NewSTEPs 360
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Midwives
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[Note: first part of the recording was cutoff and not transcribed]

Gina: In one of the states, this midwife offer, or the program offered different pamphlets for plainclothes clientele, so the Amish community. But basically just not hospital-based education materials. One state offered special reports, and one state offered one-on-one outreach, so somebody from the state would offer to visit with every midwife in the state and provide whatever resources or training she needed. It's also important maybe to mention that nationwide, approximately one and half percent of babies are born at home, and less than 10% of babies are born out of hospital, meaning freestanding birth centers or home birth, so it's a pretty small percentage of birthing families.

I asked if the resources that they provided were specific to out of hospital midwives and families, and 70% of the states said no. Why this is relevant is because sometimes when pamphlets or targeted materials to clients come out and they say, "Don't forget to talk to your obstetrician about this or your doctor about this," they can sometimes be dismissed as not relevant to their situation.

I also asked the state programs what challenges they had working with midwives in the newborn screening program, and ... I don't really know why this graph came out this way, but you can ignore the half because everything was a whole number, but one state said that the cost and insurance reimbursement problem was a challenge. Four states said transportation was a challenge, particularly for not having access for your services or that sort of thing. Three states said midwives had a lower rate of second screens, and not all the states were two screen states, so that's probably a little bit harder to interpret.

Two said they felt that midwives had a low rate of participation. Three states said there were a problematic number of unsats [unsatisfactory specimens]. Three states said there was a problem with timely collection, so collecting in the first 24 to 48 hours. Two states said there was a problem with data collection in that they didn't know how many out of hospital midwives were participating or whether these babies were being screened or not. One state said that midwife education or knowledge about the new birth screening program was a problem.

I also asked what successes they had had with working with midwives on newborn screening. One state said they felt that midwives did a very good job

of patient education. One state [inaudible 00:03:04] offering trading or education to midwives. Three states said that they felt that they were doing a good job with accessibility and outreach to midwives. Two states felt that the offering of free or reduced newborn screening costs or waiving the fee was a success. Four states felt that they offered ... That their success was offering courier or overnight services to midwives.

Then I interviewed midwives. I contacted sixteen out of hospital midwives by phone. These were not necessarily the same states that the newborn screening program people represented, but by the same token I tried to speak with midwives from both legal and unregulated states as well as different credentials and experience levels. For example, a home birth midwife might be state licensed or not. Might be a CPM or a CNM or no certification. I tried to make sure that I had a wide variety of respondents.

Again, I spoke with half ... Half of the midwives were from legal states and half of the midwives were from illegal or unregulated states. 13% of the midwives I talked to had no credentials, meaning that they were practicing in unregulated states and didn't have a national certification. 37% were both CPMs, which is the national certification, and state licensed. 31% were CPMs but necessarily state licensed, which means that they might practicing in an illegal state, because you can still become a CPM regardless of your states legality. 19% were Certified Nurse Midwives. We know that 75% of home births are attempted by Certified Professional Midwives, not Certified Nurse Midwives.

I asked how many years of experience the midwives had, and what we found were that it was pretty much all over the board, but five midwives had more than 20 years of experience. Two had 11 to 20 years. Five had 6 to 10 years. Four had 0 to 5 years of experience. I also wanted to know how busy of a practice they had. I just thought that that might be useful information in terms of streamlining the process of getting the screens done. I would say that 20 births a year is a relatively low volume practice, and 40 births a year is probably a pretty busy practice. Most of them had between those two.

Then I wanted to know if they had ... Those midwives that were participating in newborn screening programs had had any newborn screening training. Just to be clear, I'm only talking about metabolic testing here, I'm not talking about the other screens. Sorry, one second. Of the 16 midwives I talked to all of them are participating in the newborn screening program. Of those, 69% had taken some sort of State Health Department training. 12% had taken another sort of training, maybe through their school or maybe a community workshop or something like that. 19% had had no formal training in newborn screening program.

What I found was that those midwives that hadn't done a formal newborn screening training tended to be the midwives that had been around quite a bit

longer. Probably they just didn't have it available to them before they started participating and didn't feel the need to get trained after they were already participating. I did want to make sure that they were the ones that were collecting the specimens, and all but one of the midwives were doing the collections themselves. One of them was referring to a pediatrician or a lab, which is ... That's going to introduce a problem with timeliness, because it takes ... Very few home birth parents are going to leave the house in their first 24 to 48 hours.

