NBS & Midwives

Working Together for Optimal Health

Courtney L. Everson, PhD

Midwives College of Utah, Midwives Alliance Division of Research

Welcome!

- **Purpose**: to lay a foundation of understanding, consideration, and resources for establishing effective relations between NBS and midwives working in community birth settings, in common commitment to optimal neonatal health
  - Community birth = home and freestanding birth centers
- **Outline:**
  - Framework: Interprofessional collaboration & education
  - Understanding Midwives: Fast facts
  - NBS & Midwifery: Educating midwives and clients
  - NBS & Midwifery: Integrating into practice
  - NBS & Midwifery: Crucial Conversations for Crucial Times
  - Closing Words

Interprofessional Collaboration & Education (IPC/IPE)

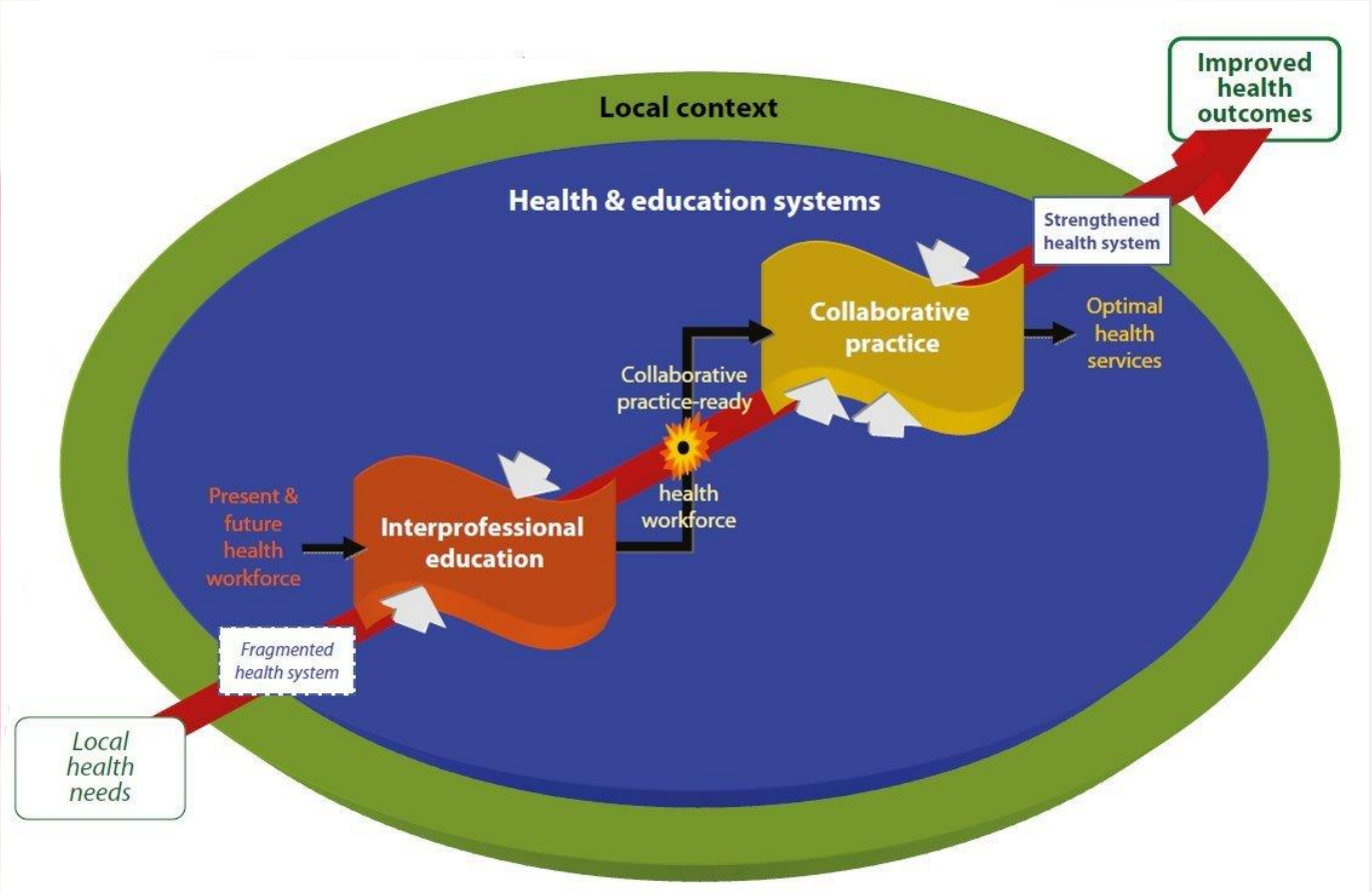
"Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnerships."

