



Hawaii Home Birth Task Force Meeting #2

State Capitol - Conference Room 312

Friday August 2, 2019 --4-7 pm



APPROVED SUMMARY MINUTES

- I. **Call to Order** – Chair Kristie Duarte called the Hawaii Home Birth Task Force meeting to order at 4 pm
 - a. Member Ki’i Kaho’ohanohano gave an opening Pule (prayer)
- II. **Introductions** of Task Force Members and their alternate representatives* were made (see attendance roster); Member Heather Milovina joined the meeting via conference call from Maui at 5 pm. Dr. Eesha Bhattacharyya (ACOG) and Executive Director Khara Jabola-Carolus (Commission of the Status of Women) were also introduced. All guests were welcomed.
- III. **Draft Agenda** was reviewed and adopted.
 - a. Chair Kristie explained an online email re-voting to allow public comments during task force meetings was originally only 5 thumbs up votes but that the 5 sideways votes also counted towards “up.” To clarify this vote, thumbs up & sideways being the same vote, the email revote was taken and approved. Online email voting will be used for expedient matters.
 - b. Chair Kristie also explained the preliminary consensus voting to be used for issues that the work groups will be reporting.
- IV. **Minutes July 8th Meeting were revised and approved.** They will be posted to public websites.
- V. **Old Business**
 - a. **Travel expenses update:** Member Matt Shim, Department of Health Family Health Div., reported that his program does have discretionary grant funds and is working with the Status of Women Commission for making travel arrangements for the next two meetings for neighbor island members or their alternates. Melvia & Laney will be sending instructions on processing travel forms for those affected.
- VI. **Working Groups Reports**

- a. **Scope of work: Act 32 2019, Sec. (e)** (page 24) : *“The task force shall investigate issues relating to direct entry midwives and home births, including the following areas: Data collection; Education and training; and Regulation and Exemptions.*
- b. **The three work groups reported their information for discussion. Further reports will be submitted by email to be used for continuing information and discussion.**

VII. Other items:

- a. Natalia from Rep. Wildberger’s office, offers child care services in Room 327. Please contact her 2 days in advance @ 586-8525.
- b. Public members were given time to express their opinions on the meeting’s topics. Expressions of thanks for the volunteer time and effort towards this task force purpose were given and received.

VIII. Announcements:

- a. Next Meeting: **Monday, September 9th, 1- 4 pm**, State Capitol, Conference Room 312; Neighbor island travel to be coordinated by Laney & Melvia;
- b. **Working Group reports:** Please submit your electronic **draft reports to Melvia by Sunday, Aug 25th** to be emailed out on Monday Aug 26th for members to comment.

NO LATE REPORTS. WORK GROUP CHAIRS, PLEASE SUBMIT THE THREE WORKGROUP REPORTS USING THE MINUTES FORMAT. MAKE ADDITIONS, DELETIONS, QUESTION AREAS WITHIN THE TEXT IN ANOTHER COLOR FONT. THANK YOU.

- IX. Adjournment** - Chair Kristie adjourned the meeting at 6:55 pm.

Respectfully submitted,
Melvia Kawashima
Hawaii Home Birth Task Force staff

2 Attachments:

Attachment 1:

*Hawaii Home Birth Task Force Meeting Attendance

August 2, 2019

Hawaii Homebirth Task Force; Act 32, SLH 2019

Name	Occupation Grp Rep	Area Rep	Attending Initial
Dr. Eesha Bhattacharyya, MD	American College of ObGyn (ACOG)	Oahu	X
Dr. Jenny Lum, MD	American College of ObGyn (ACOG)	Oahu	
Dr. Christy Fujimoto	American College of ObGyn (ACOG)	Oahu	
Lee Ann Teshima	DCCA (PVL Representative)	Oahu	X
Matt Shim	DOH; Family Health Services Div	Oahu	X
Kathleen Libao-Laygo	Healthcare Assn of Hawaii (HAH), Senior Director of Quality and Regulatory Affairs	Oahu	X CONF
Heather Milovina	Certified Nurse Midwife	Maui	CALL
Mieko Aoki	Certified Professional midwife	Kauai	X
Jaymie Lewis		Kauai	X
Selena Green	Certified Professional midwife	Oahu	X
Ezinne Dawson		Oahu	X
Rachell Struempf	Public member who has used home birth services; Home Birth Elder	Hawai i Cty	X
April Bailey		Hawai i Cty	E
Dr. Lori Kimata	Home Birth Elder	Oahu	X
Mari Stewart		Oahu	X
Ki'I Kaho'ohanohano	Traditional or cultural birth attendant	Maui	X
Laulani Teale		Hawai i Cty	X
Tara Compehos	Public member; DEM/traditional midwife	Hawai i Cty	X
Laulani Teale		Hawai i Cty	
Kristie Duarte	Public Member who has used home birth services	Oahu	X
Ramona Hussey		Oahu	X
Resource & Staff			
Khara Jabola-Carolus	Status of Women Comm Exec Director (DHS)	Oahu	X
Calaine Trinh	Status of Women Comm; Secretary	Oahu	
Jordyn Saito	Status of Women Comm; Volunteer staff	Oahu	X

