



Education Session: Sunday, May 19

ES 200

BirthTOOLS: Promoting, Teaching, and Practicing the Midwifery Philosophy of Care Through Shared Decision-Making

8:30AM-9:30 AM- Maryland C- Level 2

CEUs: 0.1

Track: Clinical

Presenter: Katherine Kissler

Presentation Description:

The Philosophy Statement of the American College of Nurse-Midwives states the following: “We believe the best model of health care for a woman and her family: Promotes a continuous and compassionate partnership, acknowledges a person's life experiences and knowledge, includes individualized methods of care and healing guided by the best evidence available, and involves therapeutic use of human presence and skillful communication.” This statement acts as a guideline for midwifery practice specifically but also exemplifies quality maternity care. Shared decision-making (SDM) provides a framework for enacting the philosophy statement. Midwives are uniquely poised to lead the maternity care community in implementing a more meaningful SDM process. As patient-centered care is the heart and foundation of midwifery care, midwives have the skill to work in therapeutic partnership with women to navigate the uncertain evidence in maternity care. Through shared exploration of values and goals, midwives and patients develop a plan of care that balances the ethical obligations of beneficence and nonmaleficence with respect for autonomy. In this session, different models of SDM will be presented, and the key components of SDM will be described. Practical ways of promoting, teaching, and implementing SDM into practice will be explored through the BirthTOOLS website as part of the Healthy Birth Initiative.

Learner Outcomes:

Participants will define SDM as it applies to the ACNM philosophy of care and identify key decision nodes in the context of midwifery care.

Participants will describe the steps of SDM and know how to use the BirthTOOLS resources to implement SDM in practice.

Participants will advocate for use of SDM in women's health care across disciplines and in education.



ES 201

The Effects of Oral Contraceptive Pills on Sexual Pain and Dysfunction

8:30AM- 9:30 AM- Maryland D- Level 2

CEUs:0.1

Track: Clinical

Presenter: Kathy Herron

Presentation Description:

Oral contraceptive pills (OCPs) are an excellent choice for some women and have many health benefits. In some cases, however, OCP use can lead to sexual dysfunction and pain. This session will discuss the physiologic basis for this, including which pills are more likely to cause an issue and which women are more likely to be affected. Midwives will learn to identify and treat symptomatic women. Physical examination, laboratory tests, medications, and complementary therapies will be discussed.

Learner Outcomes:

Participants should be able to describe the classifications of female sexual dysfunctions and understand the related anatomy and physiology.

Participants should be able to describe the effects of hormones, particularly OCPs, on female sexual function and dysfunction.

Participants should understand the physical examinations and tests used to diagnose hormonally-mediated sexual pain.

Participants should be able to describe standard and complementary treatment options for women experiencing sexual dysfunction from OCPs.

ES 202

Midwives and Liability Panel: 2018 Survey Results, Lines of Support, Effective Debriefing and Destigmatizing Being Named in a Lawsuit.

8:30AM-9:30AM- National Harbor 2/3-Level 3

CEUs:0.1

Track: Midwifery Matters: Business

Presenter: Katie Page, Michelle Palmer and Laura Hanson

Presentation Description:

According to the most recent study of medical malpractice lawsuits involving midwives, the risk of liability for midwives caring for women and newborns is significant. This risk has increased over the last 20 years in both numbers of lawsuits and categories of liability risk. A panel discussion designed to address several aspects of the liability process will be presented in dialogue with the audience. The results of the 2018 Midwives and Liability Survey will be presented. Discussion will include key points of effective debriefing,



how to cultivate emotional support and how to destigmatize lawsuits. Professionals with experience in each of these topics will share their stories and answer questions designed to prepare, prevent and or mitigate liability for professional practice.

Learner Outcomes:

Understand characteristics and influences of liability for midwives in the United States to share with providers and policy makers.

Understand the basic principles of the debrief process and be able to articulate the essential components for successful debriefing.

Devise proactive plan for support during the litigation process and coping strategies for continued practice.

Articulate strategies for risk reduction in professional practice and in the litigation process.

Accrue 1 hour of Risk Management education required of (some) malpractice providers.

ES 203

Strengthening Midwifery in Guatemala: A Unique Model of Cross-Cultural Collaboration—US Midwives Working with Guatemalan Midwives Weaving Together Ancient Wisdom with Modern Approaches

8:30AM-9:30AM- National Harbor 4/5- Level 3

CEUs: 0.1

Track: Global Midwifery

Presenter: Mary Ellen Galante

Presentation Description:

