

## **Midwifery Task Force - Oct 14, 2019**

Hawaii State Capitol, Rm 309

**CALL TO ORDER:** Chair Kristie called the Task Force meeting to order at 1:07pm. (1:25 on video)

**QUORUM & INTRODUCTIONS:** Chair Kristie determined there is a quorum and introduced new participants:

- Colleen Garrett, proxy for Kathleen Libao-Laygo, Hawaii Healthcare Association of Hawaii
- Laulani Teale, proxy for Ki'i Kaho'hanohano as cultural practitioner

**OPENING PULE:** Laulani began with a Pule and introduced Medra, a midwifery elder, who led the chant.

**MINUTES:** Minutes of the last meeting on Sep 9, 2019 were distributed for review.

There were two corrections by Laulani. The correct spelling is Laau Lapaau, and added that her statement included that the public has a need to be informed PRIOR to decisions being made. She noted that 48 hrs is normally required and she requested that even though the Task Force was exempted from the Sunshine Law, it should provide an opportunity for public input before decisions are made.

### **OLD BUSINESS**

#### **Working Group 1 - Data Collection**

##### **Fetal Deaths**

Dr. Lori Kimata asked to clarify the previous notes regarding Fetal Deaths. She noted that Fetal Deaths are not included in data charts because those numbers are lumped into a large category, and it's not clear what the term "Fetal deaths" encompasses. The Working Group is not including fetal or maternal mortality in the charts yet, because in order to get accurate data, we need to acquire better and more data. Right now it's all lumped into fetal death by gestational age, so we aren't able to determine how many of these are related to labor or birth.

However, she emphasized that what we DO KNOW is -- for planned homebirths, -- there are NO fetal or maternal deaths that occurred at home in those two years. Discussion ensued that we need more information about what those figures actually mean. Suggestion was made that the birth data form should include an option to ask whether the birth began as an intended homebirth.

### **DRAFT REPORT BY COMMISSION**

Chair Kristie directed the Task Force Members to take a look at the draft report created by the Commission, and asked each member for comments and suggested edits.

Comments & questions on Commission's Draft Report:

- Some had not seen the draft report and had concerns about lack of opportunity to examine.

- The DCCA was questioned whether if the law were to allow exempt categories of midwives to use the term 'midwife', as long as they did not call themselves "licensed midwives". The issue for the DCCA is "title protection".
- Dr. Lori reported her recent conversation with Rep Linda Ichiyama regarding her intention for Act 32, which included the ability of exempt birth attendants to still call themselves "midwives" (but not "licensed midwives").
- Discussion on the purpose of the Task Force, whether to amend existing law (Act 32), or only to provide a regulatory scheme for those exempted.
- Discussion on the DCCA's position statement which was provided 3 days earlier.
- Dr. Lori also reported on her conversation with Rep Ichiyama regarding the timelines in Act 32. The Representative relayed her thoughts that the Task Force need not feel rushed; the December deadline is for the report to the Legislature if we wish to introduce legislation this session, but the Task Force can continue meeting until June 30, 2020.
- Khara, Commission noted that the Commission is a one person commission, that due to limited capacity, the Commission can't wait until a week before.
- The DCCA was asked to recommend the Oregon model for the exemption which allows traditional midwives to call themselves 'midwife'. Rachel will provide them information about other states which allow this.
- Suggestions were made to simply disallow the use of the term "licensed midwife" for anyone not licensed by the state, but to allow exempt midwives to use the term, "midwife" which is widely used in communities, including cultural and traditional communities.
- Discussion about licensing fees and how they would be apportioned, including information on the Compliance Resolution Fund. Further discussion is necessary on that topic.
- Colleen, Healthcare Association of Hawaii: She reported that HAH is a consensus driven organization, and they don't make decisions without member feedback. They are in the process of getting member feedback. Membership of the HHA was clarified: 170 member organizations including major hospitals, home health care agencies, and trade groups.
- Dr. B, ACOG's position is that it agrees with international midwifery licensing and credential licensure process. .

