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Happy New Year MAWS Members!

Dear MAWS Community,

Congratulations to all on another successful year! I have had the opportunity to cover some miles this year to meet with and listen to midwives, students, consumers and policy makers in various areas of our state. We discussed what concerns us, what inspires us, what is working and what is challenging, what we have in common with one another and what is unique to regions across Washington.

Much of what I heard is known to all of us; financial sustainability and interprofessional behavior rang out loud and clear as two of the most challenging aspects of midwifery practice in WA. Unfortunately, I can commiserate with a heavy heart as I have been brought to tears many times by these very burdens. I also heard a lot of concern over intraprofessional behavior; how we treat one another from one side of the mountains, one end of the state, one side of town, one practice, one type of training, one generation, one midwife to another. Are these two things not two faces of the same coin?

We are members of an ancient profession that is only beginning to recover from an obliteration, a clear-cut, if you will. Midwifery is like the ancient forests, struggling to make do with too few resources while the riches have been redirected to support industrialization. Birth has become an industry and babies the deliverables. Like any indomitable force of nature, we midwives

are on the rise. First the few, the socially privileged and the just plain stubborn, came up and made some good headway, dug some roots and dared to reach high. Now we are more, some of us nurturing the young, some of us offering shelter and all of us scraping and competing for enough sunlight and water to rise, to diversify, to become a lush and vibrant profession. But 38 years does not make a forest or a profession. And so we compete for scarce resources in a culture that has prioritized industry. Is it any wonder?



Valerie Sasson LM CPM
MAWS President

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Lobby Day 2015

Over 50 people turned out in Olympia on February 12th for Midwives' Lobby Day 2015, with student midwives, once again, bringing their incredible energy and enthusiasm into meetings with legislators, having been exceptionally well prepared for the day by Kristin Effland.

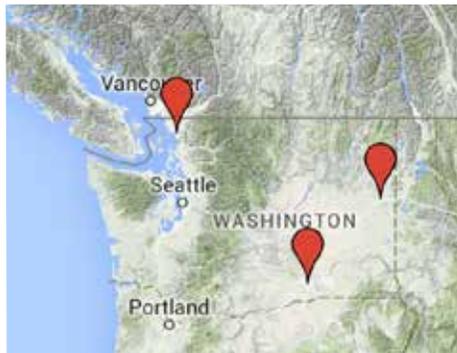
We educated our representatives about the health benefits and the significant cost savings to the State of WA associated with licensed midwifery care, and we asked them to support the ongoing budget proviso to keep the midwifery licensing fee capped at \$525. Without this cap, our annual renewal fee would be over \$1,500 and the lawmakers we spoke with seemed to appreciate that maintaining the cap has enabled our profession to grow substantially over the past 5 years, conferring even greater benefit to the State and to the health of moms and babies.

In addition, we brought to their attention a bill that MAWS has introduced to create certification for birth assistants. Rep. Eileen Cody, Chair of the House Health Care Committee,

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>> Intro continued from front page

MAWS, your professional association, is essentially a conservancy; protecting and promoting that which is good and wild and beautiful about women and men and birth and families - and about midwives, too- with diligent activism and protective policies to promote sustainability and provide for growth. The families of this country need their midwives as they need lush forests, clean water and nutritious food. All the midwives - inside the protected area and out - well fed and sassy.



You have communicated to me that 2015 is the year to address sustainability; a permanent solution to licensing fees and vastly improved reimbursement for professional and facility service fees. MAWS' Legislative team and lobbyist are working to partner with legislators to create this solution. MAWS' Reimbursement Committee is partnering with billers, members and birth centers to remedy our pitiful reimbursement with the HCA and private insurers.

You have communicated to me that you care about collaborating with other providers in your communities. Our Smooth Transitions Project Coordinator is ready to assist you with on-site support with your local hospitals. Our Data Committee is collaborating with MANA and OB COAP to demonstrate and broadcast our strengths and stimulate meaningful reflection. And our Membership Chair is on fire with ideas to add value to your membership and enhance the collaboration between midwives and associate members.

I am communicating to you that we need to look out for one another in order to expand and mature as a profession. How can you reach out and support those around you in the spirit of thriving so that we might actually thrive? How can you be your best self in this community?

We on the MAWS Board are the few doing the work of the many so I encourage you to engage with us. We have successfully implemented distance participation in Board meetings; thanks to technology we can see and hear one another. Social media enables discussions and exchanges of ideas among us daily. By the time you read this we will have gathered your input with our online member survey and successfully webcast the fall conference and annual meeting. And for many of us there is simply nothing like face-to-face or one-on-one and so I will continue my travels around the state. If I haven't been to see you please feel free to extend an invitation president@washingtonmidwives.org. In this way we, your Board, will reflect your interests and be of best service to you, the families we all serve and our gorgeous indomitable profession.

