

# PUSH

SPRING 2012

## ACNM President Kennedy Keynotes Annual Meeting



NYSALM is excited to welcome the American College of Nurse-Midwives (ACNM) President, Holly Powell Kennedy, to our 12<sup>th</sup> Annual Meeting. Holly will be the keynote speaker on Monday, April 16.

The meeting is again being held in Old Chatham, NY at Powell

House. This year we are including a Tuesday morning trip into Albany to visit with legislators to speak with them about issues important to midwives and women's health.

Registration will open at 2pm on April 15. On Sunday afternoon, attendees can book an appointment with a massage therapist or go for a walk in the bird sanctuary; the afternoon program will include a Clinical Roundtable and a presentation on Neonatal Craniosacral Intervention. The evening will feature a belly dancing lesson. Monday will offer education sessions and our Annual Meeting. On Monday evening, those staying for lobbying will review legislative packets and the basics of lobbying and have a chance to see "More Business of Being Born."

We will again be collecting "Blankets for NY Babies;" this year's blankets will be donated to a charity in New Paltz. We will also again be holding a fabulous Silent Auction and raffle so bring your checkbooks or credit cards; proceeds help us fund the cost of students to attend our Annual Meeting.

Registration information can be found at [www.midwivesgathering.info](http://www.midwivesgathering.info).

## International Day of the Midwife 5 May 2012

Many midwives around the world celebrate the 'International Day of the Midwife' on **5 May** each year. The International Confederation of Midwives (ICM) established the 'International Day of the Midwife' formally in 1992. The aim of the day is to



celebrate midwifery and to bring awareness of the importance of midwives' work to as many people as possible.

Last year, ICM member associations, including the ACNM, and individual midwives and their supporters around the world took to the streets with 5k walks in local communities to build commitment to tackling global inequalities in maternal and newborn mortality and to highlight local issues in midwifery service provision.

Over 340,000 women die each year, with millions more suffering infection and disability, as a result of preventable maternal complications. The ICM, alongside UN agencies, WHO and a range of other international partners, is committed to addressing maternal mortality and morbidity through greater access to essential midwifery care worldwide, particularly in developing countries where 90% of maternal deaths occur.

NYC Midwives, our chapter in New York City, was privileged to hear current ICM President Frances Day-Stirk speak at its chapter meeting on March 5. Frances was in New York to attend meetings at the United Nations.

## Thank you!

Sincere thanks to NYC Midwives who again donated the proceeds from last fall's "Miles for Midwives" race to NYSALM!

And a sad thanks to the former Western NY ACNM chapter which has disbanded, but sent the remaining funds in its treasury to NYSALM's Legislative Fund.

## NYSALM on the Road

The May NYSALM Board meeting will take place on Monday, May 21 in Rochester. Details will be sent to all members when they are available. We hope to see many of our colleagues from the West at that meeting.





## Midwife Wins “Women of the Workforce” Poster Contest

A poster entitled “Midwives Work!” designed by NYSALM Board Member Michelle Doyle from Troy was one of five finalists chosen by the Workforce Development Institute (WDI) in their nationally advertised poster contest. Winners were chosen based on the clarity of message, design originality, and overall aesthetics.

Michelle won a \$100 prize and will receive five professionally printed copies of her poster which will then be archived at NYU’s Robert F. Wagner Archives. Michelle was also honored at the organization’s WOW (Women of the Workforce) conference in Albany in March. Michelle will be selling copies of her poster to benefit the NYSALM PAC.

Michelle also was honored by the YWCA of the Capital Region in November as a “Resourceful Woman” in the healthcare provider category. Congratulations, Michelle!

## Federal Judge Rules Against Breastfeeding Mother

In February, US District Judge Lynn Hughes of Texas ruled that “firing someone because of lactation or breast pumping is not sex discrimination.” He said that once a woman gives birth, she is no longer pregnant and her “pregnancy-related conditions ended.”