Background: In Guatemala, the Maya are 42.8% of the population; 86.6% live in poverty. The maternal mortality rate is 110 to 290 in 100,000. Three times more Maya women die in childbirth than Ladino women. Economically and culturally marginalized, the Maya shun poorly resourced Ladino government health services, suffering abusive care without the benefit of translators or family support. In the face of these challenges, a group of traditional Maya midwives (ACAM) united 20 years ago to improve the health of their communities in the remote western highlands. They dreamed of having their own birth center and invited North American midwives to support them, and efforts bore fruit in 2004 with the opening of the only facility owned and operated by Maya midwives. Maya Midwifery International (MMI), a small CNM-led NGO, grew out of this collaboration. MMI is unique in that it takes direction from the ACAM midwives—responding to their needs and under their leadership. Collaboration has included fundraising for essentials such as vehicles, operating costs, and midwives' salaries. US midwives helped ACAM develop a 2-year midwifery training program and have provided mentorship in many areas, including improved care for emergencies. Achievements of this partnership include improvements in care delivery and health outcomes, fortifying linkages with the health system, and the strengthening of ACAM midwives in clinical, administrative, and leadership skills. MMI has linked ACAM with foundations such as Every Mother Counts, which funded a mobile clinics initiative. In a township with 5 maternal deaths per year, the ACAM center has not had a maternal death in almost 1400 births during these 14 years. It has provided full-scope care to



thousands of women and referred those needing higher levels of care. The presenters will reflect on the challenges faced by US midwives working in a model requiring cultural humility and a willingness to listen and learn. Maya midwives are key in improving health outcomes. These outcomes are the fruit of long-term commitment and personal relationships between Maya and US midwives. Ultimately sustainable improvements in health outcomes in Guatemala depend on this model of health-system strengthening.

Learner Outcomes:

Participants will be able to name three major health challenges faced by indigenous midwives caring for the women in their communities in Guatemala.

Participants will be able to name three skills and three personal attributes for a US CNM/CM to possess to successfully work on a project such as this one, in an under resourced country like Guatemala.

The participant will be able to describe three examples of growth in the Guatemalan midwives clinical, administrative and leadership skills as a result of this collaborative work and cite two positive health impacts of their development in these areas.

ES203

Evaluation of an Education Program to Support Best Practice at the Bedside in a Guatemalan Birth Center, Using Distance Learning and a Standardized Tool

8:30AM-9:30AM- National Harbor 4/5- Level 3

CEUs:0.1

Track: Global Midwifery

Presenter: Amy Nacht

Presentation Description:

In 2010 the University of Colorado Center for Global Health developed a community health program in Southwestern Guatemala in collaboration with Agroamerica, a Guatemalan company working to improve employee health. The maternal health team of the project initiated two programs, prenatal care and a birth center. Integral to the success of these projects was the educational development of the nurses within the maternal health team. The nurses had minimal experience in maternal health and the birth center did not have a systematic process driving the delivery of safe care to the laboring patient. A four-month professional development curriculum was designed supporting the use of the WHO safe childbirth checklist, a 29-item tool that aids decision-making from the time of labor admission to discharge. The curriculum was delivered weekly using Vidyio, a distance learning tool. During the program period four content experts travelled to the site to address knowledge gaps. Program evaluation was designed to assess nursing competency using pre and post knowledge tests, skill assessments using the Checklist, and a survey addressing nursing attitudes towards distance learning. Module two of the knowledge tests showed statistical significance ($p=.0210$); the attitudinal survey did not show significant change ($p=.904$). The Checklist was used consistently and correctly with every birth during the program period. While nursing knowledge and attitudes did not change, Checklist use at every delivery was a significant outcome for the program. The Checklist continues to be used with ongoing site visits from content experts.



Learner Outcomes:

Describe the impetus for building the WHO Safe Childbirth Checklist, the development of the tool, the latest evidence, and implications for global maternal health.

Review the efficacy of tele-health as a strategy at this Guatemalan site to build sustainable global health partnerships that support local autonomy while improving quality and safety of care delivered.

Identify implementation strategies for distance learning of the WHO Safe Childbirth Checklist in low income countries, including a review of the tools used, program evaluation components, and lessons learned.

ES 204

AIM Perinatal Safety Bundles: Tools to Implement and Lead Change

8:30AM-9:30AM- National Harbor 10/11- Level 3

CEUs: 0.1

Track: Miscellaneous

Presenter: Jessica Brumley

Presentation Description:

The Council on Patient Safety in Women's Health Care Alliance for Innovation on Maternal Health (AIM) project has worked collaboratively to create patient safety bundles that are being implemented nationwide. The AIM project has been re-funded for an additional 4 years and plans to expand the number of states and hospitals/health care systems that are officially involved in AIM. ACNM members can and should be involved in leading these quality improvement changes at the local level. Evidence-based strategies to lead change will be reviewed. Specific tools to facilitate change, such as creating a priority matrix and conducting plan-do-study-act cycles will also be reviewed. Examples from AIM Safety Bundles will be used.

Learner Outcomes:

Participants should be able to identify the purposes, outcomes, and types of national and local activities undertaken as part of the AIM grant.

Participants should be able to demonstrate knowledge of the AIM Safety Bundles and how they are used in the clinical setting.

Participants should be able to identify how the Kaiser Permanente model can be used to lead successful change in the clinical setting.



