

Homebirth Task Force - December 13, 2019

TASK FORCE MEMBERS PRESENT:

1. Kristie Duarte, Chair & Public Member
2. Dr. Lori Kimata, Home Birth Elder
3. Carol Gautschi, Washington State Homebirth Midwife [Proxy for Ki'i Kaho'ohanohano]
4. Matthew Shim, DOH
5. Lee Ann Teshima, DCCA
6. Selena Green, CPM cultural traditional midwife
7. Tara Compehos, Public Member DEM/Traditional Midwife, Big Island
8. Rachel Curnel Struempf, Public Member, DEM/Traditional Midwife, Homebirth Elder
9. Jaymie Lewis, Traditional Midwife & mother [Proxy for Mieko Aoki]
10. Kathleen Libao-Laygo, Healthcare Association Hawaii (HAH) [Arrived later]
11. Ramona Hussey, Notetaker

Public Present:

- Daniela Martinez
- Eleni Gill, Civil Beat Reporter
- Laney Trinh Commission
- Ezinne Dawson, Student Midwife
- Jasmine Merritt, Student Midwife
- Medra, whom everyone knows
- Ye Nguyen, Licensed Naturopathic Physician, midwife
- Alex, birth doula

QUORUM: Chair Kristie determined that a quorum exists with 9 members present

CALL TO ORDER: Chair Kristie called the meeting to order at 1:12 and asked Carol to do the pule.

INTRODUCTIONS:

Three Task Force organizations are not here:

- Hawaii Hospital Association (Kathleen came later)
- ACOG Representative
- Certified Nurse Midwife

PLANNING FUTURE MEETINGS:

Date for next meeting - **Jan 27 Monday** Location TBD (Possibly this Room 405, State Commission on the Status of Women)

- Emergency Medical Technicians (EMTs): Kathleen reports that they are scheduled to come on January 27th.
- Kristie will contact ACOG to see if they will meet with us. We understood that they were to discuss a potential meeting at their December meeting.
- Papa Ola Lokahi - Tara will contact Papa Ola Lokahi and other traditional healers regarding a meeting.

MINUTES: Although draft minutes of the last meeting on November 4 were available, Ramona noted that they need to be revised and finalized. Ramona will resubmit at the next meeting.

REPORT TO LEGISLATURE: Dr. Lori led discussion of the published report. She noted that the Task Force looked at what the State had mandated the Task Force to do: Act 32 asked the homebirth/midwifery community to define itself, to spell out accountability and disclosure, and allow practitioners to practice “to the fullest extent of the law.”

The Task Force has done that. We stated who we are what we do and how we practice. We don't fall under the licensure of licensed professionals. Several organizations represented on the Task Force may disagree (ACOG, DCCA, HHA), but the Task Force as a whole feel we have done what was requested by the Legislature.

Concerns raised included:

- ★ Where do we go from here? How to integrate practicing midwives into the law? We need to give Legislators the recommendations to create a bill to revise Act 32.
- ★ There has been some misunderstanding of the process amongst the Task Force. Members had hoped to have more back and forth with the DCCA for example, to help determine what the problems and possibilities are for changes in the law.
- ★ Members gave DCCA credit for recognizing the need to extend the date of the PEP program, which is a huge help for midwives.
- ★ The DOH and HAH both deferred to DCCA's position. There was strong concern about the position statements by DCCA, HAH, & DOH. Some items mentioned were not in the Task Force's final report. Ultimately those position statements were deleted from the final report.
 - Example 1: the discussion of the 'proprietary title' of midwife was not in their position statement.
 - Example 2: DCCA recommends that Advisory Board NOT include members from neighbor islands because the current law (Act 32) doesn't require it.
- ★ Despite these frustrations, Task Force members felt the whole process was a valuable one and has resulted in a great deal of learning.

SPEAKER: CAROL GAUTSCHI

Carol is a licensed midwife in Washington State. She had been an unlicensed midwife in California for 20 years. She noted that 70% of hospital revenue is birth; so it's unlikely that hospitals will ever be supportive of homebirth midwives. We have horrible infant mortality rate in this country, and homebirth midwives have the potential to change that.

Licensure. The biggest problem with legitimized/licensed midwives is that the scope of care become more limited under the management of a government entity. She teaches globally, and is saddened to report that many parts of the world follow the US birthing system, which is

bad for babies and mothers. She notes that Japan is the exception - and all they use are midwives. She felt that Minnesota has the best laws for unlicensed midwives. Not Oregon.

Language: She has begun using the term “Classical” midwife, rather than “traditional” midwife. This avoids the inaccurate and derogatory connotations of a “traditional midwife” as being untrained or uneducated. She also describes midwifery as a ‘holistic’ practice (which includes spirit, soul, mind, and body), incorporating intuitive, spiritual, and energetic practices.

Carol noted there are three types of birth:

- Technocratic. With all the bells & whistles available
- Humanistic. Humane, but believed best in a hospital
- Holistic. What traditional midwives do. Midwifery is an ancient culture. Story of Exodus 2 in Bible - Yocobin & Miriam, midwives who stood up to the Pharoah, and wouldn't kill the male babies when the edict came.

Philosophical differences. Midwives are pro-women, pro-babies, and deal with the spiritual realms. She has worked with research scientists who say babies born today will not outlive their parents, because of toxicity in the environment. But midwives have been shown to have healthier babies. They know nutrition, can get a woman's blood pressure down (to prevent caesaereans), and can prevent diabetes. Midwives provide much safer births. Hawaii could start a precedent for the rest of the world, because we are a smaller population, and we already incorporate native Hawaiian practices.

NEW BUSINESS

- **Metabolic Health Screening.** DOH changed things - now homebirthers are being charged and it's \$99 for the kit. Tara is concerned about the screening because it's a priority for DOH. Matt pointed out that if a family can't pay, they can write a 'hardship' letter. But the midwives report that many parents feel it's demeaning, and there are time constraints to get it done within a week. DOH considers this a priority to protect the safety of the newborn. Another issue is that if midwives become illegal, they won't be able to submit the reports because it would flag them as practicing illegally. Unless midwives are exempt and can continue to practice as always. Matt explained that DOH changed their practice because the tests must be done on the mainland, and the states they had been using no longer test on weekends. Matt suggested that this requires a longer conversation with Fran at DOH regarding difficulties. Another question from concerned parents: do they keep DNA samples? If so, for how long?
- **Next Steps.** Shall we try for this Session? Or wait until next year? Discussion regarding whether to try to submit a bill based on the Recommendations in the Task Force Report. Or whether to wait until next year and do it more thoughtfully and carefully. Representative Ichiyama has offered to put it into a bill form.

There was a bill introduced by Senator Maile Shimabukuro and Representative Sam Kong last session - could the Task Force use that as a vehicle for a revised bill? (SB 1438 Relating to Health & HB 1223)

The Task Force agreed that the three most important things to ask for this Session are:

1. In the definition section, the proprietary term should be changed to “Licensed Midwife” not “midwife”. This would allow practitioners to continue using the traditional term “midwife” while offering protection to those who are Licensed Midwives.
2. Traditional Midwives should be made exempt from the requirements of Act 32
3. For CPMs, remove the word ‘formal’ from the education requirement AND remove date of 2020 for completion of bridge certification pathway (PEP)

ADJOURNMENT. The Task Force Meeting was adjourned at 3:56pm.

NEXT MEETING: Monday, January 27, 1:00-4:00pm, location TBD.