Goal:
Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues

CIHC, 2010

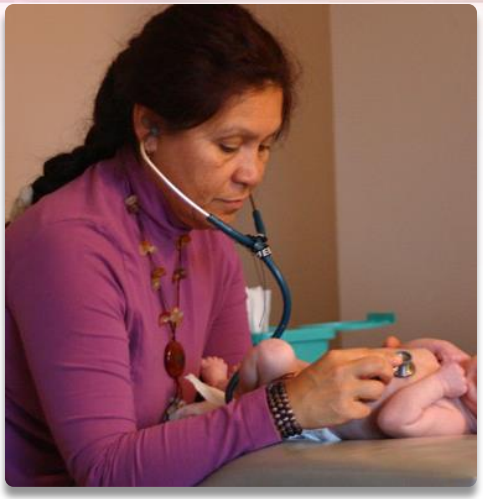
Interprofessional Collaboration & Education (IPC/IPE)

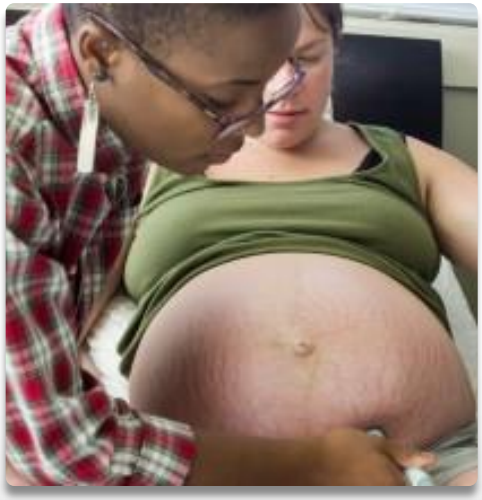


Source: http://www.ucalgary.edu.qa/ipe

Understanding Midwives

- Two main types of midwives in the US
  - **Direct-entry midwives (DEMs)**
  - Certified nurse-midwives (CNMs)
- DEMs bypass nursing school and go directly into midwifery training
- National certifying credential: Certified Professional Midwife (CPM)
- DEMs primarily work in community birth settings
  - Homebirth
  - Freestanding Birth Centers





Images courtesy of: AME & MEAC

Understanding Midwives

JUST Added Alabama too!

Legislative work continues

Map courtesy of: the Big Push for Midwives

Understanding Midwives

Outcomes are overwhelmingly positive

Quick Points

- This study reports maternal and neonatal outcomes for women planning to give birth at home under midwife-led care, as recorded in the Midwives Alliance of North America Statistics Project dataset (version 2.0, birth years 2004-2009).
- Among 16,924 women planning a home birth at the onset of labor, 94% had a vaginal birth, and fewer than 5% required oxytocin augmentation or epidural analgesia.
- Eleven percent of women who went into labor intending to give birth at home transferred to the hospital during labor; failure to progress was the primary reason for intrapartum transfer.
- Nearly 1100 women attempted a vaginal birth after cesarean (VBAC) in this sample, with a total VBAC success rate of 87%.
- Rates of cesarean, low 5-minute Apgar score (< 7), intact perineum, breastfeeding, and intrapartum and early neonatal mortality for this sample are all consistent with reported outcomes from the best available population-based, observational studies of planned home births.

