

**Georgia Division of Public Health  
Midwifery Task Force  
Meeting Minutes**

<b>Date:</b>	<b>October 23, 2008</b>
<b>Recorder:</b>	<b>Trish Keller</b>
<b>Attendees:</b>	<b>Midwifery Task Force Members:</b> Susan Ayers, Rep. Stephanie Stuckey Benfield, Jane Blackwell, Dr. J. Larry Boss, Dr. Schley Gatewood, Dr. Jacqueline Grant, Jane Mashburn, Debbie Pulley, Elizabeth Sharp, Rick Ward. <b>Presenters:</b> Fay Brown, Dr. George Bugg, Claudia Conn, Jennifer Fargár, Dr Andrew Helfgott, Debby Sapp, Claire Westdahl. <b>DPH Staff:</b> Yvette Daniels, Patricka Wood, Meshell McCloud, Carole Jakeway.

<b>ISSUE</b>	<b>DISCUSSION/ACTION</b>	<b>RESPONSIBILITY/ FOLLOW UP</b>	<b>TARGET DATE</b>
Welcome	<b>Dr. Ford, Acting Director, Georgia Division of Public Health, gave the welcome.</b>		
Introductions Dr. Grant, Task Force Chair	<ul style="list-style-type: none"> <li>- Why we're here: Report from Study Committee recommended that PH convene a Task Force to review the regulations for Direct Entry Midwives.</li> <li>- Each Task Force member introduced themselves to the group.</li> <li>- Rules and Regulations</li> <li>- Dr. Grant reviewed the terms, Certified Professional Midwife, Certified Midwife and Lay/Granny Midwife.</li> </ul>		
Dr Helfgott	<p>Power Point <b>Jane Blackwell:</b> What are significant liability concerns? <b>Dr. Helfgott:</b> If a patient comes in during labor and delivers her baby with significant problems; I become liable for a sick patient. I ultimately bear the burden.</p> <p><b>Jane Blackwell:</b> Is there a disconnect between process and outcome? <b>Dr. Helfgott:</b> The midwives are focusing on the baby and not the process to</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<p>have a baby. Evidence does not prove outcomes for home births with DirectEntry Midwives(DEMs) are good. Provision of pre-natal care cannot be separated from outcome.</p> <p><b>Rick Ward:</b> What is the CNM &amp; CPM training comparison?  <b>Dr. Helfgott:</b> The CNM and CPM have significantly different training. The CPMs are not adequately trained.</p>		
Claire Westdahl	<p>Power Point Presentation</p> <ul style="list-style-type: none"> <li>- Legislation was made for ‘granny midwives’</li> <li>- In 1994 ‘CNM’ replaced ‘granny midwives’. There is no reason for CNMs name to be in there – the rules and regulations do not apply to CNMs and are not enforced or utilized.</li> </ul> <p><b>Rick Ward:</b> Nurses created a certification status. These are called CM not CNM.</p> <p><b>Claire Westdahl:</b> ACM = accredited program CNP = hospital program  There are CMs in only 3 states and nursing training is not required.  DHR can license and regulate EMTs – medical persons in Georgia; we want them to license and regulate CPMs too.</p> <p><b>Q:</b> Who regulates or what certifying agency do they adhere to?  <b>Claire Westdahl:</b> They are credentialed in hospitals. CPM – standardized education / educational background varied. CNM can do a home birth with supervising physician. Core courses are the same.</p>		
Rep. Stephanie Stuckey Benfield	<ul style="list-style-type: none"> <li>- Welcome.</li> <li>- She is involved in this, not for personal reasons, but for the constituents who have been contacting her about this issue.</li> <li>- There were 3 hearings last year</li> <li>- Georgia law grants authority for CPMs to practice and DHR regulates</li> <li>- We need to ask what other states are doing to regulate CPMs and</li> </ul>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	give women more options.		
