



Direct-Entry Midwifery Steering Committee Meeting
Thursday, October 16, 2014
6:00-8:00 PM

Committee Members in Attendance: Chair, Karyl Rattay, MD, DPH Director; Policy-Regulations Subcommittee Co-Chairs: Jennifer Antonik, Birth Consumer; Garrett Colmorgen, MD, Maternal-Fetal Medicine; and Pat Gallagher, CPM; Relationship-Standards Subcommittee Co-Chairs Matthew Heiger, DFSB and Janice Tildon-Burton, MD, ACOG; Rep. Paul Baumbach, Kristin Bennett, MSN. RN, DPH and Sandy Elliott, MSN, CNM; **Excused/Absent:** Nancy Fan, MD, OB/GYN, MSD; Mary Lou Gavin, MD, AAP; Deborah Gottschalk, DHSS; Sen. Bethany Hall-Long, PhD, RN; Kathleen McCarthy, BCD (BCD represented at meeting by Dorinda Dove, CNM) Steve Newton, PhD, DSU Faculty; David Paul, MD, Neonatologist; Bonnie Perratto, CNO Bayhealth and Rep. Rebecca Walker, RN.

I. Welcome and Introductions

Chair Dr Karyl Rattay welcomed committee members and public attendees. Committee members introduced themselves.

II. Subcommittee Reports (See attached Subcommittee Reports)

Co-Chair Dr. Garrett Colmorgen provided an overview of the Policy-Regulations Subcommittee work, and report recommendations with the support of fellow Co-Chairs Jen Antonik and Pat Gallagher. As per report, subcommittee “worked together to develop a degree of consensus, and we believe respect, among its members and the community affected by these changes so that draft legislation could be developed and a path forward could be established for a safe plan to implement services by certified professional midwives and certified midwives in Delaware.” The Subcommittee recommended moving the regulatory authority for midwifery under the Department of State (DOS), Division of Professional Regulation (DPR), establishing a Midwifery Council under DPR’s Board of Medical Licensure and Discipline (BOMLD). See report for details re: licensure requirements, criminal background check, discipline, regulations, informed consent, liability and legislation.

Co-Chair Matthew Heiger provided an overview of Relationship-Standards Subcommittee work and report recommendations with the support of Co-Chair Dr. Janice Tildon-Burton. Relationship-Standards Subcommittee recommended that organizations involved in setting standards of practice in Delaware use Home Birth and Midwifery Standards of Care established by other states and professional organizations (listed in report) in setting standards of practice in Delaware. The Subcommittee also recommended promoting working knowledge of respective

groups - mutual understanding between Home Birth/Midwifery, Hospital/Birth Center, Medical and Nursing Communities and other health professionals through shared training and continuing education. Subcommittee Member Sarah Culver developed a PowerPoint presentation entitled “Midwifery & the Medical Community: Building Trust to Improve Outcomes.” The presentation is a work in progress – updates continue.

Discussion ensued re: benefits of possible cross-training of residents and midwives, to promote mutual understanding and collaboration. This has not happened due to liability concerns.

III. Rep. Baumbach’s Midwifery Legislation

Rep Baumbach provided brief overview of Midwifery legislation (HS 1 for HB 319 w HA 1, HA 2 to HA 1, HA 2, *An act to amend title 16 and 24 of the Delaware Code to Midwifery*) which passed the House, but “ran out of time” in Senate and thus died at end of the session (147th General Assembly). Rep Baumbach notes that the most complete bill, HA 3 to HS 1 to HB 319 was stricken. Committee members and attendees noted confusion as amendments added. Rep Baumbach will forward link to this version of bill which has amendments embedded for easier understanding. DPH will add below to summary notes.

<http://www.legis.delaware.gov/LIS/lis147.nsf/vwLegislation/HA+3+to+HS+1+for+HB+319?opendocument>

Rep Baumbach noted that areas with strong consensus include: desire state to oversee practice, establish midwifery council under BOMLD, and client consent. Areas without consensus were noted: VBACs (vaginal births after previous C-Sections); physicians “signing off” (assessment or risk screen), and pediatric care.

Rep Baumbach noted an area that needs to be worked on is midwifery access to pharmaceuticals – and it may need to be addressed by Midwifery Council in regulations. Committee and public attendees expressed varying degrees of comfort, and some strong concern regarding direct entry midwives’ access to and provision of medication.