## **DISCUSSION ON BRIDGE CERTIFICATE**

The DCCA asked for clarification on how the Bridge and PEP program work. Tara explained that NARM has two routes to obtain a certification for CPMs:

- 1) Go to a MEAC accredited school (there are not many, and NONE in Hawaii),

OR,

- 2) Do an apprenticeship, which then requires the PEP process, a documentation of what you have learned

Both routes require taking the NARM examination afterwards. She also explained that later, the ICM required that a bridge certificate was required. If you have not done the MEAC and have done the PEP, then you also have to do a Bridge certificate. (This means another 50 hours of continuing education, accredited properly, & to pay a fee)

Suggestions made included:

- Remove the word "formal" education to allow credit for apprenticeship training which complies with the ICM requirements

- Remove the words “before Jan 2020”. Because the current language of Act 32 contradicts NARM, MANA, ICM) Then, all future midwives certified through the NARM process, who have a bridge certificate, will be eligible for a license.

Would prefer the original source, rather than a summary.

## **APPENDICES DISCUSSION**

- Dr. B, ACOG prefers to have the original source cited, rather than a summary of the ACOG position
- Khara, Commission suggests just referring to a website with a link. Unless the document (like DCCA’s position) cannot be found online.

## **PUBLIC INPUT ON REPORT**

- Laulani requested that there be a place where the public can see the draft report in a timely manner, so that the public can comment.

## **DOH PROCEDURAL ISSUES**

- Matt, DOH requested that the report list the actual people who served on the Task Force. Not simply a listed of names to those on the working groups. He suggested a table listing names & organizations they represent, because it’s important for the public to know.

## **CONCERN RE SIGNATURE PAGE**

Many signers thought it was an attendance they were signing. Melvia said no, it’s part of the report. Some objected to signature being included, but not to listing their name. There was also a problem with incorrect spelling of Task Force Member’s name.

## **MOTION:**

**To put names & position in actual report in the Introduction not as an Appendix. And not as signature page. [No one opposed]**

## **HIHBC EDITS FOR DRAFT REPORT**

Chair Kristie passed out the proposed edits from the HIHBC.

Dr. Lori: explained that there was back and forth between HIHBC and the Commission:, so the HIHBC decided to provide their own specific edits of the Draft Report:

Page 2 Table of Contents:

- 1) “Occupation Description” is removed from Appendix 2 & 3
- 2) Appendix 4 - remove ‘registered’ adding “exempt”
- 3) Appendix 6 - remove “HIHBC”; it will just say disclosure form for all exempt midwives
- 4) Appendix 7 - add link to ACOG comments

- 5) Appendix 8 - link to DCCA comments
- 6) Page 3, first sentence - strike through the Bills draft
- 7) Page 4, para 1 - 2nd to last sentence - rephrase sentence ("The report delineates common standards...")
- 8) Pg 4, 3rd para, last sentence.  
DISCUSSION: the task force **may or may not** reflect all member's opinions...or their organization's opinion. [Wording is under discussion]
- 9) Page 5, last line: Suggestions by the Commission in gray area were accepted by HIHBC.
  - add "intended" homebirths
  - add "data collected by HIHBC showed..."  
OR "Best available data shows..."

Dr. Lori: The last line on Page 5 regarding maternal or infant mortality is there to note that there were no deaths for "intended" homebirths. This is to counter statements made during Legislative hearings  
Suggestions for rewording the last line on the page:

- Add "intended" homebirths
- "Midwife collected data shows that maternal and infant mortality rates for intended homebirth in 2017 and 2018 were zero." OR,
- "the best available data shows."

Tara summed up the discussion We can all agree that we need to forge better connections between the hospital and homebirth communities. But the problem is that we are getting information that doesn't help, and also that we are not getting information that we need.

## REPORT DEADLINES

KHARA: The Commission will work off the HIHBC Draft. Nov 6th is proposed deadline for First/Final Draft of Report, after working with Kristie to incorporate changes. Mid-November to incorporate any changes. And 1st week of December to print Final draft. Dec 12 deadline to submit to Legislature. Which will give a month for Legislators to draft legislation. Nov 6 is the cutoff.

DISCUSSION on holding an additional meeting.