Then I asked about transportation method. How were they getting the specimens to the lab? 81% were mailing them, and this was true even if courier was available to them. This doesn't mean that 81% of midwives didn't have a courier service available to them. It just means that they were mailing them anyway, and I can talk a little bit more about that and how that's been working in Colorado if anybody is interested. 6% were utilizing courier and 13% were utilizing FedEx or some sort of overnight delivery.

This graph is confusing, but I wanted to find out if people were timely in collecting, if they were hitting that 24 to 48 hours. If you look in the blue box, that's the target, the 24 to 48 hour timeline. You can see when there's lines above that-- that means that those midwives were outside of that 24 to 48 hour. It wasn't uncommon for people to say, on day two to three, so you can see midwife 2, 7, 14, and 15, they told me day two to three. This funny little dot on midwife 16, that means that she told me that she collected at 72 hours, which I know isn't exactly what she meant, because it might not be exactly 72 hours. These two midwives, midwife 4 and 9, were collecting between days three and four, so quite a bit later. We're talking about the first screen here.

Then I wanted to know if midwives had concerns with participating in the newborn screening program. I contrasted this to what they believe their clients' concerns were, so I'll talk about that in just a minute. Midwives were ... I'm sure that you all have heard the concern about the DNA being stored or the cards being stored or the state having access to babies' DNA, and there were two midwives in the sample who listed that as a concern. Three midwives were concerned not only with the baby's pain for the procedure, but also the mother's reaction to the pain. That that was difficult for them to do the collection when the mother was stressed out by the process.

One of them had medical concerns, and I can't actually remember what that was. It'll probably come back to me. Three were concerned with false positives, not so much that it's an unusually high number of false positives, but that, when there's a false positive, that tends to diminish the credibility of the test, and so they felt that false positives were a problem. One had cost as a concern and actually most midwives, eight of them, didn't really have any concerns about the program. Or half of the midwives didn't have any concerns.

Then I wanted to know what they thought their clients' perceived concerns were. One midwife said that she thought that her clients were concerned with cost. Eight midwives thought their clients were concerned with the DNA issue. Eight midwives thought that their clients were concerned with pain for the baby. Four of them didn't think their midwives were concerned with the program.

In this slide I was trying to take all of the concerns and show where there are areas of overlap. The green part of the bar are program concerns. The yellow part of the bar are perceived client concerns. The blue part of the bars are midwife concerns. You can see that there's some areas of overlap, but there's also areas where one group is concerned but the other group isn't. Here in these areas of overlap especially we see cost. All three had some concerns with cost. Transportation we thought was a concern for both programs and midwives. Knowledge and education, we thought that programs and clients both had ... There were concerns regarding programs and clients for that. For the clients' knowledge it's more about whether they understood the importance of the screen.

I made recommendations in my project, and I tried to target these recommendations to areas of overlapping concern. Transportation was obviously a concern for both midwives and states, and what we found was that there needs to be alternative means of transport that's easily accessible, not just available, to the midwives, in order to get the specimens to the lab in a more timely manner.

Cost is a concern for probably all three groups. One thing that's important to consider here is that especially in unregulated states but also in legal states, many midwives are not able to get insurance reimbursement, so there's no mechanism for getting reimbursement for the testing, particularly in those unregulated states. That's a barrier for all home birth families. For example, even in Colorado, we're legal and regulated and we sometimes will get insurance reimbursement, but it's very inconsistent and there's still going to be an up-front cost associated with the screen, even if it does later get reimbursed, which it doesn't usually.

Knowledge and education was definitely an area where there is overlapping concern. The thought was that midwives ... States are concerned with the midwives' knowledge, and of course that's easily addressed through educational materials and outreach. There was a concern about patient education, and so the recommendation would be to target some of the educational materials directly to out of hospital families so that it's relevant to them and they don't dismiss it as being one of those hospital things.

Areas that states can address are providing policies or reassurance about DNA collection and storage. I know that this was actually a valid concern at some

point. I can't really speak to whether it's likely to still be a problem or not. But I do know that it came up in the not to distant past about a problem that was in a state. I think that the states could waive the cost for out of hospital families. Again, we're mostly talking about home birth families. Birth centers have pretty streamline policies for insurance reimbursement usually, but home birth practices, it's a little bit more tricky. If we're talking about one and a half percent of the population, waiving the cost for home birth families is probably pretty minimal but would make a huge difference for participation.