Debbie Pulley	<ul style="list-style-type: none"> <li>- It is not illegal to give birth at home.</li> <li>- It is illegal to have anyone attend birth at home (except CNM).</li> <li>- Training CPMs include a minimum of 40 births and the NARM (North American Registry of Midwives).</li> <li>- All states that regulate DEMs, except NY and NH, use the NARM certification as a requirement.</li> <li>- History...</li> </ul> <p><b>Q:</b> Why are there no CNMs delivering at home?  <b>A:</b> The majority are not comfortable. Their training is hospital based. They are used to having a hospital setting.</p> <ul style="list-style-type: none"> <li>- It is impossible to have a Trial Study of home births; it is unethical (forcing women to birth where told).</li> </ul> <p><b>Dr. Helfgott:</b> I disagree. It is both ethical and possible to conduct a study of home births.</p> <p>Debbie Pulley: In 30 years, I've had 3 or 4 emergency transports to the hospitals. They are all okay.</p> <p><b>Q:</b> Are you recommending emergency backup?  <b>A:</b> Only a few states require a physician backup plan. To mandate physician backup is not going to work---midwives are against mandating this. Midwives should have a collaborative backup plan 'relationship'.</p> <p><b>Dr Boss:</b> Regulations state that midwives cannot perform vaginal exams. You can't deliver without vaginal exam.  <b>Debbie Pulley:</b> Yes, you can.</p> <p><b>Dr Grant:</b> Interesting comment: 'most nurse-midwives not comfortable'.</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<p>Dr. Gatewood: What about granny midwives delivering in the hospital?</p> <p><b>Q:</b> Which States require midwives to have collaborating agreements (to ensure back up) with physicians?</p> <p><b>Debbie Pulley:</b> Louisiana and California.</p> <p><b>Rick Ward:</b> What would those states say?</p> <p><b>Debbie Pulley:</b> That it's not working.</p> <p><b>Rick Ward:</b> Current law that provides for Midwife deliveries and DHR Regulations are out of sink.</p> <p><b>Rick Ward:</b> What code section speaks to legislation?</p> <p><b>Rep Stuckey Benfield:</b> It permits if regulations permit.</p> <p><b>Dr Gatewood:</b> There is a Governor's Maternal and Infant (M&amp;I) Council</p> <ul style="list-style-type: none"> <li>- Developed in the 70's.</li> <li>- Compiled of members in all areas of expertise to advise on matters such as this.</li> <li>- Council is still active but does not have awareness of these issues.</li> </ul> <p><b>Rep Stuckey Benfield:</b> I would love more information on this council.</p>		
Claudia Conn	<p>Power Point Presentation</p> <ul style="list-style-type: none"> <li>- I applied to DHR for certification but was denied.</li> <li>- 10 to 12 states have Medicaid reimbursement for home birth.</li> <li>- There are approximately 40 Direct Entry Midwives in Georgia, 9 of which are CPMs.</li> </ul> <p><b>Q:</b> How do you see legal licensure eliminating walk-in care in an emergency?</p> <p><b>Claudia Conn:</b> In Georgia, the patient will be turned away for care by an OB (they have to go to the ER). It is a step in that direction.</p> <p><b>Q:</b> When did Tennessee license CPMs?</p> <p><b>Claudia Conn:</b> 2000</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<p><b>Q:</b> What does it cost in Tenn. to have in home birth?  <b>Claudia Conn:</b> \$2000-\$3000. Closer to \$3500 when insurance companies reimburse.</p> <p><b>Dr. Gatewood:</b> Which state has best outcome (worked, been accepted, largest #, etc)? Do we have any data from them?  <b>Claudia Conn:</b> 26 states have licensure. In 20 years, no states have rescinded.</p> <p><b>Irma Works:</b> How are complications handled?  <b>Claudia Conn:</b> We pre-screen for low-risk pregnancies ahead of time. I've had 3 emergencies – 10% transport to hospital – non-emergency in nature.</p> <p><b>Dr. Boss:</b> Are you certified in neonatal CPR?  <b>Claudia Conn:</b> Yes.</p> <p><b>Elizabeth Sharpe:</b> Of 26 states, how many list CPM on birth certificates?  <b>Claudia Conn:</b> Tenn. does. Others, I don't know.</p> <p><b>Debbie Pulley:</b> In emergency Midwives are not allowed to transport with mom or baby.  <b>Jane Blackwell:</b> Do you follow the ambulance to the hospital?  <b>Claudia Conn:</b> Yes, but it's dangerous to reveal oneself in the hospital because of liabilities.  <b>Debbie Pulley:</b> Many midwives don't follow due to fear.</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