Valerie Sasson, LM CPM
President, Midwives Association of Washington State

Mandatory Data Collection - Are You Ready?

Members of the MAWS board are currently working with the Department of Health to help write rules in order to implement HB 1173's mandatory data collection piece. Rules writing will extend into the beginning of 2015, and the law should take effect in June of 2015.

What does this mean for midwives? If you are already submitting your data to MANA Stats, this means you are in compliance and will not need to do anything new. On your yearly license renewal forms, you will check the box indicating that you are submitting data. If you have not already signed up for MANA Stats, now is the time to do so!

Here's how:

Go to www.manastats.org.

Download the enrollment form and send it in. For any questions, contact support@manastats.org

MAWS will also be hosting a webinar to guide members through the process of using MANA Stats and entering client data. Stay tuned for more information about this webinar!

Any questions about the rules writing process or mandatory data collection can be directed to the chair of MAWS' Research and Data Committee, Emily Stephens (vicepresident@washingtonmidwives.org).

We are looking forward to all of the valuable information we will be able to gather with this complete data set!

Miles For Midwives 2014

On Sunday October 14th, a beautiful fall day, over 200 people — moms, dads, babies, children, midwives and midwifery supporters — gathered at Lincoln Park in West Seattle for another year of Miles for Midwives.

This was our 5th annual event jointly sponsored with the Washington Affiliate of the American College of Nurse Midwives.

This year we were pleased that Penny Simkin was able to join us as our grand marshal, offering celebratory comments around the continued growth of midwifery in Washington and starting the race.

As always, the event included a lollipop run for the children and a 2.5-mile fun walk/run around the Park. Participants also enjoyed browsing the exhibits. Miles for Midwives 2014 raised over \$5000 for MAWS and ACNM through registrations and the support of over 40 sponsors and exhibitors.

Look for *Miles for Midwives* on Facebook for a link to photos of the event (facebook.com/milesformidwives).



Newborn Screening Lab Fee Updates



The Newborn Screening law (RCW 70.83.020) was amended during the 2014 legislative session. Following the changes in the law, it was first decided that midwives would be billed directly by the NB screening lab. Concerned about the poor reimbursement by third party payors for this test and service, midwives were quick to realize that they would be left to pay the difference, a burden not born by any other providers. To address these concerns, MAWS organized several stakeholder meetings. A task force was then appointed by the WA Secretary of Health, John Wiesman DrPH, MPH, to find a solution to the billing issues in Fall 2014.

The amendment to the law expanded the original law to require newborn screening for all babies born in any setting in Washington State, including births at home and in freestanding birth centers. Hospitals where births occur and now health care providers attending a birth at home or in a freestanding birth center are required to collect the first newborn screening specimen no later than 48 hours following birth. This initial blood specimen must be received by the Newborn Screening Laboratory within 72 hours of collection (excluding Sundays and Thanksgiving). For all babies requiring further diagnostic testing, primary care providers are required to report to Newborn Screening the date they notified the parent/guardian.

The Newborn Screening Program will publish an annual report regarding hospitals' & providers' compliance in meeting the 72 hour transit and 48 hour specimen collection timelines.

Bob Ferguson, the Washington State Attorney General states that "midwives are providers, not facilities." This means that the WA State Dept. of Health will directly bill the patient's insurance. The lab will provide requisition forms for midwives to complete; these will be included with the screening card. Midwives will not be required to complete weekly or monthly birth rosters as birth certificate data will be sufficient for comparison.

The task force will meet one final time in December to wrap up. The new policy will go into effect in January of 2015. Please contact the Department of Health at 206-418-5410 if you have questions about how these changes may affect you and your practice. Thank you for your continued support and cooperation in screening babies!

Smooth Transitions: Making Transfers from Planned Home and Birth Center Births Safer and More Satisfying for Everyone



In 2005, Dr. Roger Rowles, Chair of the Washington State Department of Health's Perinatal Advisory Committee, convened the MD/LM Workgroup in response to concerns raised by MAWS about difficulties that licensed midwives were having finding physicians to consult with—as RCW 18.50 requires us to do when there are significant deviations from normal in either the mother or infant. The MD/LM Workgroup, originally co-chaired by Robert Palmer, MD and Audrey Levine, LM, CPM comprised three OB-GYNs, 3 midwives, and a consumer advocate. Our major work product was the creation of Smooth Transitions: A Quality Improvement Initiative, under the auspices of the WA State Perinatal Collaborative, to improve the safety of planned out-of-hospital birth transfers of care.