That there should be some sort of data collection to even just be able to evaluate the participation of out of hospital families in their birth screening programs, since there's many states that this isn't even tracked. For example in Colorado it's tracked on the birth certificate data. That's probably true in all the states that are legal, but if you're not legal, the families are probably filling out their own ... Or applying for their own birth certificates, in which case it's not going to be tracked for those states.

I thought that another area that the states might want to consider is to specifically reach out to the midwives who've been practicing for quite a while and have not had a training session. I think that there's still a lot of misunderstanding and assumptions that are being made by midwives about the program. Specifically reaching out to those midwives might be successful.

That's the quick version of ... Oh, I wish I could ... How to get rid of my screen ... That's kind of the quick version of how this works, or how my project went. Sorry, I'm trying to get to the screen so you don't have to look at the picture of my kids and all of that. We could un-share my screen here. I know there was going to be time for questions and answers. That went really fast. Sorry.

Sarah: No, thank you so much, Gina. If you just want to ... If you don't want to share your screen anymore you can just un-share it.

Gina: Okay. How do I do that? Where's the ... I have another screen-

Sarah: It should be at the top of your screen.

Gina: Oh I see it. Stop share. I see it.

Sarah: There it is. Okay. Thank you again for that presentation. I want to open it up to the states and if you guys have any questions for Gina, she's a midwife. If you have any questions based on her study or just her experience as a midwife, now is your chance to ask. Any questions? Feel free to unmute yourself if you have a question.

Beth: Hi, this is Beth, can you hear me?

Gina: Yeah.

Beth: Okay, great. I just had a couple of questions and a comment. One of them is that we filmed our video on specimen collection that will be used for this project last week, and we were delighted that one of the two moms who consented to have their baby in the video, so it's a video showing specimen collection procedures, actually wanted to breastfeed her baby while the specimen collection was being done. I thought that that might be something that would help some of the midwives and the families who were concerned about pain for the infant or the mothers during the task because it was beautiful that the baby and the mom were both really relaxed and doing fine while this was happening. Do you think that that is potentially helpful and should be marketed that way, or ... What are your thoughts?

Gina: We know that suckling during a procedure is effective in reducing the pain for the newborn, so I think it would be effective. I don't usually collect my specimens that way because I feel like it takes a little bit longer, and I usually have the mom put the baby up over their shoulder and then do it as quickly as possible and then have them nurse, but I think it is a good thing to say, "You could even breastfeed during the collection of the specimen to help with the baby's pain." I have done it. It's not like I haven't done it, it just takes a little bit longer.

Beth: Great. Thank you. The other thing, quickly, so not related to this project specifically, but we had a midwife from Maryland who did a little five minute video talking about the benefits of newborn screening, and we're finalizing that now. Do you have any ideas for how we could get that into midwives' hands to watch that video? It's not instructional, it's just a little "Yay newborn screening" video that we thought hearing from a peer might be helpful.

Gina: Right. Would you want to disseminate it to all midwives? All out of hospital midwives? Or just in your state?

Beth Our group is in New York mid-Atlantic region, but we could certainly ... That's our focus is along the east coast, mid-Atlantic states, but we certainly could make it available for others as well.

Gina: I would say ... Most states have a midwives association, sometimes that's even true in illegal and unregulated states. That's the problem with having mid-Atlantic, where you have several states. But Google each state's midwives association and then reach out to the president of those groups and maybe send an email with the video attached to it and see if that helps. Of course, social media is ... Is the video, is it targeting midwives or moms or families?

Beth: Midwives.

Gina: Midwives. I would say reach out to the president of each state organization and ask them to share it, and if they have ... For example, the Colorado Midwives Association has a Facebook page. You might even be able to contact them through that and post in on the wall of their Facebook pages too. They might have to approve it or allow it, but ... That would of course ... I think that now social media is a little bit more effective than getting like that out, the emails. But start with the email and then maybe they would spread it. Maybe they would share it from their state organizations. I was going to say you could reach out to the Midwives Alliance of North America, it's MANA, it's just M-A-N-A dot org, and maybe it could be posted on ... That's a national organization. Or National Association of CPMs. I know that they were interested to in participating with the newborn screening, because I had a call with her Yvonne at some point. Reach out to-

Beth: Is that MANA or-

Gina: Might be useful to, but if you want to make it specific to the states that you're trying to reach I would try the ... Like the New York Midwives Association or those kind of things.