Dr. Bugg	<p>Summary of points presented attached.</p> <ul style="list-style-type: none"> <li>- He supports birth in hospital / birthing center.</li> <li>- It is the State's responsibility to insure infant and mom's best outcome.</li> <li>- State should not move to legalize in-home births.</li> <li>- Cited 2 cases of newborns who died after home births.</li> </ul> <p><b>Irma Works:</b> So, things can look perfect and then an emergency can occur?  <b>Dr. Bugg:</b> Yes, a lot can happen between point A and point B.</p> <p><b>Dr. Gatewood:</b> Are you aware of any study in which water births would be considered a threat?  <b>Dr. Bugg:</b> I'm not aware of any.</p>		
Dr Helfgott Part 2	<p>Power Point Presentation</p> <ul style="list-style-type: none"> <li>- We need to focus on the safety of providing care</li> <li>- A trial study would be difficult but not impossible.</li> <li>- We don't have good data – there is a lack of data to support claims.</li> </ul> <p><b>Rep Stuckey Benfield:</b> Is there anyway to work together with Regional Perinatal Centers?  <b>Dr. Helfgott:</b> There are six (6) centers in Georgia. We could possibly put midwifery programs in the centers and see if we improve outcomes.</p> <p><b>Q:</b> What are we going to do for a person who will not work with a doctor or hospital?  <b>Dr. Helfgott:</b> To put in an unsafe system will not help.</p> <p><b>Q:</b> Even if we have a perfect system, we have women in Georgia who choose to not access it. So what are we going to do about them? It's happening. Won't regulating what's already being done help?  <b>Dr. Helfgott:</b> <b>Safety is the issue.</b></p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<b>Dr. Grant:</b> That is not a question for him. It is one for task force as a whole.		
Fay Brown, in place of Dr. Larry Boss	Fay read a letter from Bruce M. LeClair, MD, MPH, FAAFP, President of the Georgia Academy of Family Physicians.		
Lunch break			
Debbie Sapp	<p>Power Point Presentation</p> <p><b>Dr. Grant:</b> We are taking comments via chat and keeping them as official record.</p> <p><b>Dr. Boss:</b> What do you do to work up or enroll a new patient for home birth? We spend extensive amount of time working up a patient before we deliver them.</p> <p><b>Debbie Sapp:</b> Midwives spend 1-2 hours with the patient, check vital signs, fundal heights, fetal heart tones, basic health history and check out the patient.</p> <p><b>Dr. Gatewood:</b> What if you refer the mom to the hospital or to see a physician and they refuse to go?</p> <p><b>Debbie Sapp:</b> I have not been in that situation, but I would risk the ire of the mom and stay with the mom or call 911. Women who choose to have a home birth are very independent.</p>		