Between 2009 and 2014, Smooth Transitions has been presented at seven hospitals. In addition, there was a Grand Rounds presentation at the University of WA Medical Center and at the annual conference of the state AWHONN chapter. This past June, I took over the role, formerly held by Melissa Hughes, LM, of part-time Project Coordinator for Smooth Transitions and it's been gratifying to feel the growing momentum behind the project now that there's more of a national context for this work.

According to ACOG's most recent statement on Home Birth, published in 2011 and reaffirmed in 2013, "Although the Committee on Obstetric Practice believes that hospitals and birthing centers are the safest setting for birth, it respects the right of a woman to make a medically informed decision about delivery." Additionally, the statement indicates that "ready access to consultation and assurance of safe and timely transport to nearby hospitals are critical to reducing perinatal mortality rates and achieving favorable home birth outcomes." This marks a significant shift within the obstetric community that reflects some of the powerful inter-professional, multi-stakeholder dialogue that has taken place at the three national Home Birth Summits, a shift that acknowledges the shared responsibility of hospital-based providers for making home birth as safe as possible for families that choose this option.

Smooth Transitions: A Quality Improvement Initiative, under the auspices of the WA State Perinatal Collaborative, to improve the safety of planned out-of-hospital birth transfers of care. Our plan is to bring Smooth Transitions to every hospital in the state that offers obstetric services.

Another key development has been the release in April 2014 of the Best Practice Transfer Guidelines, the result of a three-year multidisciplinary effort of the Home Birth Summit Collaboration Workgroup. This document outlines best practices for both the midwife and the receiving hospital and has become a central tool of the Smooth Transitions QI Initiative by laying out expectations for all parties involved.

You can find the guidelines here: http://www.homebirthsummit.org/wp-content/uploads/2014/03/HomeBirthSummit_BestPracticeTransferGuidelines.pdf

The goals of Smooth Transitions are:

- To build greater understanding between OOH birth midwives and hospital personnel
- To improve interactions between providers when intrapartum transfers occur
- To increase probability of safe and satisfying care for mothers and babies
- To decrease liability

Participating hospitals agree to an initial presentation by an OB-Midwife Team in which we model the collaboration that we're seeking to promote. The 45-minute powerpoint covers the emerging national context for this work, the scope of practice of licensed midwives, our training, the medications

and equipment we carry to births, and the common reasons for intrapartum, postpartum, or neonatal transfers. We also highlight the MAWS document, Indications for Discussion, Consultation, and Referral and give background information about the MAWS Quality Management Program. Then we share the model practices for both the midwives and hospital personnel. And finally, we outline the steps for participation in the Smooth Transitions QI Initiative, which include:

- Downloading the materials from the website: www.waperinatal.org
- Identifying a project lead at the hospital
- Contacting the Project Coordinator to arrange pre-project interviews
- Forming a Planned OOH Birth Transfer Committee with:
 - Local Licensed Midwives
 - Obstetricians, Family Physicians, CNMs
 - Emergency Department Physician & Nursing Leadership
 - Obstetrics Nurse Manager
 - Obstetrics Charge Nurses
 - Hospital Administration Representatives (including risk management department)
 - EMS personnel
- Convening the Planned OOH Birth Transfer Committee 2 – 3 times/ year to review transfers, share successes, and identify areas that need improvement
- Submitting an annual summary to the MD/LM Workgroup

Our plan is to bring Smooth Transitions to every hospital in the state that offers obstetric services. Three hospitals have already expressed interest in presentations in 2015. If you would like your local hospital to participate in Smooth Transitions, please contact me: Audrey Levine, LM CPM by phone: (360) 709-0888 or email: nelsaud@comcast.net

has agreed to send the bill to a Sunrise Review at the Department of Health over the interim—a process that occurs whenever a new profession is proposed—and we anticipate re-introducing the bill in the 2016 legislative session.

Finally, we asked legislators to support HB 1080/SB 5010, which would re-fund the Scholarship and Loan Repayment Program. In the past, licensed midwives have been able to pay off their significant debt from their midwifery education by working in under-served areas around the state. In recent years, due to a lack of funds, the program has been defunct. This legislation would restore funding to the program. We made a compelling case that increasing the number of midwives serving in rural and underserved areas, where a high percentage of folks are on Medicaid, would ultimately save the state money.

If you didn't make it to Lobby Day, you can still make a difference by contacting your representatives and letting them know that you'd like their support on these issues. To find out who your representatives are, go to: <http://app.leg.wa.gov/DistrictFinder/>

You can either call or email, but please take a moment to do so and encourage your clients, too! Look for specific language, coming soon on the MAWS website.