Beth: Thank you, that's really helpful. I appreciate your feedback.

Gina: Good, thanks.

Sarah: Do we have any other questions for Gina? About her experience or about her findings?

Gina: Since it went fast, maybe I should share the challenges that we've had with the courier? I don't know if that's useful or not.

Sarah: Yeah.

Gina: We have access to the couriers in Colorado, and we have had trouble with ... Sometimes it takes them ... For example, we have to call in for a newborn screen by 2 pm to be collected that day, or else it doesn't get collected until the next day. A lot of people, whether it's right or wrong, perceive that it's faster to put it in the mail. The mail usually does get there in that next day, but it doesn't always and there can be damage then to the specimen in the meantime. Or heat or that kind of exposure.

I think that we just have a really underutilized courier service among the midwives here, and so I actually don't have great recommendations about how to address that, but just offering the courier service to midwives might not be enough. I live in the Denver metro area. I actually live in Denver, and it's still hard for me to get courier service in a timely manner sometimes. That's going to be really difficult for rural midwives and smaller towns and that kind of thing. I

don't know, I just mentioned that I would discuss that in more detail if people wanted to know about it. I don't know, I almost feel like an overnight FedEx or UPS or USPS overnight, I almost feel like that's going to be better utilized by midwives than a courier.

The other thing is that we all have different practice situations, so some of us have office buildings, some of us have home offices, and some of us do exclusively home visits in client homes, and the courier won't pick up at client homes, so it really does ... It just makes it hard when we don't have any sort of centralized practice location the way that you would have in a hospital practice.

Sarah: Speaking of courier service and midwives, I'm going to call out Sondi from Arizona, to see if she can discuss what her state's doing with collection or sample pickup for midwives. Sondi, are you on the line still? I thought I saw her.

Speaker 4: She is there, but she's muted.

Sarah: Okay, let me mute her. One second. Okay. Sondi , I'm-

Sondi: Thank you. I am unmuted. Double unmuted. Hi everyone. Yeah, thank you for that. That was really informative. I appreciate that. What we're doing now with midwives related to the courier and transit time is exactly what you recommended. We're not going to use our courier that's really designed and best suited for hospital pickups. We're using our FedEx contract. What we did, and it's still very new, part of the grant activities, we identified every licensed midwife or Certified Practical Midwife as you said, which represents about 1100 births in Arizona, which is about 1.2 or 1.2%, so right along with what the presentation numbers showed.

We're pulling every midwife that has a birth rate over 20. We range from 20 to about 90. Reached out to every one of them, pulled them up, reconciled whether they're an at-home, as you mentioned, whether they're part of a birth center or birth at home or at their home residence. Verified contacts which each one of them, developed some custom materials for them, and reached out ... I just did that this week. Reached out ... Or last week. Reached out to the Arizona Association of Midwives and shared with them an opportunity to get their midwives set up with FedEx service.

I think that's the approach we're taking. For us, like Colorado, bringing them into the hospital courier service was, we think, going to pose more challenges that a simple FedEx next day by 10:30 delivery would do. That's what we're looking at now. I think our grant said three piloted with a max of ten, but we have the budget to support it and it gets very hot in Arizona, so we're just going to move everyone over 20 that accepts the opportunity and get them all moved over to FedEx. It looks like it's probably going to read around 15 or 20. I'm

really hoping if I can get 60 or 70% on board, that will make a pretty significant difference for midwives. That's what we're hoping to have done by the ... End of June is my target, so we'll see if that's true.

Sarah: Great. Do any other states want to share what they're doing to adjust their courier issues with midwives? Or any other issues, I guess. Cost issues or anything like that?

Heather: This is Heather from Minnesota. We work with UPS on getting all of our submitters and midwife to submit specimens in via UPS, and with our midwife community, we have ... They each have their own account, and the UPS has been really great in letting them know where the closest drop box is, or the closest location, or even if you call by a certain time they will come and pick them up from the midwife location, so they've been very helpful.

Sondi: This is Sondi, can I ask a question about that? That's something I wanted to verify as well. You said UPS is, sounds like, very flexible, but I'm wondering if that's an exception or the rule. Will FedEx, for example, or another delivery service be inclined or less inclined to go to a home or maybe not even do that? Go to a home and ... Which case the midwives would have to use some kind of drop off service. Do others have experience with that?

