

## HOME BIRTH TASK FORCE - Minutes of Nov 4, 2019

### **PRESENT:**

Kristie Duarte, Chair  
Dr. Lori Kimata, Home Birth Elder (Oahu)  
Tara Campehos, Vice Chair (Hawaii Island)  
Matt Shim, DOH  
Dr. Chrystie Fujimoto, ACOG  
Selena Green, CPM (Oahu)  
Ki'i Kaho`ohanohano (Maui)  
Rachel Curnel Struempf (Hawaii Island)  
Kathleen Libao-Laygo, HAH  
Lee Ann Teshima, DCCA  
Mieko Aoki, CPM (Kaua) [by phone]

Khara Jabola Carolus, State Commission  
Ramona Hussey, Notetaker  
Audience – 3, then 4 public members

**CALL TO ORDER.** Chair Kristie called the meeting to order at 1:14pm

**MINUTES.** Approved as submitted, with clarification of statement on fetal deaths (remove 'whether this means miscarriages, or what' with "**how many of these are related to labor or birth.**")

### **ADDRESSING COMMENTS FROM TASK FORCE MEMBERS.**

- **DOH Input on Draft Report.** Matt referred the Task Force to the letter from Dr. Anderson (dtd Oct 29, 2019). DOH defers to DCCA on recommendations from Task Force.
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- **HAH Input on Draft Report.** Kathleen said that the HAH must defer to the DCCA's position on most of the recommendations in the Draft Report. They suggest an open formal communication with the statewide Emergency Medical Services (EMS). They are willing to convene a meeting with EMS services and the Task Force about transportation in order to build mutual support. But HAH must defer to DCCA because they are the governing authority.

**MOTION: To add to report a recommendation that HHA convene a meeting between Task Force and EMS to discuss and improve transport from homebirth to hospital by building relationships and identifying opportunities to improve transport. APPROVED**

Expressed concerns by Task Force members regarding transport include:

- 1) Obtain training in neonatal resuscitation for EMS personnel
- 2) Dr. Bronstein, Branch Chief for Emer Med Services & Injury Prevention
- 3) Hospital personnel also need training

- **DCCA Input into Draft Report.** Lee Ann noted that:
  - DCCA does not agree with allowing unlicensed midwives to call themselves midwives - explanation being "title protection" for licensed midwives.
  - Regarding the suggestion to extend the appeal date of 2023 to 2025. DCCA will be opposed to extension of the date.

- They did not receive the info regarding other states that allow term ‘traditional midwife’.
- They DO want to recommend that the PEP process be allowed.
- They can agree with taking out the word “formal” and the date (‘before 2020’) which would allow the PEP process to continue

### **CONSENSUS FOUND**

Dr. Lori Kimata noted that we have three things we are in consensus about:

- 1) continue the Task Force to work on these things
- 2) allowing the PEP process to continue
- 3) meeting with EMS personnel

### **GUEST SPEAKER**

Our guest speaker, Kim Kuulei Byrnie, from Papa Ola Lokahi was introduced. She is a kupuna for homebirth babies. Also she is a past member of the Commission.

There is concern in the community that Papa Ola Lokahi was written into the Act. There is also misinformation about Papa Ola Lokahi’s mission and function. She recognizes that her kuleana is for Hawaiian Health and that this is not primarily a Hawaiian Task Force. She is not here to comment on the report because it does not mention Papa Ola Lokahi or Hawaiian traditions.

Papa Ola Lokahi supports families’ right to choose home or hospitals; we support right to choose when, where or how to give birth. Some history to clarify why Papa Ola Lokahi was written into Act 32:

In 1988, the Native Hawaiian Healthcare & Improvement Act passed. It was Federal Law, passed by Congress. This created Papa Ola Lokahi, and 5 Native Hawaiian health systems serving neighbor islands. And Hawaiian Homes Scholarship Programs.

Part of Act included recognition of traditional Hawaiian healers. A State Law was passed to certify traditional Hawaiian practitioners. So Papa Ola Lokahi assembled kupuna practitioners from all islands (Master Practitioners). They talked story, one of the outcomes was the “Kupuna Statement”. They sent a letter to Legislature, saying ‘Thanks, But No Thanks’, only Ke Akua can certify us as healers. Papa Ola Lokahi was in a bind because the law said they had to certify healers. A suggestion was made that Kupuna Councils be created that can talk & advise on traditional Hawaiian healing practices.

