Midwifery Working Group

October 24, 2025 | 9:00 – 10:00am

Meeting Minutes

Members present: Dante Costa, Anna Cobler, Carolyn Greenfield, Dawn Havene, Daileann Hemmings, Richard Jennings, Christina Mukon, Selina Osei, Gengi Proteau, Amy Romano, Sabrina Selk, Michelle Telfer.

Members absent: Lucinda Canty, Christy D'Aquila, SciHonor Devotion, Camille Grant, Shayna LaFlam, Priya Morganstern, Kim Sandor, Kathrine Villeda, Fatmata Williams.

Introduction

- Gengi Proteau called the meeting to order at 9:03am.
- Sabrina Selk motioned to approve the September meeting minutes, and Amy Romano seconded.

Votes in favor	Abstentions
Dante Costa, Anna Cobler, Carolyn Greenfield, Dawn Havene, Daileann Hemmings, Richard Jennings, Christina Mukon, Selina Osei, Gengi Proteau, Amy Romano, Sabrina Selk, Michele Telfer	Christina Mukon

Discussion on Orange Bracelet Initiative

- Gengi shared excitement around the initiative, as it recognizes the postpartum period as a significant time in women's health. She framed the orange bracelet as as a talking point with postpartum women – remember that this is a significant period.
- Gengi shared that the co-chairs discussed, and they decided they would like to have bracelets. Kara Crawford volunteered to help distribute bracelets to the homebirth community.
- Selina Osei shared that the challenge on the hospital side is how to coordinate the distribution of orange bracelets. It would be helpful to get a sense of how many bracelets the homebirth community needs in a year. Gengi will connect with Dr. Osei to help ensure that allocation is equitable and based on practice needs.

- Members discussed the benefit of giving orange bracelets to doulas to engage more people in the education and distribution of orange bracelets postpartum.

Discussion on Postpartum Care in Homebirth Practices and its Impact on Babies and Families

- Carolyn Greenfield described her practice's postpartum care model.
    - One delivery is done, she spends 3-4 hours or longer, depending on the condition of the mother. She checks in 24-48 hours post-partum, and she generally conducts 2-4 postpartum visits. She also sets the client up with a lactation consultant if the client needs. The final visit is a 6-week post-partum visit at her office, where she conducts a test for depression.
- Dawn Havener shared that the midwives encourage mothers to stay in and around their bed, before resuming household chores. She shared the 5-5-5 model: 5 days in the bed, 5 days on the bed, 5 days around the bed. She also highlighted the on-call nature of midwifery postpartum care.
    - Dawn often uses 2 weeks with feet off the floor, to encourage postpartum individuals to rest and allow themselves to heal, even if they do not do it in their bed.
- Amy Romano emphasized that postpartum care is one aspect that differentiates the midwifery model of care from the hospital model.
- Richard Jennings also shared that he would talk on the phone with the family for the first four days or longer, reinforcing the importance of ongoing communication and availability during the postpartum period.
- Anna Cobler emphasized that they tell the family that they are on call for them for the first week after delivery.
- Daileann asked how homebirth midwives look for signs of jaundice and if they do a bilirubin test.
    - Gengi and Carolyn shared their experiences screening for jaundice and working with the DPH newborn screening team. Gengi highlighted that homebirth midwives' postpartum education instructions include instructions for keeping an eye on jaundice.
- The group expressed interest in exploring updated tools and funding for better jaundice screening methods. General newborn screening requirements are well understood and followed – midwives use DPH screening forms and report to the lab as for all birthing care providers.
- The groups continued discussion on getting access to hearing screening devices. Gengi shared that with one or two hearing screening devices, it may make more

sense to have a home base for hearing screening, rather than passing it between midwives.
    - Dante Costa clarified that in order for the midwives to receive the hearing screening equipment, DPH does not need to know the day to day details for how they will get the equipment around, the contract language will be general and enable midwives to participate and share as suits all participants.
- Daileann and Amy asked for follow-up on logistics and cost of the disposable test tips, and calibration; Dante will bring this back to the Early Hearing Detection and Intervention Program (EHDI), and schedule John Lamb for the next meeting.
- Gengi highlighted that the care that midwives give postpartum care that models how women and families can take care of themselves. The focus on mental and emotional health is huge in the postpartum period. In the larger conversation about maternal mental health, the postpartum period should be considered as the full year after delivery.
- Amy Romano spoke to home or birth center births that became hospital births, underscoring that postpartum follow-up has saved lives. Even if there is a transfer, the postpartum care for midwives is the same.
- The group discussed the work that needs to be done to build trust and create systems between hospitals and the homebirth community so that in the event of a transfer, things will run smoothly.

Scheduling of November 2025 meeting

- Members indicated interest in rescheduling the November meeting, as it falls on the day after Thanksgiving. Once the co-chairs have some dates and times that work for them, Melia will send out a poll to the group.

Public Comment

- Amy Romano shared an upcoming free webinar on transfer initiatives in Massachusetts: https://www.perinatalqi.org/events/EventDetails.aspx?id=1987734&group=

Closing

- The meeting adjourned at 10:08am.