ES 205

Trauma-Informed Care: Creating an Environment for Healing

9:45AM-10:45AM- Maryland D- Level 2

CEUs: 0.1

Track: Clinical

Presenter: Kate Fouquier

Presentation Description:

Traumatic events, such as abuse, violence, neglect, racism, or oppression, may have long-term, negative effects on the concept of self and contribute to diminished health along life course trajectories, which can reverberate across generations. Adverse childhood experiences (ACEs), first identified in 1998, have led to a body of research supporting a dose-response relationship between exposure to adverse experiences, particularly during childhood, and mental and physical health risk behaviors and increased risk for developing life-threatening disease in adulthood. Social determinants of health, such as lower socioeconomic status, lack of education, minority status, or perceived stigma, make it difficult for many women to disclose a history of trauma and contribute to either a delay in or postponing of preventive health care services. The need for early identification of trauma exposure and for the development and implementation of preventive therapies has the potential for a positive impact on the mental, physical, and behavioral health of our patients and their families.

Learner Outcomes:

Describe the ACE Study.

Explain the intersection of trauma, PTSD, and complex trauma in caring for women with a history of ACEs.

ES 206

Process, Leadership, and Financial Outcomes from the ACNM Reducing Primary Cesareans

Learning Collaborative

9:45AM-10:45AM- Maryland C- Level 2

CEUs: 0.1

Track: Leadership

Presenter: Lisa Kane Low

Presentation Description:

We are now at a time of great opportunity for our profession. Physicians and other clinicians are being guided to reduce interventions for healthy laboring women, and the evidence generated by midwifery practice and research is contributing to the rationale and tools for change. Leading quality organizations



(AIM, CMQCC) have adopted the language supporting physiologic labor and birth. However, cesareans for low-risk women remain a critical patient safety issue in the United States, with many states and hospitals exceeding the Healthy People 2020 goal of a 23.9% NTSV rate. Moreover, women of color and lower socioeconomic status are disproportionately impacted by this continued trend. ACNM has taken a leadership approach in the context of addressing maternal mortality and morbidity while promoting optimal birth care practices. These have included evidence-based approaches aimed at reduction of cesareans and promotion of an approach consistent with the midwifery model of care, regardless of who is providing the care. ACNM's Healthy Birth Initiative: Reducing Primary Cesareans is a national quality improvement (QI) interprofessional collaborative. Member hospitals, led by CNMs/CMs, have successfully implemented QI bundles leading to reduced rates of NTSV cesareans over the past 3 years. This session will highlight the characteristics of teams that have been most successful in the Reducing Primary Cesareans collaborative, with a particular focus on the leadership skills that midwifery leaders have used to lead in QI teams focused on reduction of cesarean birth.

Learner Outcomes:

Become familiar with the leadership, process, and financial outcomes of ACNM's Reducing Primary Cesarean Learning Collaborative.

Discuss the necessary core elements of successful QI improvement teams.

Discuss how ACNM's Reducing Primary Cesarean Learning Collaborative teams have measured the financial impact of their QI initiatives.

ES 207-Shared Session

The Powerful Use of Sex Toys for Aiding Healing from Sexual Trauma, Pain, and Postmenopausal Changes: A Sex-Positive Midwife Toolkit

9:45AM-10:45AM- National Harbor 2/3- Level 3

CEUs:0.1

Track: Clinical

Presenter: Bethany Brown

Presentation Description:

Today, many people experience trauma, pain, or loss that affects their sexual life in one way or another. Most health providers are not equipped with inclusive training in sexual health, especially in sex-positive, pleasure-centered sexual health. There are multiple sexual response models for women, and new research suggests that no one model is inclusive for all. Midwives are at the forefront of providing care for people who may be struggling with pleasure or sexual pain. Being able to take an adequate sex-positive sexual health history and providing adequate clinical therapies is essential to providing best-care practices. Such therapies include using sex toys to introduce pleasure back into a person's life after trauma, pain, or loss. Knowing what toys to use and how to use them will add to midwives' toolkits and allow them to provide better care for their clients.



Learner Outcomes:

Participants will be able to take a sex-positive, trauma inclusive history.

Participants will be able to describe three sex-positive clinical strategies to teach clients who have had previous sexual trauma, pain, or loss.

Participants will be able to describe two nonpenetrative sex toys that provide clitoral engorgement or stimulation.

Participants will be able to state at least three concepts of lubricant use.

Participants will be able to list three ways cultural biases may shape clinical encounters and cause health disparities in sexual health.

ES 207-Shared Session

Let's Talk About Sex!

9:45AM-10:45AM- National Harbor 2/3- Level 3

CEUs:0.1

Track: Clinical

Presenter: Jenna Benyounes

Presentation Description:

It is estimated that 43% of women suffer from sexual dysfunction. Women expect their providers to evaluate their sexual health, yet most clinicians do not because they feel they do not have the time, training, or knowledge of treatment options. This discrepancy leaves many women with unaddressed health concerns. The session will report the findings of a study to examine clinician attitudes before and after watching an evidence-based educational video, to examine the impact of each of the 6 educational domains individually, and to assess the correlation between the participants' quality rating of each domain in the video and the impact on participants' attitudes.