Cheyney, M., Bovbjerg, M., Everson, C., Gordon, W., Hannibal, D., & Vedam, S. (2014). Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009**.** *Journal of Midwifery & Women's Health, 59*(1): 17-27. DOI: 10.1111/jmwh.12172

Understanding Midwives

- DEMs are guided by the Midwives Model of Care™ (Citizens for Midwifery)
- Based on the fact that pregnancy & birth are normal life processes
- The MMOC includes:
  - Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
  - Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
  - Minimizing technological interventions
  - Identifying and referring individuals who require obstetrical attention
  - The application of this client-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

Understanding Midwives

Medical/Technocratic Model	Midwifery/Holistic Model
Provider-centered, male centered	Person-centered
Patient	Client
Top down decision-making	Shared decision-making
Social support unimportant or secondary	Family as significant social unit
Passive subject	Active agent
Hospital as “factory”; baby as “product”	Home as nurturing; Mother-baby dyad
Technical, scientific knowledge as only knowledge of value	Bodily, experiential, emotional knowledge valued
Childbirth as dysfunctional, pathological	Childbirth as normal, physiologic process
Controlled by interventions	Supported by low-tech, high-touch techniques
Obstetrician as “manager/skilled technician”	Midwife as “skillful guide”

(Adapted from: Davis-Floyd 1992; Katz Rothman 1982)

Understanding Midwives

- **Tip #1:** Language matters
  - Inclusive language (& imagery) is powerful

	Hospital-based Providers	Midwifery Providers
Who?	Patients	Clients
Who?	Physicians, OBGYNs, CNMs	CPMs
Where?	Hospital	Home or birth center
What?	Institution-based practices	Autonomous practices
When?	Shift-based care	Continuity of care
Why?	Medical model of care	Midwifery model of care

Understanding Midwives

- **Tip #1:** Language matters
  - Inclusive language is powerful (as is inclusive imagery)
- Question from audience:
  - What are some ways to help facilitate a better relationship between lay midwives and providers?
    - Midwives ARE providers
    - “Lay midwives” is considered a derogatory term in most circles
    - Use: “midwife” or whatever their credentialing is (CPM, LM, RM, etc.)
      - When in doubt, use midwife or direct-entry midwife

Understanding Midwives

- Midwives may be autonomous providers in autonomous practices, but they are not without professional organizations
- Allied Midwifery Organizations (AMOs): coalition of midwifery organizations working together to advance the profession and address pressing issues

Midwives Alliance NORTH AMERICA

NACPM national association of certified professional midwives

meac midwifery education accreditation council

NARM North American Registry of Midwives

International Center for Traditional Childbearing

AME Association of Midwifery Educators Supporting excellence in midwifery education

Understanding Midwives

- State organizations
- Resource!

https://mana.org/about-midwives/state-by-state

Following is a list of midwifery resources and information about the midwifery laws in each U.S. state or territory. For additional resources or changes to our current contacts, please email the Midwives Alliance at healthpolicy@mana.org. In order to maintain accuracy and due to the changeable nature of organizational representatives, we limit our lists to general groups rather than individual contacts.

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Marianas Islands
- Ohio
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Virgin Islands
- Washington
- West Virginia
- Wisconsin

Utah

Both direct entry and nurse midwives may practice and be licensed in UT.

Licensing Agencies

Direct entry midwives are licensed as Licensed Direct Entry Midwives (LDEM)
Utah Division of Occupational & Professional Licensing (DOPL)
http://www.dopl.utah.gov/licensing/direct_entry_midwife.html
160 East 300 South
Salt Lake City, Utah 84114-6741
Phone: (801) 530-6628
Toll-Free in Utah: (866) 275-3675
Fax: (801) 530-6511
doplweb@utah.gov

Certified nurse-midwives are licensed as CNM.
http://www.dopl.utah.gov/licensing/certified_nurse_midwife.html
Contact Info:
160 E 300 S
Salt Lake City, UT 84111
Phone: 801-530-6628
email: doplweb@utah.gov

Consumer Organizations

Utah Friends of Midwives
https://www.facebook.com/groups/39548363179/

Professional Organizations

Utah Midwives Organization
http://utah-midwives.org/

Understanding Midwives

- State organizations
- Resource!

http://nacpm.org/for-cpms/chapters/

NACPM
national association of certified professional midwives

HOME | ABOUT CPMS | ABOUT US | FOR CPMS | FAMILIES | POLICY MAKERS | STUDENTS

The future begins with the way we are born

Chapters

The Value of a Collective Voice for Certified Professional Midwives

How To Start a Chapter

NACPM launched the State Chapter Program in 2015! Our purpose is to create a powerful and collective voice for all Certified Professional Midwives. Through the Chapter Program we will strengthen and support excellence in the profession and influence maternal health policy to ensure that all mothers and babies have a healthy start.