Melvia Kawashima	Status of Women Comm; Volunteer staff	Oahu	X
Natalie	Rep Tina Wildberger staff	Oahu	X
<u>Guests</u>			
Two un named ladies			

Attachment 2

Work Group Reports as of 8_3_19 Meeting DRAFT 1

**PLEASE USE THIS FORMAT MAKE YOUR EDITS
EMAIL YOUR COPY TO hawaiihomebirthtaskforce@gmail.com
BY MONDAY, AUGUST 26TH;**

(1) Data collection and reporting: Chair Lori Kimata

The Task Force wants data on both hospital births and homebirths; and morbidity data; Recommend a better system of data collection; a continuing work-in-progress (WIP)

- Data findings were reported; sample draft forms were shared;
- Reported data from all parties concerned will be compared at the next meeting, Sept 9th, 2019.

(2) Definitions, Education and Training of Direct Entry midwives: Co-Chairs Lori Kimata & Selena Green

- *Goal: Is there agreement in the group on the definitions, education and training of DEM?* Not yet; WIP

Definitions scope and title protection need DCCA Agreement SKA (skills, knowledge, abilities), experience, education, and training; continuing education.

- *Act 32 regulates those persons who meet the qualifications and standards of midwifery practice that promote public health and safety and protect consumers from harm.*
- **Midwife** – means a skilled person who provides primary maternity, and postpartum care for birthing people and their newborns during the childbearing cycle
- **Certified Professional Midwife**
- **Certified Nurse Midwife**
- **Direct Entry Midwife** – means a person who is an independent practitioner educated in the discipline of midwifery through self-study, apprenticeship, a midwifery school, a college or university based program distinct from the discipline of nursing. A direct-entry midwife is trained to provide ***the Midwives Model of Care (needs cite)*** to healthy women and newborns throughout the childbearing cycle primarily in out-of-hospital settings.
- **Community based midwife** – means a midwife who for religious, personal, and/or philosophical reasons *choose not to become certified or licensed*. These midwives are ultimately accountable to the *communities they serve*; and believe that midwifery is a social contract between the midwife and client/patient, and should not be legislated at all; or that women have a right to choose qualified care providers regardless of their legal status.

- **Indigenous midwife** – means a person who is an autonomous primary health care provide who has the skills to care for pregnant people, babies, and their families throughout pregnancy, birth, and postpartum . (Ki’I presented this section)
- **Qualified midwife preceptor-** means a licensed or a exempt experienced midwife, or other maternal health professional licensed in this state who participates in the clinical education of student midwives; preceptor requirements:
 - **(HiHBC Elder) midwife Preceptor**
 - i. 15 years of experience with last five years being in Hawaii;
 - ii. 75 out-of-hospital births with at least 10 of these births having occurred in the last 2 years;
 - iii. 300 pre-natal visits with at least 50 different women;
 - iv. 50 newborn exams;
 - v. 75 postpartum visits;
 - vi. Individualized Practice guidelines;
 - vii. Informed consent document;
 - viii. Fees and remittances form;
 - ix. Hospital transport form;
 - x. State of Hawaii Midwife License;
 - xi. Professional liability insurance.
 - **Training and Regulation**
 - **HiHBC (Hawaii Home Birth Collective)** means the self-regulating midwifery organization comprised of registered home birth midwives whose **education and training** have been verified through the registration process with the HIHBC.

Are these standards accepted?

- I. MEAC (Midwifery Educational Accreditation Council) is this the official educational pathway organization?
- II. MANA (Midwives Alliance of North America) the another official educational pathway organization?
- **Hawaii Home Birth Elders Council means the advisory body** of registered elder midwives who provide accountability for home birth midwives, and oversee complaints submitted by the consumers they serve.