The plaintiff had been fired because she asked her employer if she could pump while at work. The Equal Employment Opportunity Commission has not yet decided whether to appeal the ruling.

## Legislative Report from Greenberg Traurig

The 2012 New York State legislative session is in full swing and there are developments on several issues important to NYSALM.

Currently, there are three bills that have been introduced in both the Senate and the Assembly that are particularly important. First, S.6273/A.9114 sponsored by Senator Krueger and Assemblywoman Gunther is a bill that would require New York employers to provide reasonable accommodations to pregnant women. Although employers in New York State are required to make reasonable workplace accommodations to individuals with disabilities, that requirement does not extend to pregnant women.

Second, NYSALM supports S.3142-B/A.9122 sponsored by Senator Huntley and Assemblywoman Rivera, which would require public school students to be screened for eating disorders. As you are aware, eating disorders have a significant impact on health care and childbearing outcomes of the female population. The peak onset of eating disorders occurs during puberty and the late teen/early adult years, which makes screening during these years critical. In addition, it should be noted that NYSALM proposes to modify the term “Health Care Practitioner” to reference those providers authorized by the statute to conduct such examinations and screenings for eating disorders. “Health Care Practitioner” would include licensed midwives, acting within their lawful scope of practice.

Third, the Reproductive Health Act, S.2844/A.6112 sponsored by Senator Stewart-Cousins and Assemblywoman Glick would provide an update to the law that regulates the legal practice of abortion. It would also repeal outdated statutes and provide stronger protection for women’s health choices. NYSALM has shown its support for these three bills by submitting Memoranda in Support explaining the critical importance of each bill to the sponsors. There are two other bills of notable mention: S.5153-A/A.344-A provides a premium reduction for physicians and licensed midwives who complete a risk management in obstetrics course and S.1207/A.590

prohibits disclosure and discovery of testimony of a party to a health care quality assurance or peer review proceeding.

With regard to the Medicaid Redesign Team ("MRT"), the Basic Benefit Review work group approved and submitted its final recommendations to the Governor in December. The Work Group proposed reducing payments for elective Cesarean section deliveries or elective induction of labor performed prior to 39 weeks, unless a documented medical indication is present. Members of the Work Group asserted this as the "gold standard" in practice for the health and safety of mothers and babies. Notably, this proposal was included among the administrative actions in the Governor's Executive Budget Proposal.

In addition, the recommendations included providing Medicaid reimbursement for Certified Lactation Consultant services for eligible pregnant women. New York State Department of Health Commissioner, Nirav Shah said that New York should be consistent in covering services recommended by the U.S. Preventive Services Task Force, which includes breastfeeding support. The Work Group anticipates such services to cost approximately \$250 per eligible woman; however, evidence shows such support will result in healthier moms and babies, and significant future cost savings to the Medicaid program.

The Work Group also recommended expanding existing Medicaid support for Nurse Family Partnerships. Specifically, the recommendation provides support for the evidence based model to improve care for high risk mothers and infants. There is evidence that Nurse Family Partnerships improve pregnancy outcomes, reduce in childhood injuries/emergency room use, child abuse/neglect, and reduce childhood emotional, behavioral and cognitive problems.

Additionally, as you may be aware, legislation to authorize the Health Insurance Exchange was included in the Governor's Executive Budget Proposal. The language of the Budget Proposal is very similar to the legislation passed by the Assembly in June, with a few minor changes. Several studies are currently being conducted related to Exchange functions including, benefits standardization, the integration of public health insurance into the Exchange, and the role of producers and navigators within the Exchange. The recommendations from the studies and the enacting legislation are anticipated to be a prominent part of the Budget negotiations in the coming weeks.

It is an exciting legislative session with several issues pending that are important to NYSALM and we invite you to join us on April 17<sup>th</sup> for NYSALM's annual Lobby Day to show your support.

