MIDWIVES' ASSOCIATION OF WASHINGTON STATE

Talking Points for Lobby Day 2021 See also, Legislative Agenda

Remember: you know why these issues are important! Speak from the heart. Here's some info for you:

WHAT: Additional training option for LMs to ensure they have the competency necessary to offer clients all contraceptive options and antibiotics for common perinatal infections such as UTIs, STIs or mastitis which they are already trained to identify

> "We will have a bill for the purpose of a sunrise review at the Dept of Health this year, and ask that you will be willing to support that bill in 2022."

WHY: We want families to have what they need when they leave an appointment with their Licensed Midwife to prevent morbidity and increase access to high quality care

WHO: Families who choose Licensed Midwives to attend the birth of their baby and guide them through 10 months of high quality prenatal care followed by 2 months of postpartum care

WHEN: A sunrise review of the bill this year will analyze existing clinical and didactic training requirements for LMs to determine any educational gaps and need for further training, paving the way for the bill to be reviewed next year.

WHERE: WA Families who choose Licensed Midwives for their care, especially those living in underserved rural and urban shortage areas

Give a picture of:

The value of being able to offer antibiotics for mastitis, UTIs and/or STIs:

- Fewer ER admissions and urgent care visits!
  - As non-prescribing providers, an ER/Urgent care is often a patient's only option if their midwife diagnoses an infection after-hours or on weekends
  - Many pregnant and postpartum people have no primary care provider other than their midwife
- No need to schedule and pay for an additional visit with a stranger for
  - A pregnancy-related UTI that needs treated before it becomes a kidney infection that can cause preterm birth or worse (OB emergency)
  - A painful breast infection that requires rest to avoid becoming an abscess
  - An easily treated STI like chlamydia, where stigma may cause clients to delay visiting another provider for treatment

What is involved in postpartum family planning with the midwifery model of care:

- Postpartum persons report better birth control education from midwives than other obstetrical providers[1]
- "Do you have plans for a larger family & do you want that baby right away? If not, we need to come up with a plan for you. We want to make sure that you are taken care of. Preventing a baby is cheaper than paying for a baby. Your pregnancy is going to be healthier and easier if you give your body a rest."
  - If the additional training option we propose is enacted and the LM completes the additional training required, "And I can do something about your desire for contraception right away, today. You don't have to have somebody new looking at your vagina. You don't have to get a babysitter for your newborn (even more difficult now during COVID times)!"
  - LMs would let a person hold their baby while they get an IUD inserted.
  - Offering contraception for 12 months at a time increases use of effective methods as does ensuring they can leave their 6 week postpartum visit with everything they need.
- The needs of postpartum people almost always come last (even more so with COVID). Parents too often don't make time to care for themselves putting their own needs at the bottom of a too long 'to do' list. Add extra scheduling and a need for babysitters and contraception doesn't get prioritized.

***NOTE**: avoid saying "scope" – instead use terms like "updating the tools we can offer families" or speak to access and growing needs of the childbearing population*

Consider that we want to:

- Increase Access & options
- Reduce & eliminate barriers to care & equity
- Prevent infections
- Update/modernize the law
- Improve timely quality access to needed care

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Please be creative and use your own stories and data to talk about your care!

For consumers/advocates: Of particular impact are consumer stories about what midwifery care means to you, and in what ways you may have experienced inefficiencies or barriers because of unnecessary limitations to the care your midwife could provide (such as a time you had to go to Urgent Care for antibiotics for a urinary tract infection that your midwife caught and diagnosed, or having to leave your final postpartum visit and go elsewhere to receive an IUD or other contraception).

For midwives: Speak to the skills you have and the things you could be doing if not limited by practice constraints that are deeply in need to updating to meet the needs of reproductive people in Washington and **the way this limitation hinders your clients** or prevents them from having options/access/choice, etc.

Midwifery Licensing Fee Cap

- We are asking that the legislature support the governor's budget that will maintain the midwifery licensing fee cap at $525, given the clear cost savings and health benefits that licensed midwifery care confers to the state.
    - ***Recent data from the Health Care Authority indicates that LM care actually results in even greater cost savings to the state than previously estimated: $1.9 million ANNUALLY.***
    - Half of all births in Washington state are paid for by Medicaid; among those receiving care from licensed midwives, an average of 38% are on Medicaid, although the percentage is as high as 75% in some rural areas.
    - The more access to licensed midwives, the greater the savings.
- Each individual healthcare profession regulated by the Department of Health is required by law to be self-supporting, but with less than 200 licensed midwives in the state, the cost of our licensing fee would be as much as 3-4 times this amount without this cap.
    - A fee this high would create a barrier to entry into the profession (great point for students to make), and could cause midwives, especially in rural parts of the state, to drop their licenses. A drop in the number of licensees would cause fees to go up even higher, resulting in fewer LMs which would increase the cost of care and decrease consumer options especially in already underserved rural and urban areas
- Maintaining this cap would be more consistent with our neighbors in Oregon where they actually reduced their licensing fees by $200 due to COVID-19 to encourage licensure and help reduce the current burdens on the healthcare system
- ***Would you contact budget leaders to let them know you support this proviso in the Governor's budget?***

More Info on the Other Bills MAWS is supporting

Support HB 1031/SB 5072: Certificate of "birth resulting in stillbirth"

- Certificate of "birth resulting in stillbirth" to provide a document other than a fetal death certificate for a parent who gave birth to a stillborn child to acknowledge their birth, not just the baby's death
- Currently, the certificate of fetal death is the only document issued to the parents
- The experience of stillbirth is a trauma made worse by having only the baby's death acknowledged

Support SB 5068: Extends Medicaid coverage for pregnant and postpartum people from 60 days post-pregnancy to one year, post-pregnancy, specifically for groups that have not qualified for the Medicaid expansion (i.e. that are only eligible for Medicaid because of pregnancy)

Support SB 5140: Protecting pregnancy and miscarriage-related patient care.

Reference:

1. Declercq, E. R., Sakala, C., Corry, M. P., Applebaum, S., & Herrlich, A. (2014). Major survey findings of Listening to Mothers III: New mothers speak out. *The Journal of Perinatal Education, 23*(1), 17–24. https://doi.org/10.1891/1058-1243.23.1.17