Why Form a State Chapter?

A powerful, collective voice for Certified Professional Midwives will enhance our ability to support and strengthen our profession, and to improve maternal health policy nationwide. As our profession grows, a strong national association working with an effective network of NACPM Chapters will support the role of CPMs as primary maternity care providers for childbearing women and their families in the United States. NACPM looks forward to working with you to meet your state's

Illinois State Chapter

Chapter Contacts

If you are interested in chapter membership and activities, please contact Chapter President Barbara Belcore-Walkden

via email:

info@illinoismidwives.org

on our website:

www.illinoismidwives.org

Join Our Chapter

ILLINOIS COUNCIL OF CERTIFIED PROFESSIONAL MIDWIVES

Understanding Midwives

- Midwives LOVE CEUs
  - and need them for national credentialing and state regulation
- Resource!

http://meacschools.org/continuing-education/

Image courtesy of: MEAC

Understanding Midwives

- **Tip #2:** Understand midwifery structure nationally, in your state
  - Use these midwifery organizations to reach midwives on-the-whole
  - Apply for appropriate (MEAC) CEUs
- Question from audience:
  - What is the best way to educate midwives? (How educate the whole midwife community vs midwife by midwife?)

Image courtesy of: AME

Understanding Midwives

- **Tip #3:** Respect midwives
  - Do your due diligence to understand midwives as professional providers, with opportunities and challenges (like all providers)
  - Resource! http://nacpm.org/about-cpms/who-are-cpms/

NBS & Midwifery:
Educating Midwives & Clients

Creating educational materials for midwives and clients:

1

Inclusive

In imagery

In language

2

Evidence-informed

Use research, but make accessible

3

Comprehensive

Benefits, risks, reasons, options, consequences (within MMOC)

4

Supportive

Fear tactics only go so far…

NBS & Midwifery:
Educating Midwives & Clients

INCLUSIVE

ACCESSIBLE DATA

Words Instead of Numbers	
Risk	Word
1 in 1	Certain
1 in 2	Likely
1 in 10	Common
1 in 100	Uncommon
1 in 1,000	Rare
1 in 10,000	Very rare
1 in 100,000	Negligible
1 in one million	Theoretical

Fig. 3. Using words instead of numbers.

Images courtesy of:
It Takes a Village Birth; van Wagner 2016

NBS & Midwifery: Educating Midwives & Clients

Keeping Risk in Perspective		
Numbers and More than Numbers	Avoiding Risk and Using Risk	"Risk Talk" as a Work in Progress
Comparing to everyday risks	Avoiding the word risk	Understanding power and limitations
Using words	Accounting for maternal altruism	Taking time to build confidence
Using visual aids	Including long term outcomes	"Both/and" permission giving
Using absolute risk	Listening versus listing	Sharing uncertainty
Using numbers needed to treat	Leaning toward normal	Awareness/humility
	Risks, benefits and alternatives	