MAWS Membership Committee



It's an exciting time for MAWS Membership! We have a special focus this year on meeting the needs of eastern WA midwives, welcoming the new LMs in WA and helping them to get their practices off the ground, revitalizing membership benefits, and facilitating communication with membership.

Not only are members seeing big benefits from legislative and insurance advocacy for midwives, but there are special productivity and financial benefits coming in 2015. Our committee and the Board are working on an updated, interactive website; discounts on services, EMR, and medications; and webinars and online manuals on clinical and administrative topics. As always, our Conferences are a great way for members to network, learn, and have a fantastic lunch!

Being Chair of this committee is both a serious responsibility and a lot of fun. I enjoy talking with people and hope to speak with each of you directly at some point. Please contact me on your own or come up to me at the conferences and introduce yourself. We want MAWS to be a vital force in your midwifery practice, so please let us know how we can help or what you'd like to see happen. All the best to you and yours!

Membership Chair: Kristin Eggleston
membership@washingtonmidwives.org

Update from the Quality Management Program

Committee members include: Marge Mansfield, coordinator (Seattle), Laurie Braunstein (Wenatchee), Geraldine Lee (Seattle), Winni McNamara (Burlington/Bellingham), Loren Riccio (ND, Seattle-Eastside), Susan Sherwood (Tacoma), Peggy Thurston (Kitsap Co), Christine Tindall (Seattle, PR). Please contact us if you ever have questions about QMP.



Greetings from the QMP!

Happily, the QMP has received one-third the number of reported incidents in 2014 compared to 2013 (11 compared to 33!) so we've been able to attend to other work to hopefully improve our processes of peer review (PR) and incident review (IRP).

First, we have discussed the transition from paper to electronic record-keeping, and come up with the following recommendations for both of our protected processes:

- Begin every session with signing of the "Confidentiality Agreements" and take a moment to remember and reflect on the critical importance of this
- If you've gone electronic, bring your own laptop to access your client records (ie, don't try to print them out!)
- For PR, have this electronic chart available for reviewers to complete the PR checklist; for IRP, share with the panel so that they can access labs, ultrasounds, etc as needed
- Present the case verbally and focus the discussion around content of care and standard of care; reviewers will then evaluate and make recommendations about charting; for IRP, the 3 panel members will all evaluate charting as they review the case
- At the conclusion, mail the QMP both the "Confidentiality Agreements" and the summary documentation: for PR, the aggregate data sheet (each midwife should retain her own PR checklist until all 5 charts have been reviewed); for IRP, the Final Evaluation papers. Then either shred all other paperwork or close the computer.
- For both processes, be sure to bring your Policy & Procedure Manual, Practice Guidelines, Informed Consents, and any other requested relevant paperwork, including hospital records when appropriate.

In regards to Peer Review, we're excited to announce that Christine Tindall has stepped forward to not only manage King County and "all-region" peer reviews; she has also joined our committee! With her help, we are hoping to encourage midwives throughout the state, especially in densely-populated areas, to hold and attend PRs on a more frequent basis. As it is, so many of us find ourselves, once every 2 years as the deadline approaches, digging up 5 charts for mandatory review, long after the cases occurred. Following the example of our sisters to the northwest, who hold PR every 2 months in both Skagit and Whatcom counties, we will

promote this model by clarifying and streamlining instructions for both organizing and reporting to the central office, ie Christine. Each midwife is urged to track her own record of charts reviewed, with dates and initials of reviewers, and upon completion of 5 total, will be issued her certificate, which she may keep for her records and send in to the JUA or NARM as needed. (the certificate has been re-written to be appropriate for both).

We have re-written the incident review "Self-Report" form with the intention of involving the reporting midwife more in the decision-making about her IRP. Please see the new form on the website.

Historically, with complaints, we have 1) acknowledged receipt of the complaint to the person alleging it, 2) notified the midwife named on the complaint and if it appeared to meet self-reporting criteria, asked the midwife to please submit a report, and 3) not necessarily initiated a review of the case if it centered around "process of care". The list of "Sentinel Event Criteria" is outcome-based and as such does not include "processes of care". However, from this point forward, we will evaluate complaints of this nature on a case-by-case basis and may choose to hold an incident review.

A summary of QMP work was presented to the board in August, including a re-cap of types of incidents and findings since 2012 (67 total for those 2-2/3 years). Of note, the following themes emerged: some of the most serious incidents reviewed involved twins, breeches, and VBACS; charting continues to be a significant area needing improvement, especially in situations like those or when clients' desires and midwives' recommendations are not in alignment; difficulties with newborn resuscitation appear to be common; role delineation and communication between attendants at births can be problematic; comprehensive practice guidelines (which are followed consistently), and informed consent forms (which are up-to-date and utilized) are often inadequate.