## **PRESIDENT'S PEN**

### **BY PAT BURKHARDT LM**

In January, your NYSALM Board tried something new to avoid the possibility of not being able to meet because of snow! We had a virtual board meeting facilitated by Jen Jagger and IT resources at NYU; not only did we accomplish the agenda for the meeting, but we also became somewhat acquainted with colleagues' homes and a couple of husbands who wandered in and out of webcam range! Participants' evaluated the process as functional and worth repeating when necessary. We also had wonderful attendance at our meeting in November in the New York City offices of our lobbyist Greenberg Traurig, and in May, we head to Rochester so we can interact with our Western colleagues.

Board elections held at the end of last year resulted in an expansion of the board to a total of 21. All regions are represented and all vacancies are filled. Welcome to all the new members! As the board has grown and the work of NYSALM has become more complex, the organization's processes and infrastructure merit review and evaluation. The board will engage in this process to improve the function of the board and better serve our members. We have also contracted a web design professional to redesign the NYSALM/newyork.midwife website; look for a much more visually appealing site soon. We also converted our cellphone number to googlevoice at a significant cost saving for our organization.

The Midwifery Modernization Act, which eliminated the legal requirement for a written practice agreement, has benefited all NYS LMs. Midwives in private practice experience the benefits more clearly, but employed midwives, be they in hospitals or physician's practices, also stand to benefit. What could or should change in

practices/services in which the midwives are employees? How does one go about making identified changes happen? For example, how does the Midwifery Model of Care exist in teaching hospitals that care for Medicaid enrolled women? How do you make it become an acceptable standard of care? At our Annual Meeting in April there will be an opportunity to begin dialogue on this issue during the clinical roundtable session.

Concern about the viability of NYS birth centers has resulted in NYSALM exploring the history, law and regulations in NYS to determine a plan of action. A few board members will speak with the Department of Health (DOH) to investigate possible options.

As of October 1, 2011, NYS DOH's Medical Indemnity Fund began enrolling newborns with birth injuries to assure their ability to receive necessary health care services related to these injuries. Honorable McKeown, a Bronx judge, played a key role in the evolution of this mechanism for health care support that was included as an element of the Medicaid redesign.

## **North American Midwifery Conference: Beyond Boundaries 2011**

Connie KIELTYKA- Licensed Midwife, owner of "Olivebridge Midwifery" & NYSALM Board Member

The Midwives Alliance of North America (MANA) and the Canadian Association of Midwives (CAM/ASCF) came together to present a historic conference, this past November, at Niagara Falls, Ontario, Canada.

The theme of the conference was "Beyond Boundaries" with the goal of celebrating and promoting multiculturalism and diversity in the field of midwifery. I had the privilege of being among many midwives and midwife supporters sharing knowledge and working to promote and strengthen unity in all regions.

It was a great opportunity to meet and learn from my fellow midwives, student midwives, and health care professionals from the Canadian provinces, tribal lands, many US states and Mexico.

The keynote speakers were inspiring. Bridget Lynch, recent ex-president of the International Confederation of Midwives, opened the conference discussing the global effort to strengthen midwifery as a key component in reducing maternal and newborn morbidity and mortality in low resource countries. She described how the model of midwifery as practiced in the U.S. and Canada could influence other governments to support these efforts.

Holly Powell Kennedy, president of The American College of Nurse Midwives (ACNM), Geradine Simkins, president of MANA and Anne Wilson president of CAM/ASCF shared a roundtable presentation of how we can learn and collaborate with each other to strengthen our profession.

Naoli Vinavera CPM from Mexico, made an analogy between the experience of birth and that of diversity, pointing out how birth is the art of expansion and so is crossing boundaries. Both require dedication, our fullest attention, skills and love. Later in the program, Naoli gave an entertaining demonstration using the rebozo in several different positions.

Barbara Katz-Rothman reminded us that we are living in an information age and described how to use technology to strengthen midwifery practices and empower young women. There were several more panel discussions and keynote speakers some more interesting than others but all with important wisdom to share.