They went back to Legislature and told them Papa Ola Lokahi won’t certify - that they would simply ‘recognize’ healers already recognized by their communities. They changed the law to meet the Kupuna’s needs.

She notes that the Act 32 exemption is exactly the wording in HRS 453-2(c) for Hawaiian healers. “Nothing shall prohibit...” It’s an exemption for medical licensure that holds out native Hawaiian practices. The state Constitution says Hawaiian customs and traditions “shall be preserved”.

Currently there are 7 Kupuna Councils recognized, plus 2 in development. They recently convened an ad hoc committee to review all requirements to convene a Kupuna Council. Papa Ola Lokahi notes two things:

- 1) There are 7 existing councils; 5 are attached to a Native Hawaiian health care system, 2 attached to federally qualified health centers on Oahu.
- 2) Councils are self-defining and self-governing (age limits, race, etc up to councils)

Papa Ola Lokahi doesn't define who is a practitioner or who is on council, nor how they operate. Once a year the Councils must send a report that says they are active, who their members are, and what practices they cover. The Legislature requires this. And it's a benefit to practitioners because they are able to exempt practitioners from licensure and certification requirements. This provides protection, it's a benefit for traditional Hawaiians. What are the harms? One challenge is that it doesn't include Non-Hawaiians. So even though they stand in solidarity with other native groups, they can't include them.

She acknowledges that there will be some kind of relationship with Papa Ola Lokahi & the Homebirth Task Force due to Act 32.

### **QUESTIONS FOR PAPA OLA LOKAHI:**

#### Q. How to contact?

Sherri Daniels, Executive Director; Babette Galang convenes Kupuna Councils. Main Number: 597-6990 or call Kuulei at 383-1651.

#### Q. How to be recognized by Kupuna Councils?

A. Contact the local Kupuna Council Chairs:

- Maui – Joey Gonzalves
- Hawaii – Kamuela Banner
- Oahu – Joleen Mono
- Kauai – Shawn Chun

#### Q. Does each Island Kupuna Council oversee that island?

A. There are many more practitioners in community than are members in Councils. When an issue comes up, Papa Ola Lokahi can help protect. (Example: nearly every year someone from the UH wants to pass a law to 'certify' Laau Lapaau practitioners. Every year Papa Ola Lokahi has to go to the Legislature and testify against it.)

#### Q. Are these Kupuna Councils separated by practice or geography?

A. Each of the 7 councils take care of the area or island. Councils are NOT separated by practices (like Ho'oponopono, Lomilomi, etc.)

#### Q. Can non-Hawaiian seek recognition from Kupuna Council?

A. Can seek it, but she doesn't know what will happen for non-Hawaiian practitioners who were trained in Hawaii.

#### Q. A lot of Native Hawaiian midwives get their training from Non-Hawaiian midwives.

A. She doesn't know how that will work out.

#### Q. What about other cultures who are indigenous, but not Hawaiian? (Marshallese, Micronesians, and other cultures.)

A. Not sure.

#### Q. Are the folks from Hui Malama who sets up tables the Kupuna Councils?

A. Those are the education folks, but are not the doctors, nutrition counselors, or practitioners. Ikaika Nobriga is chair of Kupuna Council on Hawaii Island.

Q. Is anyone on any of the Kupuna Councils a midwife, birth attendant? Because it matters whether they are actually involved in birthing practices.

A. Not that she knows of, specifically for midwives. She will ask the Councils, and send answer to Kristie for distribution.

Q. Being on the Kupuna Council is not the same thing, as being a practitioner?

A. Not all practitioners are on the Council, but may be recognized by their community. In 2001, Frank Hewitt wrote an article on traditional Hawaiian healers after interviewing healers.

**SUGGESTED MOTION: We support cultural and religious exemptions in the practice of midwifery. [NOT voted on]**

### **COMMENT & OBJECTION FROM THE PUBLIC FOR PAPA OLA LOKAHI**

Q. Objection to the lack of time for public input. Concerns about the Task Force processes. Concerns about how Papa Ola Lokahi works: do the Councils encompass people who really know about birth; can homebirth really be covered by Papa Ola Lokahi; are all birthing mothers protected? Are all cultural practices protected?