Learner Outcomes:

Participants will be able to take a sex positive, trauma-inclusive history.

Participants will be able to create a short script to ask patients about their sexual health.

Participants will be able to recognize that there are treatment options available for many concerns.

Participants will be able to construct a plan to address patient concerns with appropriate referrals.

Participants will be able to list resources, helpful websites, and organizations.

ES 208: Human Trafficking – TBD



ES 209

Increasing Access to Immediate Postpartum LARC 2.0: Building Upon Clinical Knowledge and Developing Sustainable Implementation Systems

9:45AM-10:45AM- National Harbor 10/11- Level 3

CEUs: 0.1

Track: Clinical

Presenter: Mica Bumpus

Presentation Description:

Midwives play a crucial role in the provision of contraception to postpartum women. However, over 90% of midwives surveyed have never placed an IUD immediately postpartum, and over 85% have never placed a contraceptive implant in the immediate postpartum period, despite more than half indicating that they would like the opportunity to do so. A lack of access to immediate postpartum LARC clinical knowledge and training opportunities, along with systems implementation issues, have been identified as barriers to provision.

This education session will build on content covered in the session presented at last year's ACNM conference by highlighting updated clinical recommendations from ACOG and the CDC, detailing research findings regarding the safety and effectiveness of immediate postpartum LARC. This session will discuss actionable strategies to overcome system-level barriers and foster sustainable immediate postpartum LARC provision. It will also review ways to engage in patient-centered contraceptive counseling specific to the immediate postpartum period that addresses implicit and cultural bias and takes into consideration the history and implications of reproductive coercion in the United States. Resources to support onsite immediate postpartum LARC implementation will be provided to all attendees.

Learner Outcomes:

Understand the role midwives can play in the provision of immediate postpartum LARC.

Describe the efficacy and safety of immediate postpartum initiation of IUDs and the contraceptive implant based on current clinical recommendations

Engage in patient-centered contraceptive counseling specific to the immediate postpartum period.

Identify resources available to support implementation of immediate postpartum LARC.

ES 210

Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing: Essential Consensus Roadmap for Midwifery

11:00AM- 12:00PM- Maryland C- Level 2

Track: Miscellaneous



Presenter: Carol Sakala

Presentation Description:

The US maternity care system is underperforming, and maternal morbidity and mortality and other key indicators are climbing. Much attention is rightly focused on supporting women and newborns with high-risk conditions and complications. However, widely applying this high-risk approach when not needed causes avoidable harm from overuse of health interventions and failure to reliably offer safe, beneficial forms of care. To counterbalance these trends, the consensus *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing* (2018) presents the rationale and a plan for transforming the maternity care system to reliably provide access to and foster healthy perinatal physiologic processes, while continuing to provide needed high-acuity care. The 17 authors are national leaders who brought diverse stakeholder and disciplinary perspectives to this work. They identified 4 groups of women and infants who can benefit. First, fewer will experience rescue with safe upstream prevention of complications. Second, this attentive, respectful model of care will foster equitable care and outcomes. Third, receiving appropriate care and avoiding unnecessary intervention will enhance the health of those who do not need higher-acuity care. Finally, those requiring higher-acuity services to meet their clinical needs will also benefit from experiencing physiologic processes, whenever safely possible.

The *Blueprint* presents 22 high-level recommendations, each accompanied by action steps and extensive documentation, across 6 improvement strategies. It is closely aligned with improvement initiatives of the current health care system and with much recent guidance from medical, midwifery, and nursing professional organizations involved with maternal and newborn care. This plan for transition to a more complete and effective maternity care system aims to reliably provide appropriate care, give greater attention to prevention, reduce persistent racial and geographic inequities, improve outcomes, and foster wiser spending. The new *Blueprint* is profoundly related to the midwifery model of care. This session will introduce participants to this comprehensive plan for system transformation and invite them to share the document and related resources widely, engage colleagues and students, and identify recommendations to implement. We will ask, if “every system is perfectly designed to get the results it gets,” how do we create the system we need?

Learner Outcomes:

Participants should be able to identify 4 groups of women who can benefit from reliable support for healthy perinatal physiologic processes.

Participants should be able to identify 6 high-level improvement strategies.

Participants should be able to identify one or more ways to implement *Blueprint* recommendations that are well-aligned with the participant’s interests, skills, knowledge, and professional activities.