Sarah: Okay. Thanks. I guess not, Sondi. Maybe we can post that out on the listserv to see if anybody else has experience with that. I'm going to go ahead and re-share my screen. One second.

Sondi: Hey Sarah it's Sondi again, since I have a captive audience and we're doing so much about midwives, can I throw another question out there?

Sarah: Of course, yes. Any questions or discussion items that you guys want to bring up, this is your time to discuss with one another and ask Gina questions.

Sondi: It's really toward Gina or whomever, but like what you described in your presentation, cost is a huge issue for a licensed midwife. Just as you said, most do not have accounts that are reimbursable for insurance and they're just not willing to absorb. In Arizona its $95 to do both screens, so they try to go on the cheap and choose one screen or another, which is not ideal. For the other 50% or more, they just don't do it. They have the parents sign a refusal because of the cost. I guess my question is, how many other states are willing to absorb a hundred bucks times thousand to get this done, and if you've done so, is it working?

Heather: This is Heather from Minnesota again. We do have a few exemption forms that we offer to our families if they can't afford to pay, and that has worked well.

Ashley: This is Ashley from Iowa, and is the exemption form available to any parent or just out of hospital birth?

Heather: We try to just offer it to out of hospital and midwife births. We have a large Amish community as well that we have a free card, I guess you could say. We don't really have a lot of hospitals asking for that form. We haven't really had a problem with that.

Gina: The thing is if you were a low income patient delivering at a hospital, you would probably have Medicaid, and so Medicaid is going to pay for that. I actually do send ... If my client has Medicaid I send their specimens request, which probably slows it down by a little bit, but I found that it doesn't slow it down significantly. I just feel like it's ... I really feel like I am obligated to do that if they're low income. But it probably does decrease the quality of the specimen a little bit.

But it's just not a problem for low income unless they were ... Even if they were low income and didn't have Medicaid, they would usually be covered by some sort of ... In Colorado we have this CICP program. I don't know what it is in all the states, but there would be some sort of coverage for whatever those costs were incurred in the hospital. It feels like it's unfair to waive the cost for home birth families but really it's onerous for families that can't get reimbursement because they chose an out of hospital birth.

Carol: This is Carol [inaudible 00:32:53] can you hear me?

Gina: Yes.

Carol: Okay, sorry. Just wanted to make sure. You made a comment, Gina, about the midwives that have been practicing for a while were probably more likely not to have had the education about newborn screening and perhaps, and this is my comment. They're a little bit more resistant to it because either they already think they know or for whatever the reasons are, so do you have any suggestions on how to make our way in to those midwives that have been practicing a while and have preconceived ideas, I would say. That's, I think, going to be our most difficult challenge.

Gina: Right. They also maybe might tend to be a little resistant to change in general, so it's maybe a little extra challenge. I guess I would say ... They're still participating. None of the midwives weren't participating. But what the problem probably is about timeliness, because the older midwives ... I've heard this from the hospital people too that the older nurses are ... They really think that 72 hours is a reasonable time to do the first screen. It's more about the timeliness.

I think what I would do, or what I would suggest, is to reach out to the ... I would probably track timeliness, if you have any of that data, and see which midwives are tending to send in later specimens and then reach out to them one on one and ... I don't know how to do that in a non-confrontational way, but maybe say, "We have this information for you. Thought we would give it to you and give you a chance to ask any questions you have." I would say one on one outreach instead of trying to put it out to everybody, because if you put it out to everybody the people that need to hear it are usually the ones that don't pay attention to it.

Carol: True. Okay, thank you very much.

Gina: Yeah, of course. I feel like I'm on a radio show.

Ashley: Gina, are other states ... This is Ashley from Iowa, and I had a question. Is it ever a barrier or do you hear that the drying time for three hours is an issue, or does your visit normally ... Are you there for that long doing postnatal care?

Gina: That's a good question. We are usually there that first visit. If somebody was collecting at the appropriate time, our first visit is between 24 and 48 hours, and we are usually there for one and a half to two hours. Now whether you're doing that collection of the ... I actually do the CCHD screening first, so that if there's a problem I can repeat it in an hour. I don't know that I consistently do the newborn screen at the beginning of the visit, it really just depends on what's going on with the baby and the mom.