In addition, it was fascinating to learn how, in Canada, student midwives, are required to spend time in a variety of locations, hospital, birth centers and homes to expand their tolerance and earn birthing privileges in all settings, as opposed to in the U.S., where the practice is categorized in terms of setting.

I was able to attend and absorb great tips at a pre-conference day workshop taught by Andres Dixon. It was titled, "Birth Emergency Skills Training Intensive" and was a good mix of classroom learning and hands on learning.

There were many breakout sessions to choose from daily. I attended several of these, some of which were cohort studies and presentations of statistics. Fortunately for me, there were also a few sessions that were interactive and brought home the heart of midwifery.

The food was delicious. The sponsors and exhibits were educational. It was amazing to view a palm-size ultrasound machine. There were beautiful posters to observe, raffles with great prizes and merchandise to purchase. The entertainment included authentic aboriginal dancing, a hilarious comedy "Finding the Doorbell" plus a live auction and dancing. There was also a "Red Tent" with tea and cozy chairs if one needed some quiet reflective time.

And, of course, there was Niagara Falls (Thunder of Waters), magnificent, powerful and beautiful. Taking walks to catch a breath of fresh air and to share stories with other midwives was also revitalizing.

I left the conference feeling very proud to be a midwife. I will use the information I learned to be a better practitioner and as midwifery is growing in strength and reputation, I will continue to unite with other midwives to meet the challenges of the next few years.

## **NATIONAL HOME BIRTH CONSENSUS CONFERENCE**

### **homebirthsummit.org**

Kate T. Finn, MS, Licensed Midwife from Ithaca, NYSALM Board Member & Home Birth Midwife Delegate

Recent evidence shows that the rate of women choosing planned home birth has increased by as much as 36% between 2004-2009. The safety of birth is of the utmost priority in any setting. This presents members of the maternity care system with the challenge of designing optimal care strategies for these women, including mechanisms for communication and coordination between providers and across care settings. Yet home birth is often controversial or debated in health care settings.

The national Home Birth Consensus Summit (HBCS) was held in October 20-22, 2011. The Summit brought together a cross-section of the maternity care system into one room to discuss improved integration of home birth services for all women and families in the US. Using skilled facilitators, the meeting was entirely interactive. Delegates pondered perspectives and viewpoints within purposeful dialogue, exploring facets of the existing system, and developing a common ground vision for the future of home birth in the US.

Delegates were identified to make up a multidisciplinary group of leaders who have a passion for quality in maternity care and a commitment to work together to improve safety for women and babies across birth sites. Delegates were invited from the following stakeholder groups: Home birth consumers, consumer advocates, home birth midwives, maternal-infant health collaborating providers, obstetricians and OB family practice physicians, members with maternity health policy and systems experience such as legislators, researchers, insurance and hospital representatives, midwifery regulators, and educators.

The role of consumers at the Summit was instrumental. Consumers focus discussions with the mantra of “No decision about me without me.” They described our current health system as “health care apartheid” for economically challenged communities, and reflected that the newest babies born will experience a reality in which white is the minority in society. Delegates were challenged to look at disparities in access to health care, education and outcomes as the larger back drop for home birth.

The summit delegates reached common ground agreement around 9 statements that broadly cover multiple aspects of the maternity care system. Support for inter-professional coordination for consultation, referral and transfer of care and consumer access to qualified providers is a central tenet of the statements. Statements also reflect consensus support for respect for normal birth and appropriate use of interventions, patient autonomy and participation in care decisions, education quality and access, licensing and mechanisms for accountability, liability reform, and collection of integrated data on outcomes. Please, see these statements, attached.

It is clear that each stakeholder was moved by the experience and will take the outcome of the Summit back to their respective geographic and personal/professional communities. The Summit delegates came from diverse corners of the maternity care system and held diverse perspectives on home birth. Yet meeting for 2.5 days and conversing entirely respectfully, they worked with common purpose toward making planned home birth a safe option for women. The outcome was recognition of a woman’s right to exercise autonomous choice in health care, and each woman deserves ready access to her choice of care style and setting for birth, with competent, licensed providers working within a system that provides for seamless integration and consultation. This ground-breaking vision will be foundational in any future discussion of planned home birth within maternity systems at the local, statewide and national policy level.