Jennifer Fargár	<p>Power Point Presentation</p> <ul style="list-style-type: none"> <li>- Home birth is safe!</li> </ul> <p><b>Dr. Grant:</b> The ‘C-section rate’ is deceptive when you look at it. People can demand C-sections. Some times women request a C-section. Must avoid comparing apples and oranges. Women who choose to have a home birth with a midwife are determined to have a vaginal delivery. Women who choose to go to a physician are not necessarily going to demand a vaginal</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<p>delivery—some want a C-section. So when looking at C-section rates, need to be mindful of this.</p> <p><b>Jennifer Fargár:</b> Birth is a safe, natural thing.</p> <p><b>Dr. Gatewood:</b> It is not safe – it’s a miracle, wonderful yes, but people die from it. I recognize your passion for home births, but as an expert in the field, there is no science behind what you are saying. I resent the implications of your comments. Your comments are insulting to me as a physician. A compromise would be a home birth in the hospital.</p> <p><b>Q:</b> What data are you using?</p> <p><b>Dr. Gatewood:</b> 2005 British Medical Journal.</p> <p><b>Jennifer Fargar:</b> 100,000 people admitted to hospitals died from infections.</p> <p><b>Dr. Boss:</b> That statistic is not specific to OB patients.</p> <p><b>Dr. Gatewood:</b> Could the charge to this Task Force be clarified, as I heard Jennifer indicate that the charge to this Task Force was to implement the recommendations as stated in the House Study Committee Report of March 2007?</p> <p><b>Dr. Grant:</b> Reviewed the following purpose of the Division of Public Health Task Force, as stated in the Parameters: DHR DPH will create a Task Force to do the following:</p> <ol style="list-style-type: none"> <li>1. Review the recommendations contained in the document, <i>House Study Committee on Direct Entry Midwifery, Report of the Committee, March 2007</i>, House Research Committee Services Office, Georgia General Assembly.</li> <li>2. Consider the pros and cons of revising the DHR rules on lay midwives to allow for recognition and licensure of Certified Professional Midwives (CPMs) in Georgia.</li> <li>3. Hear testimony provided by those who have expertise relative to midwifery.</li> <li>4. Submit a written report with recommendations to the Director,</li> </ol>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	Division of Public Health by December 29, 2008.		
Additional Information Requested by the Task Force	<ul style="list-style-type: none"> <li>- Information on Governor’s Maternal and Infant Council</li> <li>- Training requirements for CNMs and CPMs.</li> <li>- Speaker from the Savannah Birth Center – how they operate.</li> <li>- Vital Records – issue CPM: should they be signing birth certificates? &amp; for data collection</li> <li>- Richard Wheat – should be asked to attend the next meeting (2 issues regarding VR: 1- Bureaucracy procedures 2- capture more data)</li> <li>- Original rules and current rules for review and comparison.</li> </ul> <p><b>Debbie Pulley:</b> I don’t think you’ll find that having a nurse degree will make a difference in Midwifery care.</p> <p><b>Dr. Grant:</b> That’s what concerns me – in a nutshell. At the hospital, you can pull someone in if something is wrong.</p> <p><b>Debbie Pulley:</b> This is what’s happening out there.</p> <p>What midwives want accomplished:</p> <ul style="list-style-type: none"> <li>- Patients brought in without penalty</li> <li>- State fund for issues that arise</li> <li>- Hospitals – liability</li> <li>- Waivers of liability – Debbie Pulley has developed some.</li> <li>- Work a deal with hospital (a liaison) to take birth certificate and foot print to hospital and they get the birth certificate to Vital Records – deal done.</li> </ul> <p><b>Rep. Benfield:</b> Asked Debbie Pulley to share examples of waivers of liability.</p> <p><b>Elizabeth Sharp:</b> Asked Debbie Pulley to share 3-4 examples of states that regulate midwives where it works well. Another concern is that right now it’s a free for all.</p>		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
	<b>Jane Mashburn:</b> In 1986, I worked in a birthing center in Atlanta. I believe that we can have safe births outside of hospitals.		
Next Meeting	November 19, 2008 at 2 Peachtree Street, NW, Atlanta, Georgia 30303		
Adjournment	Dr. Grant thanked the presenters and adjourned the meeting at 2:50pm.		