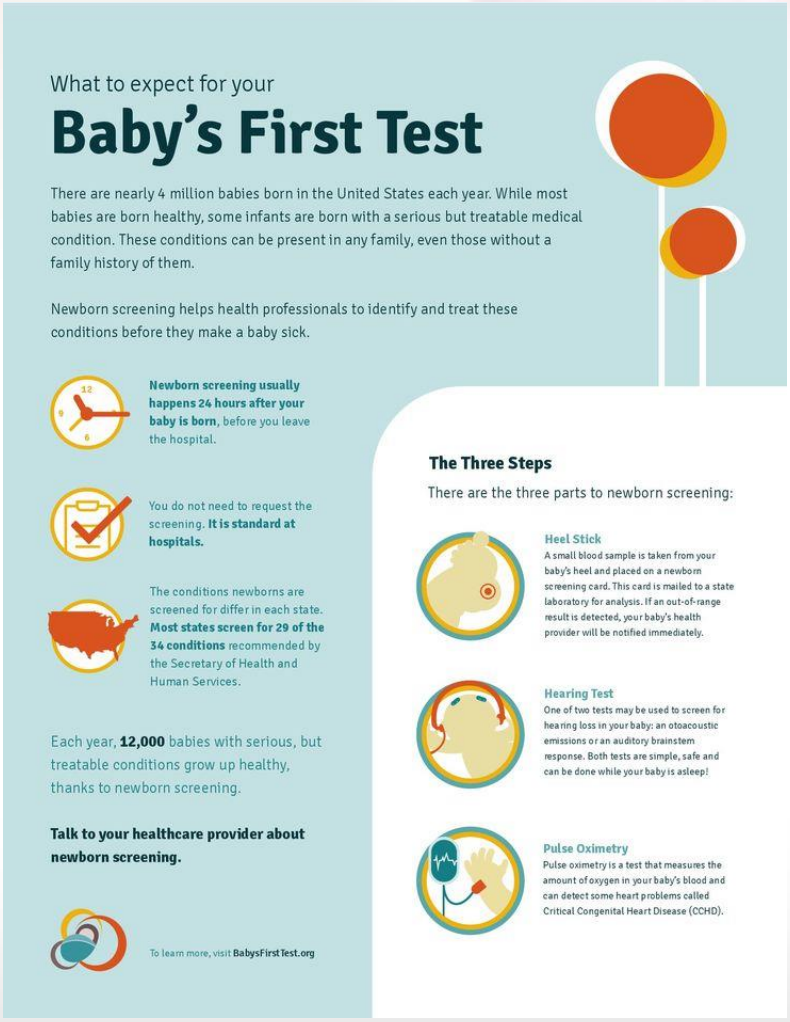
COMPREHENSIVE (& MMOC)

Benefits:

- Prevention
- Wellness (holistic)
- Support parent-infant bonding

Image courtesy of: van Wagner 2016

NBS & Midwifery:
Educating Midwives & Clients



AVOID FEAR
(of failure, of intervention)

Image courtesy of: baby's first test

NBS & Midwifery:
Educating Midwives & Clients

And recognize that even with all of this:

Every midwife is different
Every client is different

&

Clients have a right to autonomy in decision-making

Image Courtesy of:
moralsversusethics.weebly.com

NBS & Midwifery: Educating Midwives & Clients

Reaching midwives and clients with educational materials:

- Be creative!
  - Examples: myth busters approach; numbers with narratives; testimonials (from other homebirth clients & midwives)
- Meet them where they are at
  - Parents: where do parents go?
    - Citizens for Midwifery (CFM): http://cfmidwifery.org/index.aspx
    - Local places: La Leche League, parent groups, prenatal yoga, WIC, library, etc.
  - Midwives:
    - Professional associations
    - Use local/state/national contacts

This is reciprocal!

NBS & Midwifery: Educating Midwives & Clients

And speaking of myths… (more of your questions, answered!)

- **Myth #1:** There are very high rates of false positives on the hearing test, so it's not an accurate test anyway and not worth my time.
- **Myth #2:** The hearing test doesn't matter for young babies. My baby can *obviously* hear. I dropped all the pots and she turned her head!
- **Myth #3:** My baby's DNA and my information won't be secure. These governmental agencies are notorious for being sloppy with data (and they may even be surveilling me!)

NBS & Midwifery: Educating Midwives & Clients

- **Tip #4:** provide comprehensive, inclusive, evidence-informed, supportive materials
  - And be creative in dissemination outlets and approaches
- Questions from audience:
  - A whole slew about educating parents and providing educational materials to midwives!