IV. Issues of Consensus / Public Comment

To promote open dialogue public comment was encouraged within the meeting.

Dr Rattay noted there has been much progress, including recommendations which proposed improved integration of systems and moving (Midwifery) under BOMLD, allowing licensure. She reported she remains somewhat uncomfortable with pregnancy going to delivery without any MD (later changed to) physician visit to identify risk. She asked for committee members to share their thoughts.

Dr Tildon-Burton stated mothers have right to have child/ren in manner they prefer and right to determine how they want their bodies handled. It will take time for (OB/GYN) peers to come to conclusion they can’t control everything they may want to control.

Dr Colmorgen stated he does not see need for (routine) physician assessment, he has worked with midwives, respect that “they know what they are doing”. Recommends – “letting it go”.

Matthew Heiger noted that licensing midwives puts them “in the system” and allows them better access should they need assistance.

A question was asked about national standards for risk screening for home births. Sandy Elliott answered, noting that Home Birth Summit composed of Midwives (CPM, CM, CNM) and Physicians (Pediatricians and Obstetricians continue to work on, but do not yet have).

Discussion continued with public attendees detailing their experience (as consumer, CPM, CNM, APN, nurse, etc.) thoughts and concerns.

Public attendee noted CNM may see client throughout pregnancy – may not see physician until a few hours before birth.

It was noted by CPM in audience that CPM expect/recommend clients to see pediatrician within 72 hours.

Subcommittee member/public attendee noted, need to let go of medical model – “it is one, but not the only model of care”.

One home birth consumer/mother/subcommittee member noted she wanted to cover her bases and see an OB physician for a few visits along with midwife, but once physician aware she was seeing CPM was told would not see her again. She found this “disheartening”.

Interest was expressed in going beyond stories to data from Delaware vital statistics regarding home births. Reporting on home births (especially information received by vital statistics re: birth attendants) was not seen as reliable.

Subcommittee member Dorinda Dove, CNM, noted negative outcomes are not only at home, or with midwives. She reported when the Birth Center of Delaware opened in the early 1980s, clients had physician screen. Eventually it was seen as a formality – and after about 10 years, discontinued. She stated, “We have as much to learn from CPM midwives as they have to learn from us (CNM)”. She reported BCD does not do VBACS, or those with low H &H, Hgb under 10. She also reported that sometimes problems are from interventions – sometimes lifesaving intervention at hospital. If situation veering off – head to the hospital. The midwives use few meds - Pitocin, Vitamin K and erythromycin.

CPM in audience noted she lost her son in the hospital, adding that her (adult) son should be celebrating his birthday with a twin.

Another consumer (and attorney) in the audience noted it (not allowing CPMs to practice) is “restraint of trade”...one profession keeping another from practicing.

Rep Baumbach noted that we are “almost there”. We did well until April then 2-3 months of chaos and harsh emotions. Working out pharmacy/medication may be “too much in weeds”.

He described group’s finish line as “setting up structure... then we let the regulatory process work”.

Concerned expressed by public attendee regarding peer review – and if it is built into the midwifery process. A CPM noted it is part of the re-certification process – and that midwifery collaboration is an ongoing part of midwifery practice.

Division of Professional Regulations Director David Mangler noted that there is nothing in statute which requires a physician, APN or RN to be peer-reviewed. He reported that peer review and how professional should collaborate is built into the bylaws of organization.

CPM and subcommittee member noted long involvement back to Minner appointment to Midwifery Commission. She reports that her physician friends always willing to collaborate with her but would not sign off (on clients) due to potential loss of insurance coverage. She noted California finally removed requirement for physician collaboration and she reported that NJ did as well. She stated, “I put the onus on clients and gave them the name of friendly physician”. She stated, “I am a stickler”... for informing clients... transparent, informed, initialed, discussed. “It seems” (some people are) “unwilling to trust the intelligence of women”.

Mr. Mangler noted the challenge is “with regulations which don’t exist but group has 28 places (other state statutes) to go to look for commonalities. Discussion will be at points of differences.” He reported, “Some things don’t live in code...they live in regulation. This is part of birth of new profession.” He encouraged group to “start with enabling legislation and then work hard on regulations”.