- The Commission is time and staff limited, so needs to hold to the deadlines.
- The Task Force is not disbanded until June 30, 2020. So we can hold another meeting if we need it.

**MOTION: to hold a meeting in November on 4th. APPROVED**

7-YES

1- SIDEWAYS

4-NO

**CONTINUE WITH HIHBC EDITS:**

- Pg 6, 2nd sentence: removed "Dept of Health" change to DOH each time
- Pg 6- 2nd para:- removed the awkward syntax
- Pg 7 - 1st para: regarding floor comments by legislators - reworded

- Pg 7 - Section B - removed statement that there are different competencies. We felt it was very important to add a statement that Direct Entry Midwife (DEM) is an umbrella term and its definition
- Pg 7 - separated Certified MW & CPMs (because the terms are already confusing)
- Pg 8 - top para: Would like to keep it in - statement about purpose of Act 32
- Pg 8, 2nd para: Regarding no CMs in Hawaii. It follows the definition of CM. We want to keep it in because it will help folks understand how difficult it is to become certified in Hawaii (at 41:38)
- Pg 8, 4th para: Accept putting NARM in.
- Pg 8, para 5: REALLY IMPORTANT
  - The task force finds...re-wrote para to explain limited opportunity for licensure
- Pg 8, 6th para: Minor edits: Removed "in addition"
- Pg 8, 7th para: "Concerns have been raised.." concerns answered, and referred to next part of the report
- Pg 9, 3rd para: Put everything about Community Midwife in one place and separated Traditional Midwives (& removed "based" 3 times) Including reasoning from Sunrise Report
- Pg 9, 5th para: Minor revisions (removed "from")
- Pg 11, 1st Para under C: removed HIHBC registered, because cultural and traditional midwife would not necessarily be registered with HIHBC

LAULANI: Requirement for disclosure form if applied to cultural/spiritual practitioners would be very problematic. We would strongly oppose the requirement of a disclosure form. This is not practical for them. If they are exempt under the cultural/spiritual, then shouldn't have to do disclosure form. We don't want to criminalize traditional and cultural midwives.

## **PUBLIC COMMENTS**

Seven women who were present offered the following comments:

- It's challenging to contribute when no access to materials that the Task Force has and is discussing. Also it feels repetitive...it's discouraging to hear today's discussion - sounds like the hearings in Legislature. It's upsetting as a birthing mother and as a birth worker. The decisions you make will affect my life and my work.
- It's frustrating not having access to the documents although I've been attending these meetings all along. I don't feel confident that those I rely are really protected in my community. Especially frustrated that agencies keep reporting back that they are waiting for information. Would love to see a stronger effort. And there is time to pay more attention to this issue.
- We need to take care of the mamas...this process does not do that -- it's a focus on laws and regulations. But I think it's a personal journey for women. Transport to hospitals should be decent when needed -- like it is in Europe.
- I have attended these meetings, hoping we can achieve more than 'performative bureaucracy' aimed at an especially vocal part of the community. I'm not sure that has been achieved here or even taken seriously by everyone on the Task Force. Why squander the opportunity to meet?

- Reading Act 32, the Commission Task Force “shall provide administrative and clerical support required by the Task Force”. It does not say they must be there to convene and participate in Task Force.
- I’m reading the purpose in Act 32: “By the end of 3 year period the Legislature intends to enact statutes that will incorporate all birth practitioners and allow them to practice to the fullest extent of the law.” That is why we are here. Thank you to midwives for pouring their heart and soul into this effort for years. I request that departments and organization representatives go back to your offices and keep that in mind...that we are here to try to legalize and allow women who have been practicing for decades to continue to practice to the fullest extent of the law.
- At the end of the day, birthing women are going to choose who they want to help them birth, whether they are licensed or unlicensed. Once women go underground it becomes unsafe.

**MOTION to keep this Task Force alive because we have so much more work to do, to collect data, make connections with hospitals, gather vital records, clarify data, improve transports, build bridges between hospital and homebirth communities. APPROVED**

YES: 11

SIDEWAYS: 1

NO: 0

**CLOSING PULE:** Medra led us in a short closing chant and we ADJOURNED at 4:00pm