Work group (3) Regulation & Exemption of direct entry midwives: CoChairs Rachel Struempf & Ki’I Kaho’ohanohano

- **Discussion and agreement as to the regulation requirement of Act 32 needed:** *who does what; for what fee; for what purposes, etc.*
- **Exemption** terminology per DCCA, means persons shall not use the **midwife** occupational term unless licensed.

- Indigenous Midwife, community midwife, student midwife are exempted groups that use the protected title without requiring minimum SKAs: basic health and safety standards, education and training standards to conform with the generic “licensed midwife” term.

Exempted from midwifery practice- Further discussion on exemption is needed.

DCCA exemption term means:

Persons shall not use the title of midwife with exceptions of Advanced Practice Nurse midwife (Sec. 487-8.5, HRS) & Physician’s Assistant (Sec, 453, HRS), Certified Nurse Midwife.

Work group’s pink pages report:

License required

(a) Beginning July 1, 2020, except as provided in this chapter, no person shall engage in the practice of midwifery, or use this title “licensed midwife” to the abbreviation “L.M.”, or any other words, letters, abbreviations, or insignia indicating or implying that the person is a licensed midwife without a valid license pursuant to this chapter.

(b) Nothing in this chapter shall precluded a person holding a national certification as a midwife from identifying the persons as holding such certification, so long as the person is not practicing midwifery or professing to be authorized to practice midwifery in the state unless that person is licensed or exempt in accordance with this chapter.

© except as provided in this chapter, no persons shall engage in the practice of midwifery, or use the title “midwife” ,without a valid exemption as defined in subsection __pursuant to this chapter.

Application for a license as a midwife. To obtain a license under this chapter, the Applicant shall provide:

- For Certified Professional midwives, proof of completion of
- An educational program or pathway accredited by the Midwifery Educaiton Accreditation Council; or
- A midwifery bridge certificate issued by the North American Registry of Midwives for the certified professional midwife; applicants who obtained certification through a non-accredited pathway, or who have maintained licensure in a state that does not require accredited education.

Exemptions

(a) A person may practice midwifery without a license to practice midwifery if the person is:

(a) **student midwife, or midwife assistant** who is currently enrolled in a midwifery educational program under the direction supervision of a qualified licensed or exempt midwife preceptor;

(b) A person acting as a birth attendant community-based midwife on or before July 1, 2023, who:

- Does not use legend drugs or devices, the use of which requires a license under the laws of the State.
- Does not advertise that the person is a licensed midwife;

- Disclose to each client verbally and in writing on a form adopted by the department, which shall be received and executed by the person under the birth attendant's care at the time care is first initiated:
- That the person does not possess a professional license issued by the State to provide health or maternity care to women or infants;
- That the person's education, and training have not been reviewed by the state training and qualifications have been reviewed by the HIHBC, not the state;
- That the person's education and training has been verified through the registry process with the HIHBC, and they have met the following education minimum:
 - TBD by working group
- If that person is not authorized to acquire, carry, administer, or direct others to administer legend drugs:
- Informs clients of any judgement, award, disciplinary sanction order, or other determination that adjudges or finds that the person has committed misconduct or is criminally or civilly liable for conduct relating the midwifery by a licensing or regulating authority, territory, state, or any other jurisdiction;
- A plan for transporting the client to the nearest hospital if a problem arises during the client's care;
- That the clients will have recourse through the HIHBV complaint process and that the midwife as agreed to cooperated with the Hawaii Elders Council should a complaint be filed against them.
- Maintains a copy of the form required by autograph for at least 19 years and makes the form available for inspection upon request by the department. Midwife shall use the hospital transport form adopted by the HIHBC.

- **Authority to purchase and administer certain legend drugs and devices**
- A midwife who has reported to the HIHBC their completion of a minimum of fifteen contact hours, in the last triennium, of appropriate continuing education as specifically related to the practice of midwifery, which shall include:
 - Suturing,
 - Pharmacology, and
 - Phlebotomy.
- May purchase and administer non-controlled legend drugs or devices that are used in pregnancy, birth, postpartum care, newborn care, or resuscitation during the practice of midwifery.
- Legend drugs authorized under this section are limited for:
 1. Oxygen for neonatal resuscitation per neonatal Resuscitation guidelines;
 - 2.