ES 211 Fear Factor: Does the Language of Risk Affect Overuse in Perinatal Care
11:00AM-12:00PM- Maryland D- Level 2
CEUs:0.1

Track: Midwifery Matters- Public Perception



Presenter: Janelle Komorowski

Presentation Description:

With increasing media attention on the high perinatal morbidity and mortality rates in the United States, health care providers are being urged to place more focus on educating clients about risk factors and 'red flags'. While such conversations are necessary, they can lead to healthcare overuse, resulting in interventions that are unlikely to benefit the client, and may even cause harm. The Institute of Medicine has estimated that the most significant factor in health care waste is overuse. Clients who engage in discussion of risk often decide to request more, rather than fewer interventions. Research suggests that clients and providers often have differing goals for risk discussions, with health care providers frequently approaching the discussion as a means to motivate clients to follow the provider's preferred plan of care rather than engaging in shared decision-making. While discussion of risks and benefits is important, it is essential to avoid adding to the culture of fear surrounding birth and women's health. This presentation examines the impact of the language of risk on interventions and healthcare overuse, and how reframing risk can empower clients to become full partners in shared decision-making for their care.

Learner Outcomes:

Participants will be able to define healthcare overuse and indication creep.

Participants will be able to describe the subjective nature of benefit and risk.

Participants will be able to describe three actions a healthcare provider should take when a client chooses to accept additional risk.

Participants will be able to reframe a coercive risk statement into a statement that realistically describes risk while supporting shared decision-making.

ES 212

Complement Activation During Early Pregnancy and Clinical Predictors of Preterm Birth in African American Women

11:00AM-12:00PM- National Harbor 2/3-Level 3

CEUs:0.1

Track: Clinical

Presenter: Alexis Dunn

Presentation Description:

Complement activation is essential for a variety of physiologic processes during pregnancy; however, excess activation of complement has also been associated with adverse pregnancy outcomes, including preterm birth (PTB). African American women experience disproportionately higher rates of inflammation-associated PTB as compared with other groups of women; thus, the purpose of this study was to evaluate the contribution of complement system activation to the development of adverse pregnancy outcomes among African American women.



Learner Outcomes:

Describe the inflammatory pathways underpinning PTB.

Review previous scientific findings on complement activation and adverse pregnancy outcomes with a focus on mechanisms associated with PTB.

Discuss the clinical practice and research implications of complement activation in women at risk of PTB.

ES 213

Bullying in Midwifery: What Every Midwife Needs to Know

11:00AM-12:00PM- National Harbor 10/11-Level 3

CEUs: 0.1

Track: Clinical

Presenter: Anna Hanson

Presentation Description:

Bullying is a significant problem in our health care system, including among midwives. Numerous studies have found that 30% to 50% of midwives have either experienced bullying or been a witness to the bullying of others. Bullying has a negative impact on patient safety and on the mental and physical health of the victims. During this session, we will discuss what the evidence has shown us about bullying in midwifery, where the gaps in research are, and, most importantly, how to address it in an effective, professional manner. The presenters are the co-authors of ACNM's new position statement on bullying.

Learner Outcomes:

Participants should be able to articulate three negative consequences of bullying in midwifery.

Participants should be able to articulate the three characteristics of typical bullies and victims.

ES 214

Nutritional Guidelines for Managing the Obese Antepartum Woman

12:15PM-1:15PM- Maryland C- Level 2

CEUs:0.1

Track: Clinical

Presenter: Rhea Williams

Presentation Description:

According to the CDC, more than 30% of Americans are overweight or obese, and it is well known that obesity and excess weight gain in pregnancy contribute to many complications during pregnancy.

Additionally, a fetus of an obese woman is at increased risk of many complications, such as neural tube defects and congenital heart disease. Additionally, a fetus of an obese woman is at an increased risk of childhood obesity and the sequelae of associated events. Excessive weight gain during pregnancy also



poses increased risks of complications such as pregnancy-induced hypertension, fetal macrosomia, cesarean, and birth trauma. There are many nutritional considerations for the obese antepartum woman. It is important to provide dietary guidance intervention, which has been shown to reduce total weight during pregnancy. In fact, systematic reviews show that dietary interventions can have a positive effect in antepartum women.

Learner Outcomes:

Participants will be able to calculate the caloric needs of obese antepartum women per trimester.
Participants will be able to determine macronutrient needs for obese antepartum women per trimester.
Participants will be able to describe interventions for managing excess weight gain during prenatal visits.

ES 215

Politics, Policy, and Visiting Your Legislator's Office in 2019

12:15PM-1:15PM- Maryland D- Level 2

CEUs: 0.1

Track: Leadership

Presenter: Katherine Green

Presentation Description:

This session will give midwives up-to-date information and effective techniques to bring about policy change at federal, state, and local levels, as well as practical information on visiting legislators' offices to encourage change for midwifery and the women and families that midwives serve. The presentation will review the legislative successes and challenges since the 2018 ACNM Annual Meeting and will present upcoming legislation of importance to ACNM members. Preparation for visiting legislators' offices and practical advice about the influence of midwives and their supporters on public policy will be included.