I have a confession to make, and that is that I don't always let it dry the full time, but I try not to put it in any plastic, I try to just put the flap over it and put it lightly in the envelope and then try to get it where it needs to go. I would say that is probably a barrier, because I'm usually pretty diligent. I did just have an unsat [unsatisfactory specimens] about three months ago. It doesn't happen very often, but my last one before that was about five years ago, so I don't think it's a huge problem as long as you give it a couple hours.

I bet that is a problem, because that visit ... Regardless of whether you have an office space or not, that first visit is always at the parents' home. I just can't imagine that there's any midwife anywhere, and I'm actually doing a research project [inaudible 00:36:50] across the board over the country of all the midwives who have visited the home. What happens is that we have to get from the home to ... Whether it's back to our office for courier collection or back to the lab or wherever it's going to be delivered.

I think maybe just the transport time. Not the transport of the specimen, but our time in getting from where we collected the specimen to where it needs to be picked probably is generally adequate drying. But it might not be three hours, so that's a good question. I don't know, that probably wasn't that helpful.

Ashley: No, thank you. Thanks for the honesty and transparency. We want to know what's happening.

Gina: Yeah, I don't want to leave it sitting ... I kind of have to put it in something when I go ... Especially if I'm doing two visits, I don't want to leave it sitting out in the car exposed either, so I have to put it in the envelope early.

Sarah: I have a question, kind of going off that. It seems like the home birth flow varies from person to person, so when we're thinking about timeliness in terms of collection and drying, do you have any recommendations that states could provide to their midwives on how they can incorporate that into that flow of the home birth?

Gina: That's a good idea. We don't have anything in Colorado, I don't think. We do now we need to think about the CCHD screening, and it did just get added to our new ... We sunsetted in 2016, so we now have it added. Because even though it's a state law it wasn't a state law for ... It was for facilities, it wasn't for midwives. Yeah, that would maybe be a good project to work on as a workflow for midwives with the collection.

Sarah: Yeah, do you have any suggestions about how states could go about that in terms of either working with midwives or some point that they should emphasize to incorporate that timeliness factor in?

Gina: Well I saw Erica, I saw her picture up there somewhere on the screen at some point, but I don't-

Sarah: Erica's [inaudible 00:39:18].

Gina: I've spent some time with our newborn screening team. I think that you would always be able to find a midwife in each state that would be willing to help with that and collaborate to work on maybe a handout or something like that, but kind of a workflow handout seems like a good idea. I would say reaching out to ... Finding one midwife to help with the project, and I think ... Hi Erica, there you are. I think that reaching out to one midwife is probably the most effective way to do. You could try to do a collaborative meeting or something, but I would imagine that it would be challenging to get big participation.

Speaker 9: Can you all ... Can you hear me, Gina?

Gina: Yeah.

Speaker 9: The one thing that was super helpful with Gina having so much of an interest in newborn screening is that she was able to do educational presentation to her community, so it was more of a peer to peer education, which I would like to

think that was the most helpful versus having the big bad state come in and do a presentation. Gina, don't be so hard on yourself with your one unsat, it happens every so often. Emily and I are [crosstalk 00:40:27] a little.

Gina: Is that Emily? Is that you? Yeah, Emily called me, she's like, "Oh no, I'm sorry to tell you this."

Speaker 9: The other thing I wanted to address when we were talking about the courier is ... We are looking at very quickly switching over to a FedEx type system for our midwives. One that comes up, besides a lot of the difficulties that have come with sending out this courier, is the cost. These pickups that are on the fly at the moment of the courier, they were charging us 2 to $400 dollars per pickup depending on where they were going.

Gina: What?

Speaker 9: We were thinking of a much more logical approach would be to provide the FedEx envelopes already addressed, already paid for to the midwives based on how many births they had last year, and that way they just have them and they're ready to go when they are requesting their newborn screenings, so that's the model we're thinking of pushing too, which we will be reaching out ... As soon as we make that new handout to explain that.

Gina: That's an exorbitant expense. You could cover a lot of screens-

Speaker 9: [inaudible 00:41:38], yeah.

Gina: Right.

Speaker 9: We have to just relook at our budget and kind of say what ... At the time we thought it was a good helpful thing, but in the end we're not sure and as you said, once a midwife did have a struggle whether or not that was just being home when the courier came to their house, many of them would then call and say, "You know what, it just seems a lot easier if I could do it in the mail," so we were losing customers, per se, with our approach-

Gina: I just had one the other day that I called and they didn't pick it up on time, so a whole day went by where it sat out on my door waiting for the courier. I know every solution is imperfect, but that one, knowing that it's that expensive and imperfect is not great.