**MOTION that task force meet with Papa Ola Lokahi and homebirth community, and other practitioners to work out issues, and building bridges of education and understanding. APPROVED**

DISCUSSION about need/request to share information between hospital physicians and homebirth midwives; problems from the point of view of doctors; and needs of birthing women.

**MOTION that we recommend that the homebirth task force meet with ACOG members and the homebirth community to share information – particularly those doctors who testified before the Legislature. We request that ACOG put our request on their next agenda. APPROVED**

[KHARA: Has to leave, but will meet with Kristie to finish drafting report to legislature.]

### **FURTHER EDITING OF REPORT**

Highlighted portions will be added to the draft from last meeting.

- Combined Community midwife and traditional midwife into “traditional midwife”.
- P.2 Disclosure Forms: Take out “exempt” and put in “registered”
- P. 4 restatement of ‘may or may not agree with’ language
- P. 6 add “from DOH vital records indicate that”...

MATT: We have to remember that all data reported here is from DOH vital statistics or birth or death certificates. So based on the information we have, it is a true statement of information received.

MIEKO: There were no maternal deaths or infant mortalities reported. But we could note what other data is needed as well.

- P. 14 DEFINITIONS: Replaced “birth attendants” with “traditional midwives”
- P. 16 ADVISORY COMMITTEE OF MIDWIVES. Removed “CNM”; Added CNM who “works exclusively in the community birth setting”

MATT: Suggested potential compromise that we could add OBGYN & CNM as ‘ex-officio members’ (non-voting members) to Advisory Board which allows input but no vote.

MIEKO & RACHEL: Not appropriate to have non-practitioners on the Advisory Board for Midwifery

- VOTE on whether to include CNMs on the DCCA’s Advisory Board
  - NO CNMs: 4
  - A Voting CNM who works exclusively in community birth setting: 1
  - A Non-Voting member CNM: 3

Task Force Recommend That the Advisory Board membership be changed:

- That CNM be deleted from Advisory Board
- That members be changed to two CPMs and 2 CMs (unless there is not sufficient of one type, then others can be pulled from other)
- Add a Native Hawaiian Practitioner as defined by Act 32
- Papa Ola Lokahi may be interested in serving on the Board
- P.15-16 New wording for definition for “Traditional Midwife” was added
- Add the Motions for recommended meetings with EMS, ACOG,...
- Continue the Task Force to meet monthly thru June 2020 talk about transports, alternative pathways. (Meeting dates will be scheduled for next 3 months via email)

**MOTION: the Task Force reached unanimous consensus that traditional midwives do exist in Hawaii, and are in demand in the Community, and that other states recognize them as exempt midwives and have created pathways for them to continue to practice without licensure.**

**APPROVED**

ACOG: Christie has comments she would like to submit. It will be included in Appendix 7.

Kristie asked that the letter acknowledge that ACOG could not agree with the Task Force’s recommendation due to national policies, and that Task Force members tried hard to meet on common ground with ACOG.

TARA: Announced that Piper Lovemore will be her proxy from now on and has been attending meetings all along.

## **PUBLIC COMMENTS**

- It’s important to remember that the reason the Task Force exists is because a law was passed by the Legislature which did not listen to the public’s concerns.

- To collect statistics we all need to use the same form; right now the HIHBC sent out a form, while hospitals use birth & death certificates. We have that for 27 midwives, but not for all the midwives.

- Data Collection- strongly recommend phrasing to the Legislature that the purpose of any data collection is to facilitate better trust and better data. Need to facilitate a safe environment for data to be shared without fear of persecution.

- Page 10 Traditional Cultural Midwife. “defined by Na Pua O Haumea” is clear and strong. But prior paragraph not as clear. Should include spiritual, cultural practitioners, not just Kanaka Maoli. Also should say, “And therefore these midwives should be exempt.” Needs work to show: Who is being included... Tara will work with Laulani on wording.

- Public involvement before each meeting. How can that be done? Task Force members check in with Community – perhaps a chat to say this is what we’re recommending, here’s the agenda, etc.

KRISTIE will send an email to the Task Force to get input on the agenda.

**Meeting was adjourned at 4:10pm.**