And finally, we sent out postcards to all of you who have participated on an incident review panel from 2012 through 2014, to enable you to claim 4hrs of CEUs for this important and educational work. If somehow we missed you and you haven't gotten one of these postcards, and you know that you served on an IRP panel in this 3year timeframe, please check in with the MAWS office (info@washingtonmidwives.org) to make sure we have your current mailing address. We will then be notified, check our records, and make sure you get appropriately rewarded and thanked!!

Take care,
Marge Mansfeild, LM CPM and the MAWS QMP committee

MAWS Committee Summary

Students, consumers, health care providers and midwives are all welcomed as MAWS members. If you are a MAWS member and interested in getting involved, please contact us at info@washingtonmidwives.org and we will forward your interest to the committee chair.

MAWS COMMITTEES 2015

ANTI-RACISM STEERING COMMITTEE Chair: Oesa Hauch

Mission: The Anti-Racism Steering Committee is dedicated to helping MAWS become an anti-racism organization that is addressing health care disparities and improving outcomes for all women.

FUNDRAISING COMMITTEE *OFFICIAL CALL FOR COMMITTEE CHAIR AND MEMBERS!*

Mission: The fundraising committee exists to ensure that MAWS secures adequate funding to pursue its mission.

CONFERENCE COMMITTEE Chair: Amy Schaller

Mission: The Conference Committee supports two MAWS conferences per year—one that includes the annual general meeting to keep our membership informed about the work of the organization and the second that encourages participation from a larger professional birth community and includes continuing education to support our membership to stay current on standard of care.

LEGISLATIVE COMMITTEE Chair: Audrey Levine

Mission: The Legislative Committee exists to ensure that licensed midwives have a seat at the table in all policy discussions related to maternity care in Washington State. On behalf of MAWS, the committee advocates for legislation that benefits the profession, increases access to the midwifery model of care, enhances safety and improves outcomes for childbearing families.

NOMINATIONS COMMITTEE Chair: Meghann McNiff

Mission: The Nominations Committee exists to ensure MAWS maintains efficient, fair and transparent elections processes.

PUBLIC EDUCATION PUBLIC RELATIONS COMMITTEE (PEPR) Chair: Kristin Effland

Mission: The PEPR Committee exists to educate the public (especially families) about midwifery care and birth options (especially birth at home and in freestanding birth centers); educate the public through government agencies; help our members remain informed and current; build bridges with other health care professionals.

QUALITY MANAGEMENT PROGRAM COMMITTEE Chair: Marge Mansfield

Mission: The QMP Committee exists to provide confidential incident review, and oversee member facilitation of protected and state-sanctioned peer review. Both processes are intended to help midwives improve practice and maintain high standards for the midwifery model of care.

REIMBURSEMENT COMMITTEE Chair: Taylor Hamil

Mission: The Reimbursement Committee exists to promote equitable & sustainable reimbursement of licensed midwives and birth centers in Washington State.

RESEARCH/DATA COMMITTEE Chair: Emily Stephens

Mission: The Research/Data Committee exists to facilitate the collection and use of quality data and research in the field of midwifery.

STUDENT AFFAIRS COMMITTEE Chair: Andrea Henderson

Mission: To foster relationships between students from the different schools (and thereby midwives from the different schools in the years to come); to identify student interests and concerns that warrant MAWS involvement; and provide preceptor training and intervention with the schools regarding students' experience.

Renew Your Professional or Associate Membership

MAWS Professional and Associate Memberships support the important work of our organization.

MAWS works for midwives and families by:

- Emphasizing the need to reduce unnecessary cesarean surgery
- Educating state legislators and drafting legislation
- Promoting fair reimbursement of midwives
- Helping to ensure the stabilization of malpractice premiums
- Providing a forum for peer review at conferences and in local communities
- Offering semi-annual conferences with continuing education opportunities
- Offering a Quality Management Program with protected peer and incident reviews
- Raising funds for a Public Education Campaign to educate the public about midwifery care and home and birth center birth options
- Fighting for fair midwifery licensing fees
- Promoting the increased utilization of licensed midwives at the local health level to address the OB access problem
- Bridge-building with other health care professionals
- Educating government agencies
- Articulating and promoting the Midwives Model of Care™
- Leading the insurance claims, payment, and reimbursement fight
- Group discounts on services and subscriptions



PO BOX 605
Roslyn, WA 98941