Home birth advocate and subcommittee member noted that can’t build legislation on stories what is needed is data. “Elephant in the room is screening criteria”. She encouraged work with DHMIC Standards of Care committee.

Dr. Colmorgen noted that Standards of Care meeting will be held on Monday, Nov 3 (Bayhealth Kent General Hospital, Pavilion 1, 6:00-8:00 pm). Agenda includes discussion of adding subcommittee on midwifery to develop minimum standards for safe home birth. Subcommittee would then report to SOC committee.

Attendee noted clients (who have needed to transfer from home birth to hospital “fighting every step of the way”. But (hospital) medical professional is “not out to get client”. Extended discussion ensued including CPM/home birth advocate response, “CPMs don’t tell client medical community is bad”.

Another concern expressed by attendee related to reported confusion with title of CPM (Certified Professional Midwife) people “think CPM highly educated above everyone else”.

Birth consumer/attorney added, “Having a birth plan – and not wanting Pitocin is not fighting. The woman and her family invested time and effort in plan, prepared for it, but then need to be transferred. She/they are overwhelmed, worried about the future of their child, trying to get what they think is right for them and child. It is about patient’s fears, wishes not being respected. Education goes around both ways. Education needed all around.”

There was some discussion about nurses coming late to midwifery discussion.

It was noted that all have right to give public comment whenever – this is what makes country great.

Later there was concern expressed by public attendee re: receiving information about this meeting from multiple sources, but that earlier meetings were not well publicized. It was noted that all 12 previous meetings/agendas posted on state web site and email sent to wide audience. In addition there was media coverage particularly surrounding earlier meetings and legislation, as well as some press releases.

Discussed returned to education of CPMs. Relationship-Standards Co-Chair and paramedic Matt Heiger explained, if you have unplanned birth, and call 911, you will get a paramedic with limited OB rotation and education training video.

Dr Rattay expressed appreciated of good discussion and re-directed focus back to legislation.

Rep. Baumbach indicated starting point is to resubmit legislation in readable form.

Dr. Tildon-Burton stated we need to get community involved when bill re-introduced, noting, “All involved parties need to be present. We are missing the hospital the Labor and Delivery nurses. Not sure where that is going to happen”.

Dr. Colmorgen noted that “they haven’t taken the opportunity to participate – if they don’t like legislation they need to speak up”.

Committee members noted need to go through bill line by line as done previously.

Dr. Rattay noted DPH could participate in work on legislation in open process.

Rep. Baumbach reminded group legislation is “like making sausage”...In legislative process I have right to change as needed to get broader support.” If, for example, DPR/David Mangler needs a certain line, he will add. Rep. Baumbach reports he is happy to have work session. But ultimately he makes the final decision. Later Rep Baumbach described legislation as developing chassis of car – then (we) work on regulation - the upholstery/exterior body.

Public Attendance (includes Subcommittee members; note elective sign-in):

Margaret-Rose Agostino, DNP, MSW, RN-BC, CNE IBCLC, DAWONN; Shannon Burdeshaw, Sierra Webster Calvert, DFSB; Sarah Carmody, DNA; Patricia Ci., Susan DiNatale, CPM, R-S Subcommittee; Dorinda Dover, CNM, BCD, R-S Subcommittee; Joan Greeley; Consumer, R-S Subcommittee; Ally Heiger, P-R Subcommittee; Katherine Kline, DFSB; David Mangler, Director, Division of Professional Regulations; Emily Matthews, Citizen; Wendy Mathews; R-S Subcommittee; Jill Panunto; Karen Panunto, DNA; Joy Pinder, DFSB; Clare Syzmanski, All About Women; Jephtha VanDunk, Consumer, Attorney, P-R Subcommittee and Karen Webster, CPM, P-R Subcommittee.

V. Next Steps

Dr Rattay reported our next step is getting (revised) legislation.

Matt Heiger asked if there is anything the state can do as a stopgap to protect right for home birth. Dr Rattay responded she didn't have a good answer/solution.

Dr Rattay extended her thanks to the committee and subcommittee members for their efforts and to all attendees for bringing their voices to the table.

VI. Adjournment

The meeting adjourned at shortly after 8:00 pm

Attachments: Subcommittee Final Reports