- **Legend drugs and application requirements** – it was agreed that 30 hours minimum training is the standards for all midwives. Training assistance in drug formulary from ACOG was raised. Needs further discussion. Reference to Ch 437 Nurse Prescriptive Authority.
- Midwives shall report to HIHBC, a minimum of 30 contact hours of appropriate continuing education during the triennium 2020-2023, including but not limited to a curriculum of pharmacology, phlebotomy, and suturing, as specifically related to the practice of midwifery.
- Midwives shall be authorized to obtain and administer non-controlled legend drugs or devices related to the practice of midwifery including but not limited to:
 1. Oxygen for neonatal resuscitation per *Neonatal Resuscitation guidelines*
 2. Neonatal eye prophylaxis;
 3. Anti-hemorrhagic agents and devices for postpartum;
 4. Vitamin K;
 5. Group beta streptococcus prophylaxis antibiotics per Guidelines adopted by the centers for disease control and prevention;
 6. Intravenous fluids;
 7. Rho (D) immune globulin;
 8. Epinephrine for neonatal resuscitation per NRP guidelines and treatment of anaphylactic reaction and an administered medication.
Dr. Eesha Bhattacharyya had medical reservations on administering epinephrine; (see Sec. 487-8.8, HRS).
 9. Local anesthetics without epinephrine;
 10. Non-hormonal contraceptives; and
 11. Mabendazole
- **Legend devices authorized** under this sub section are limited to devices for:
 1. Injection of medications;
 2. The administration of intravenous fluids;
 3. Adult and infant resuscitation;
 4. Rupturing of amniotic membranes;
 5. Repairing vaginal tears; and
 6. Postpartum hemorrhage.
 - Shall be authorized to obtain, store, and administer the non-controlled legend drugs and devices, listed in subparagraph 11, for limited use during the practice of midwifery. Provided that the midwife shall:
 - Store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs; provided that the exempt midwives may carry formulary drugs to a community setting while providing care within the course and scope of practice of midwifery; provided further that the exempt midwife shall promptly return the formulary drugs to the secure area when the exempt midwife has finished using them for client care; and
 - Maintain proper records of obtaining, storing, and administering drugs and devices.

Nothing in this section shall preclude as exempt midwife from carrying out the prescribed medical orders of a licensed physician or osteopathic physician licensed pursuant to chapter 453, or advanced practice registered nurse licensed pursuant to Chapter 457; orders of a physician assistant licensed and practicing with physician supervision pursuant to chapter 453, and acting as the agent of the supervising physician in accordance with this chapter.

- **An indigenous midwife** who has been chosen by their community to provide midwifery to indigenous persons or members of an indigenous community accordance with the United Nations Declaration on the Rights of Indigenous People.
- Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in the traditional healing practices of prenatal, maternal, perinatal, and childcare as recognized by a council of kupuna convened by Papa Ola Lokahi.
- Nothing in this chapter shall limit, alter, or otherwise adversely impact the practice of native Hawaiian healing pursuant to the Constitution of the State of Hawai'i. Including when, at any time, a council of kupuna is formed, recognized or convened by Papa Ola Lokahi.
- No exemption shall be extended to any person whose health professional license has been suspended or revoked within the state, any other state, or any other jurisdiction of the United States.

Work group (3) Issues/Concerns raised for the working groups to be addressed: Rachel, Tara

- **Create pathways for training & education** of midwives-minimum standards of practice were reported.
- HIHBC was reported to become the state's registration agency;
- HIHBC "Elders" was reported to become the statewide mentor/trainers/preceptors, having submitted requirements of experiences in specific areas (see Terminology)
- What standards do Hawaii midwives need to meet?
- *Do out-of-hospital births include home births as well as all other settings such as beaches, etc*
- How are MEAC standards of education/training applicable? To whom? Need copy or link to its standards?
- Is NARM a standard? To whom? Need copy or link to its standards?
- *Oregon law was referenced for model legislation; subject to amendments.*
- Standards from other regulatory law include:
 - i. *Sec. 436E, HRS, regulated acupuncturists (hours needed for clinical training and internship) and*
 - ii. *Sec. 461J, HRS, physical therapist (title protection).*It was suggested whether the ACOG could assist in legend drugs training.
- **Insurance issues** that prevent (Problem of insurers not allowing their) doctors to work with midwives; a licensed midwife is not an insurable occupation at this time, unless practicing under the direction of an MD.

- **Transport protocol** (problems) issues when a homebirth requires hospital transport;
- **Parents Rights.** Nothing in this law shall abridge, limit, or change in any way the right of the birthing parent to deliver their baby where, when, how, and with whom they choose, regardless of licensure under this chapter. (Utah)