Learner Outcomes:

Participants will be able to identify current and upcoming legislative actions supported by ACNM.
Participants will be able to discuss legislative successes and challenges of interest to midwives in the last year.
Participants will be able to utilize the political advocacy supports available through ACNM.

ES 216

Group B Streptococcus Guidelines Update 2019

12:15PM-1:15PM- National Harbor 2/3-Level 3

CEUs: 0.1

Track: Education



Presenter: Tekoa King

Presentation Description:

Implementation of national guidelines for intrapartum antibiotic prophylaxis has resulted in a reduction in the incidence of early-onset neonatal sepsis due to group B streptococcus (GBS) of more than 80%, from 1.8 cases per 1000 live births in the 1990s to 0.22 cases per 1000 live births in 2014. In 2010, the Centers for Disease Control and Prevention (CDC), in collaboration with several professional groups, including the American College of Obstetricians and Gynecologists, issued its third set of GBS prevention guidelines. In 2018, the stewardship and charge for updating the GBS prophylaxis guidelines were transferred from the CDC to the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics. This presentation reviews the new obstetric and newborn guidelines for GBS prophylaxis.

Learner Outcomes:

- Identify new changes in the 2019 GBS guidelines.
- Understand the rationale and process for identifying the appropriate antibiotic for intrapartum antibiotic prophylaxis.
- Recognize new guidelines for management of GBS bacteriuria during pregnancy.
- Apply best practices for timing and procedure for collecting antepartum cultures.
- Understand the use of NAAT for intrapartum assessment in women with unknown culture status.

ES 217

Predicting, Preventing, and Treating Postpartum Hemorrhage: Newest Evidence on Ways That Midwives Can Individualize Their Care by Maternal and Labor Characteristics

12:15PM- 1:15PM- National Harbor 4/5- Level 3

CEUs: 0.1

Track: Clinical

Presenter: Nicole Carlson

Presentation Description:

Postpartum hemorrhage (PPH) is a potentially deadly complication of childbirth that accounts for 11.4% of maternal mortality in the United States. Alarming, near-miss maternal morbidity attributed to PPH is on the rise, with nearly 10,000 US women per year affected. This session will review the newest evidence on predicting PPH based on women's BMI and exposure to various labor interventions. We will also discuss the unique physiology of women with obesity and how underlying differences in uterine contractility and oxytocin sensitivity may increase their risk for PPH. Finally, we will review the most current evidence-based strategies for midwifery management to prevent and treat PPH in different types of women.

Learner Outcomes:

- Participants will better understand the contribution of postpartum hemorrhage to maternal mortality/morbidity and near-miss mortality over time.



Participants will understand how differences in uterine physiology and labor management in women with obesity may change the risk for postpartum hemorrhage.

Participants should be able to demonstrate a better understanding of the newest evidence-based recommendations for preventing and treating postpartum hemorrhage.

ES 218

Abortion Is Safe: A Review of the National Academies Report and ACNM's Position Statement "Midwives as Abortion Providers"

12:15PM-1:15PM- National Harbor 10/11-Level 3

CEUs:0.1

Track: Clinical

Presenter: Amy Levi

Presentation Description:

In 2018, The National Academies of Sciences, Engineering, and Medicine (NASEM) released a new report that concludes that abortion in all forms is safe and effective, and that trained physicians and advanced practice clinicians have the skills and experience to perform most procedures. This evidence-based, nonpartisan, scientific research review, conducted by an independent panel of 13 experts from medicine, nursing, and midwifery, is the first comprehensive look at abortion safety, access, and care conducted in the last 40 years. For abortion advocates and providers, it is the first time that an expert panel has produced documentation of the safety of abortion as it is currently provided in the United States. Prior to the release of the NASEM report, the ACNM released a new Position Statement, "Midwives as Abortion Providers," supporting midwives in abortion care and detailing medication abortion as within basic scope and aspiration procedures as expanded scope. This presentation will review the NASEM report and ACNM's Position Statement and will discuss the state of abortion care in midwifery practice and education.

Learner Outcomes:

Define and differentiate key terms related to medication abortion, aspiration abortion, conscientious provision, conscientious objection, and referral.

Describe core competencies and basic scope of practice for midwives in abortion care.

Define and differentiate key terms related to medication abortion, aspiration abortion, conscientious provision, conscientious objection, and referral.

Review the NASEM report and the evidence base for the determination of abortion as safe, and midwives and advanced-practice clinicians as safe providers.

Describe the skills needed to become a safe abortion provider and identify training opportunities and supportive organizations.

