulation in the January meeting
 - The core group of practicing community midwives does not have consensus for licensure
 - Midwives in CT have a strong peer review and accountability process with each other, and they refer potential clients to other midwives if they may be a better fit
 - In response to the discussion on licensure offering families increased protection, she mentioned that no amount of state oversight can eliminate risk or bad outcomes
- Gengi mentioned the difficult balance between affordable services and sustainable wages and brought up the idea of focusing on reimbursement with Medicaid
 - She also raised concerns about reimbursement not being a sustainable amount
- The group discussed themes that would be useful to continue discussing or bring up at future meetings. These included:
 - A continuation of licensure and regulation and the entire conversation around it

- Hospital transfers – members agree that this is a huge gap in Connecticut, and it is something productive for the group to tackle
 - A sub-issue noted was the place of a midwife and how they are recognized in the hospital during a transfer
 - Communication issues during transfers
- The issues that non licensed midwives are currently facing, and ways to support them in their work
- The role of insurance in the midwifery model of care
- Sam shared that some of the conversation on licensure seems to undermine parental autonomy (Assumes families do not have capacity to research the differences between different kinds of midwives)
 - She then mentioned that some of the requirements for the midwives are somewhat opaque and can be difficult to navigate --> looking for a way to make this information more accessible to the community to help families understand what they're looking for in terms of birth support, more community education in general
 - Several members mentioned the education that they bring to clients through free consultations or initial interviews
- SciHonor mentioned in the chat that a lot of Black families she speaks to choose their midwife based on who they align with and who they are comfortable with, and they intentionally seek Black midwives in the state – regardless of licensure status
 - Gengi uplifted this comment, saying that families choose midwives often based on a sense of emotional, spiritual, and mental safety along with an alignment of core values – this is not something that can be legislated
- Camille added information about professional disclosure - families are educated before they commit to a midwife.
- Dr. Osei asked about the gaps that could be addressed to mitigate the need for transfers
 - Every midwife has their own threshold, it also may come down to what the mother's needs are
- Dante asked if transfer would be improved through clearer expectations
 - Members expressed that the expectations are clear between midwives and their clients, but the problem lies in the predictability and quality of care in the hospital and the transfer process
 - SciHonor also mentioned that transfers of care can happen not just during birth, but at any point during a pregnancy

Public Comment

- There were no public comments at this meeting.

Closing

- Sera reminded members to reach out to her if they have specific topics or concerns that they want to include on agendas
- Dante will share relevant resources with the group
- Carolyn motioned to adjourn; Christy seconded
- The meeting adjourned at 4:21pm