

**Talking Points for Lobby Day 2022** 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 Licensed Midwives to ensure they have the competency necessary to offer clients all contraceptive options and antibiotics for common perinatal conditions and infections such as UTIs, STIs or mastitis which they are already trained to identify

We are grateful that Senator Randall is sponsoring our bill and we ask for your support!

**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:** We have a Senate bill this session that we hope will receive a hearing by the health care committee and then move forward!

**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<sup>1</sup>
- "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

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 grateful the **licensing fee cap** of \$525 is maintained through this biennium.
  - It was included in the Governor's Budget and remains there due to the cost savings of licensed midwifery care.

### More Info on the Other Bills MAWS is supporting

- **Support**

#### 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>  
[www.washingtonmidwives.org](http://www.washingtonmidwives.org)