Speaker 9: Yeah.

Sarah: All right. Any other questions for Gina or for the group? I guess I had a question for you all. How are you guys planning, if you are targeting midwives

in your educational activities, how are you guys planning on measuring changes and improvement with that? It looks like I stumped you guys.

Gina: It seems like data collection ... I just think that that's a problem that needs to be looked at across the board. Even who is participating and is it getting better?

Sarah: Again, you would recommend, if you are getting some sort of reports to directly give that to the individual midwife?

Gina: Yeah. Definitely. Which we get in Colorado. We get kind of a report card or something like that.

Sondi: This is Sondi. In Arizona what we did partly for this project was we looked at the provider Ids in database, and we had an average time to collection, or excuse me a transit time, so we established baseline. What I'm going to do to measure improvements is just see how many more get brought on to the FedEx, and of them measure over a period of time what's their average transit time. I think that's how I'm going to measure improvements. One is, did they get signed up and get started and is it working, so the number of pickups and deliveries to the lab, and then beyond that, does their average transport time per samples improve. I'm also looking or was looking at the number of mailed envelopes that come in. Will that be reduced as well? I could see the reduction of the mail, the increase of the FedEx, and the transit time average days improve. That's how I'm looking at measuring improvement.

Ashley: This is Ashley from Iowa, and I have a question for those states who use FedEx or UPS, and the willingness of FedEx to be helpful to let midwives know where they can drop it off. Is there ever concern of locations? I'm just thinking of our FedEx box outside of our facility that specimens would be sitting outside in humid hot conditions in the summertime or, Gina was even describing that she had a sample waiting outside for a courier pickup, with the quality issues that that could present.

Gina: Wait, was that directed to me? I'm sorry. It wasn't, was it?

Ashley: No, not necessarily. Just any states that have ... Have they had ... I know that we know that we don't want them in humid or direct sunlight, but if they're out in the summer, sitting like you said, it waited a whole day to ask states, is that a concern that we have?

Sondi: It is in Arizona. That's one of the reasons we're trying to get it out of the mail because it's really really hot here, so the only way we would do drop off locations is if it were in a mail center or somewhere else that's in a cool environment. We would never recommend that they put it in an outside storage as a solution at all. Right now midwives are telling me they're keeping them around in their car for a couple days. One told me they were drying it on the

dashboard. Anything that can get it out of that kind of environment into something with the cooler temperatures what we're seeking, but definitely would not include a drop box that wasn't part of like a mail center.

Carol: Hi, this is Carol. We recently did a timeliness initiative with the heartland states, and something that I learned that hadn't occurred to me before is that we had a state in the heartland who ... The requirement is that the sample goes to their local public health office first and then gets picked up. That might help with some of the heat, humidity exposure issue. It perhaps might help a midwife if that midwife is close to one of those public health facilities. I don't think it's the answer for everything, but it might be an answer for some of these individual situations that might come up. Just a thought.

Sarah: Great. Before we ... We have about five minutes left, and Danielle Marks who is from Wyoming, she doesn't have a working microphone, but she posed a question to the group and wanted to know about the role of midwives in newborn screening written into the legislation or rules. She said that Wyoming explicitly says midwives must assure access to newborn screening, but they are not listed as an approved provider who can actually draw the screen. They are preparing to make a rule change to this and would be interested in hearing from other states about the language used. I don't know if anybody else ...

Gina: Our statute and rules are silent on it. We just do it. I don't know if that's the case in most ... But that's not going to work for Wyoming because you have to change ... You have to change something that's already there instead of just adding something that would include midwives into that provider category. But ours don't actually say anything, I don't think. There will be a rule now on CCHD screening.

Sarah: Any other states? Do they know if that's written into your legislation?

Okay. Well Danielle, maybe that's something ... I know a lot of states aren't here today, so maybe posing that over the listserv and getting more of a response and hear from more states. We can definitely look into that. We have about a minute left, so if there are ... If you have any other questions let us now, or about midwives or about the general 360 project, shoot me an email.

That's about it for today. Thank you guys so much for joining, and thank you so much, Gina, for giving us that presentation. It was really, really informative.

Gina: Thanks Sarah.

Sarah: All right. Bye guys, have great day.

Speaker 4: Bye.

Sarah: Bye, thank you.