**ES 219****Vaginal Rejuvenation: The Panacea to All Our “Problems?”****5:30PM-6:30PM- Maryland C- Level 2****CEUs: 01****Track:** Clinical**Presenter:** Jenna Benyounes**Presentation Description:**

Vaginal rejuvenation is a term present in common culture. However, what it is and the implications behind it are still vague and often misleading. Vaginal rejuvenation has been marketed as being able to decrease vaginal dryness and atrophy; decrease urinary incontinence; and improve laxity, appearance, self-esteem, and sexual pleasure. In recent years, there has been a surge in interest in vaginal rejuvenation and, to meet demand, a surge in health care providers advertising and performing vaginal rejuvenation. Given this booming market, more treatment options are becoming available; yet many do not have randomized controlled trials to endorse their use. More clinicians not involved in women’s health care are performing these procedures, when evaluation of patient concerns and counseling on alternatives may not be as robust as what would be offered by a women’s health care provider. For this presentation, vaginal rejuvenation will include labiaplasty, vaginoplasty, re-virginization, clitoral unhooding, G-spot and O-shot injections, and laser and radiofrequency therapies. In June 2018, the FDA released a safety communication warning against the use of energy-based devices for vaginal rejuvenation. This proclamation is timely given the increase in health care providers performing these procedures. The utilization of the term and concept of vaginal rejuvenation will be considered from a social, midwifery, and feminist perspective, as there are varying thoughts and feelings between women and health care providers.

Learner Outcomes:

Participants will be able to name the different methods for vaginal rejuvenation.

Participants will be able to explain how energy therapies impact the vulva and vagina.

Participants will understand the social implications of the use of the phrase "vaginal rejuvenation."

Participants will be able to analyze the available data and form their own opinions about the use of vaginoplasty and/or vulvovaginal energy therapy for their patients.

Participants will be able to form their own opinions about the term "vaginal rejuvenation."



ES220

The Fellows Talk: Innovations in Midwifery Practice

5:30PM-6:30PM- Maryland D- Level 2

Track: Leadership

Presenter: Heather Bradford

Presentation Description:

Many midwives have taken an idea from vision to implementation and affected dramatic improvement in the delivery of health care for women and their families. What did it take to get there? This session will highlight 5 midwives who, through their dynamic innovation and determination, have improved maternal and child health outcomes through changing birth practices across the United States. The Fellows Panel will include Judy Mercer and delayed cord clamping; Sharon Rising Shindler and the Centering Pregnancy prenatal care model; and Ruth Lubic, Marsha Jackson, and Alice Bailes and the use of birth centers to improve maternal and infant morbidity and mortality among low-income women. Strategies to overcome barriers to change will be identified to help inspire and generate more disruptive innovators in midwifery care.

Learner Outcomes:

Compare and contrast 3 techniques innovative midwives use to accomplish their goals and overcome barriers.

Examine 5 real-life examples of midwifery innovation that improved the health of women and/or their newborns.

ES221- Combined Presentation

Addressing Disparities in Mental Health Outcomes for Childbearing Women in Rural Communities: Taking a State by Storm with Universal Electronic Screening, Telehealth, and Intensive Training

5:30PM-6:30PM National Harbor 2/30 Level 3

CEUs: 0.1

Track: Clinical

Presenter: Gwen Latendresse

Presentation Description:

Telehealth is revolutionizing the delivery of health care services and is a promising platform for perinatal mental health care. A telehealth approach can reduce barriers to access and can be tailored to deliver effective services regardless of geographic location. This presentation will discuss a successful statewide collaborative project to address the disparities in perinatal mental health outcomes for childbearing women in rural communities. Telehealth, universal electronic screening, and intensive training via videoconferencing are viable options for increasing access to mental health resources for childbearing



women in rural settings and who are at risk for and experiencing perinatal depression and anxiety. We provide successful examples from a statewide initiative.

Learner Outcomes:

Describe the outcomes, barriers and challenges to addressing perinatal mental health disparities for rural-dwelling childbearing women.

Address the need and process of screening for perinatal depression and anxiety using a universal electronic screening platform.

Identify and describe initial steps for creating a statewide initiative for addressing perinatal mental health disparities among rural-dwelling women.

ES221- Combined Presentation

Perinatal Mood Disorders: Assessment of Midwifery Screening Knowledge, Practices, and Barriers

5:30PM-6:30PM- National Harbor 2/3- Level 3

CEUs: 0.1

Track: Clinical

Presenter: Lucia Jenkusky

Presentation Description:

Anxiety and depression are among the most common mood disorders in women of childbearing age, and their frequency increases during the perinatal period. Perinatal mood disorders are under-recognized and under-treated. Only 20% to 30% of women experiencing perinatal depression are identified or treated. When left untreated, depression can lead to poor adherence to care, higher likelihood for substance use, preterm birth, lifelong health problems for the infant, suboptimal parenting, and poor maternal attachment. The American College of Obstetricians and Gynecologists (ACOG) and the United States Preventive Services Task Force (USPSTF) recommend screening patients at least once during the perinatal period for depression and anxiety symptoms. Screening should be done utilizing a standardized, validated tool. Both ACOG and USPSTF guidelines state that appropriate follow-up and treatment should be in place and that clinical staff should be prepared to initiate treatment and refer when necessary. The Maternal Mental Health: Perinatal Depression and Anxiety Patient Safety Bundle from the Council on Patient Safety in Women's Health Care, published in March 2017, recommends specific methods for recognition, prevention, and response. This presentation will offer a review of these guidelines, current practices, and potential next steps for improving interventions. Our study examines the current knowledge of ACNM members about guidelines and recommendations from these professional organizations. It also surveys current screening practices as well as barriers to implementing universal perinatal screening. An IRB-approved questionnaire will be sent to ACNM members via email. National data collection will allow for examination of geographic differences and practice settings.