# **HOME BIRTH CONSENSUS SUMMIT**

## **THE FUTURE OF HOME BIRTH IN THE UNITED STATES: ADDRESSING SHARED RESPONSIBILITY**

The following statements reflect the areas of consensus that were achieved by individuals who participated in the Home Birth Consensus Summit at Airlie Center in Warrenton, Virginia from October 20-22, 2011. These statements do not represent the position of any organization or institution affiliated with those individuals.

### **STATEMENT 1**

We uphold the autonomy of all childbearing women.

All childbearing women, in all maternity care settings, should receive respectful, woman-centered care. This care should include opportunities for a shared decision-making process to help each woman make the choices that are right for her. Shared decision making includes mutual sharing of information about benefits and harms of the range of care options, and respect for the woman's autonomy to make decisions in accordance with her values and preferences, and freedom from coercion or punishment for her choices.

### **STATEMENT 2**

We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits.

### **STATEMENT 3**

We are committed to an equitable maternity care system without disparities in access, delivery of care, or outcomes. This system provides culturally appropriate and affordable care in all settings, in a manner that is acceptable to all communities.

We are committed to an equitable educational system without disparities in access to affordable, culturally appropriate, and acceptable maternity care provider education for all communities.

### **STATEMENT 4**

It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies and standards for education and practice.

We believe that guidelines should:

- allow for independent practice,
- facilitate communication across providers and care settings,
- encourage professional responsibility and accountability, and
- include mechanisms for risk assessment.

### **STATEMENT 5**

We believe that increased participation by consumers in multi-stakeholder groups is essential to improving maternity care, including the development of high quality home birth services within an integrated maternity care system.

### **STATEMENT 6**

Effective communication and collaboration across all disciplines caring for mothers and babies are essential for optimal outcomes across all settings.

To achieve this, we believe all health professional students and practitioners who are involved in maternity and newborn care must learn about each other's disciplines and about maternity and health care in all settings.

## STATEMENT 7

We are committed to improving the current medical liability system, which fails to justly serve society, families, and health care providers and contributes to:

- inadequate resources to support birth injured children and mothers,
- unsustainable healthcare and litigation costs paid by all,
- a hostile healthcare work environment,
- inadequate access to home birth and birth center birth within an integrated health care system, and
- restricted choices in pregnancy and birth.

## STATEMENT 8

We envision a compulsory process for the collection of patient (individual) level data on key process and outcome measures in all birth settings. These data would be linked to other data systems, used to inform quality improvement, and would thus enhance the evidence basis for care.

## STATEMENT 9

We recognize and affirm the value of physiological birth for women, babies, families and society and the value of appropriate interventions based on the best available evidence to achieve optimal outcomes for mothers and babies.

For more information on the Summit goals, process and delegates, please see [homebirthsummit.org](http://homebirthsummit.org)



NYSALM Treasurer Nancy Kraus spoke to the Columbia University midwifery students about the history of NYSALM and political action on February 13. The NYSALM Board hopes our next generation of midwives will be politically active. We hope to see many students at our Annual Meeting and Lobby Day.

Former NYSALM President Laura Sheperis was featured in an email from Medecins sans Frontieres (Doctors without Borders) on March 8, International Women's Day, in a message about their work in maternal health. Laura is on a 6-month assignment in South Sudan. She can receive email messages: [lsheperis@gmail.com](mailto:lsheperis@gmail.com).





NYSALM is a state affiliate of the American College of Nurse-Midwives

**PUSH** is published bi-annually

Editor: Nancy Kraus LM

[www.nysalm.org](http://www.nysalm.org)

518-852-7965