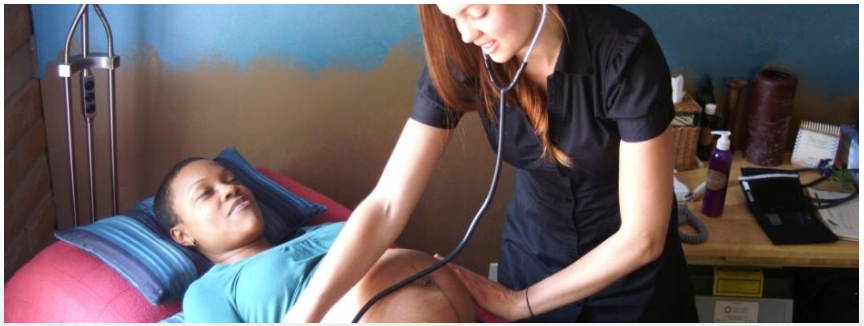


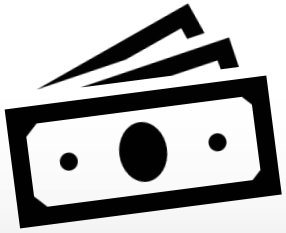
Image courtesy of: MCU

NBS & Midwifery: Integrating into Practice

- Structural constraints are also real
  - For parents, for midwives
- Structural constraints include:
  - How to get newborn screenings done without interruption to the "baby moon", maternal rest, and parent-infant bonding
  - Cost! (for MW, for clients)
  - Concern over follow-up (i.e., why bother if proper follow-up cannot occur)
  - Legal status of midwifery in state
  - Marginalization vis-à-vis the obstetric hierarchy (Cheyney, Everson, Burcher, 2014)
  - Midwifery is hard!

NBS & Midwifery: Integrating into Practice

- Midwives are on call 37 weeks through (whenever you have your baby, usually <42 weeks)
  - AKA: There ain't no rest for the weary
- Midwives usually work in a solo or small group practice
  - AKA: It's all you, baby
- Midwives face marginalization and discrimination, systemically & constantly
  - AKA: No, we don't just have caldrons, we are trained, we have good outcomes, etc.
- Midwives are a "one stop shop"
  - AKA: Billing manager? Me! Order supplies? Me! Prenatal visit? Me! Birth? Me! Etc.
- Midwives are human
  - AKA: there are only 24 hours in a day
- Midwives have lives
  - AKA: Families, continuing education, etc.



Also: cost!

NBS & Midwifery: Integrating into Practice

- So let's work together to overcome these structural constraints!
  -  of IPC
- Ideas?
  - Absorb costs: cover costs of forms and lab costs
    - Because not that many births, but every baby counts
  - Create "special" envelope that outlines process (full cycle)
    - Include forms
    - Give as gift
  - Charting integration
  - Competency integration
  - Your ideas?
- It's a partnership, not a charity
  - Communicate, Communicate, Communicate

NBS & Midwifery: Integrating into Practice

- **Tip #5:** acknowledge structural constraints, make concerted efforts to redress
  - In partnership, not in a silo

- Questions from audience:
  - Several about how to help midwives collect satisfactory specimens and get the specimens to lab in a timely and proper fashion

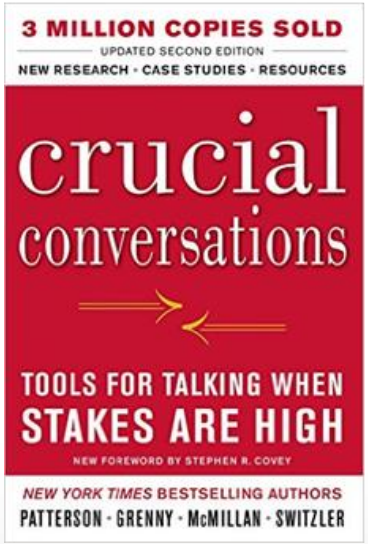
Image courtesy of: P. Hostler

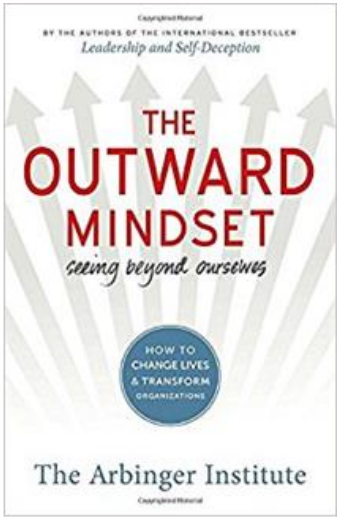
NBS & Midwifery:
Crucial Conversations for Crucial Times