Learner Outcomes:

Participants should be able to describe the current recommendations for perinatal mood disorder screening.

Participants should be able to articulate current screening practices by ACNM members.

ES222

Skills for Implementing Equitable Care and Addressing Racism in Midwifery: Cultivating Partnership Between Preceptors and Students

5:30PM-6:30PM- National Harbor 4/5-Level 3

CEUs: 0.1

Track: Racism and Health Disparities

Presenter: Eva Goodfriend-Reaño

Presentation Description:

Creating a racially and ethnically diverse midwifery workforce requires naming and addressing racism as a necessary barrier to overcome. A midwifery team of educators, preceptors, and students affiliated with the Nurse-Midwifery Education Program at the University of California, San Francisco, and preceptors from Alameda Health System in Oakland, California, developed and piloted preceptor training to address the presence of racism and bias in clinical education, including in delivery of care and preceptor/student dynamics. The training was developed using a framework of critical race theory and informed by over 180 survey responses collected from students, alumni, and preceptors. Through the training, we aimed to improve the learning experience of students, decrease experiences of racism and bias, and increase restorative response to occurrences of racism. Further, we aimed to increase midwifery skills in addressing racism to influence structural racism within the institutions in which we work. We will share the content of our training, short-term outcomes of the training pilot, and a plan for sustainability.

Learner Outcomes:

Identify the benefits of having diverse stakeholders in the development and delivery of racism and bias trainings or workshops.

Understand how critical race theory can be applied to midwifery clinical education.

Describe the impact of racism on learning in clinical settings and the importance of the preceptor role in addressing racism in clinical settings.

Apply training methods presented for addressing prevention of racism and restoration after racist incidents in clinical settings.



ES223

Hospital Programs to Improve Early Labor Support and Use of Early Labor Lounges

5:30PM-6:30PM- National Harbor 10/11-Level 3

CEUs: 0.1

Track: Clinical

Presenter: Ann Forster Page

Presentation Description:

Early labor is not easily defined and is often a retrospective diagnosis. Women admitted before active labor are more likely to experience interventions such as augmentation, epidural analgesia, and cesarean birth. ACNM's Reducing Primary Cesareans Collaborative's bundle on Promotion of Spontaneous Progress in Labor challenges midwives, physicians, nurses, and hospitals to improve support of women in early labor and decrease admissions before active labor. Midwives and labor and delivery nurses participating in US hospital births are uniquely positioned to provide education and support during early labor. Midwifery principles of physiologic birth provide key tools for integrating nonpharmacological comfort and support measures. These principles can be integrated into nursing practice. Two hospitals have addressed this issue with a standardized support of early labor and creation of early labor lounges. The teams at both institutions used well-defined quality improvement methods to create teams, evaluate need, engage leadership, create policy and guidelines, educate nurses and health care providers, and implement and evaluate the programs. Both hospitals offered a variety of support activities to laboring women and their support teams, including yoga, acupressure, meditation, nutrition, hydrotherapy, and a defined space for women and families to utilize these tools. After this presentation, attendees may consider aspects of the early labor support program and lounge to integrate into their workplace in collaboration with other health care providers, nurses, and hospital leaders.

Learner Outcomes:

Discuss the challenges and issues related to the support of women in early labor and current practices on maternity care in the United States.

Describe two hospital programs for early labor support, including development of an implementation team, guidelines and criteria, use of space and tools, implementation and education, and evaluation and sustainability.



ES224

Midwifery Students Storm the Hill: A Student Nuts-and-Bolts Session for Hill Day

5:30PM-6:30PM- National Harbor 12- Level 3

CEUs: 0.1

Track: Midwifery Matters- Public Perception

Presenter: Zoe Gutterman

Presentation Description:

This session will give student midwives up-to-date information and effective techniques to bring policy change at a local, state, and federal level. The presentation will review and discuss legislative successes and challenges, including the triannual Georgetown Hill Days and the triannual Off the Hill Advocacy Days. The session will cover effective techniques for a Hill or Off the Hill visit as well as practical advice on how student midwives can influence health policy as a student and throughout their careers.

Learner Outcomes:

Participants will be able to discuss legislative successes and challenges of interest to midwives and student midwives in the last year, including legislative efforts specifically targeting student midwives. Participants will be able to discuss current and upcoming legislative actions supported by ACNM. Participants will understand the advocacy structure within ACNM, as well as the ACNM legislative volunteer structure.