- Most midwives, and most parents, are rational human beings that want what is best for their clients/children
- BUT, they are humans and subject to pitfalls
  - Buying into fallacies, anecdotal false decision making, (over)trusting nature, etc.
- Use this as a point of integration, not a point of a dissolution
  - AKA: check our biases
- Resources!
  - Critical Conversations: https://www.vitalsmarts.com/
  - Outward Mindset: http://arbingerinstitute.com/

NBS & Midwifery:
Crucial Conversations for Crucial Times

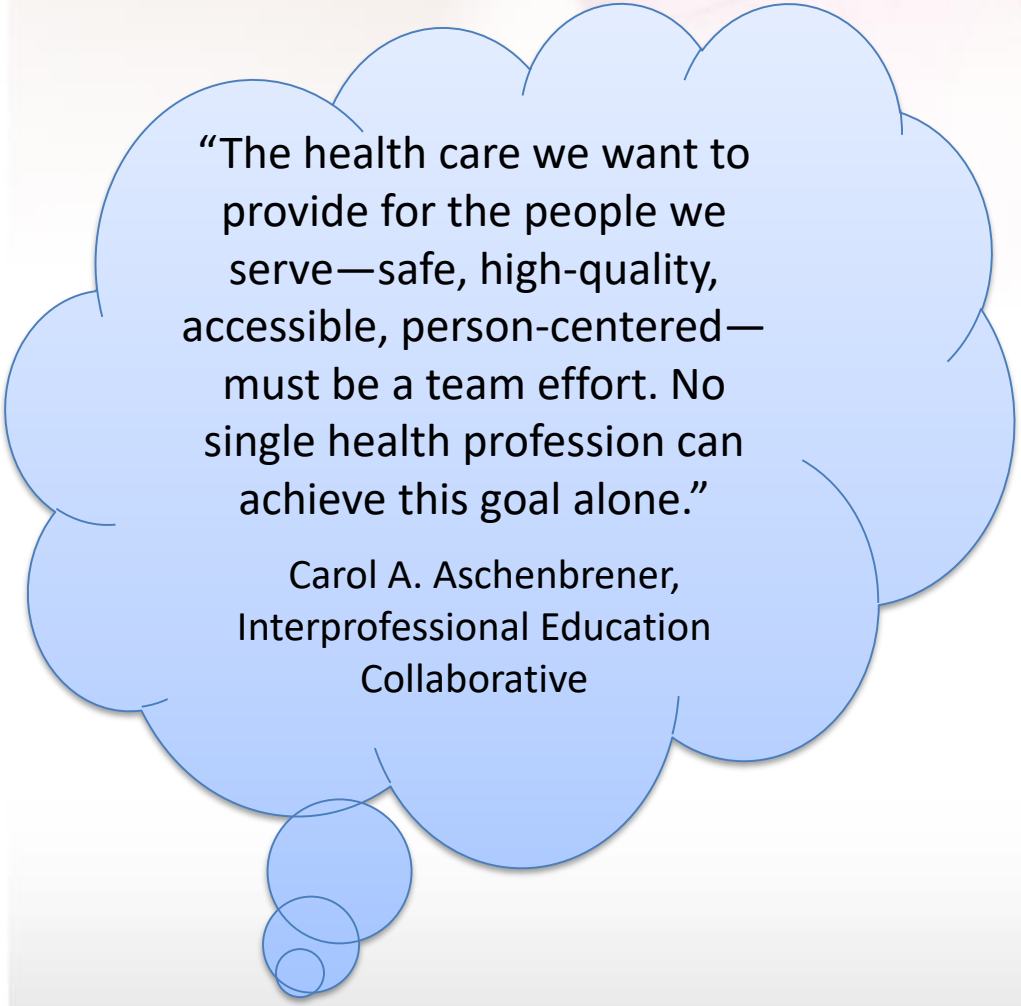
- **Tip #6:** acknowledge bias, treat with compassion
  - Embracing an outward mindset
- Questions from audience:
  - Everything!





Images courtesy of: Google Images

Closing Words



Many thanks!

Courtney L. Everson, PhD
Courtney.Everson@midwifery.edu

References Available Upon Request