

Tips for Getting Published: Turning your Dissertation into a Publishable Article

Track: Education

Presenter: Tekoa King

Presentation Description:

The organization and flow of a dissertation written for degree requirements is different than the organization of an article that will be published in a peer-reviewed archival journal. This round table session, led by editors of the *Journal of Midwifery & Women's Health*, will provide advice and tips for turning a thesis or dissertation into a scholarly article suitable for publication. A brief overview of differences in structure between a dissertation and published article, how to choose the best type of article, and tips for reorienting content to meet the needs of readers will be presented. Time is provided for participants to ask questions and get advice from the editors about individual projects. Handouts with templates and resources will be provided.

Learner Outcomes:

Identify the different purposes that guide writing done during an education program and writing for publication.
Identify the key components of a manuscript that is submitted to a peer-reviewed journal.
Identify the different purposes that guide writing done during an education program and writing for publication.
Understand the different interests of a journal audience (who are the readers?) and an academic faculty committee.
Understand how to outline an intended article to help fit content into the standard structure of a published article.

Beyond the Basics: An Improvement Project Focused on Intermittent Auscultation

Track: Clinical

Presenter: Amy Romano, Margaret Buxton

Presentation Description:

At the very heart of our worsening trends in maternity care outcomes is the universal acceptance of continuous electronic fetal monitoring (CEFM) as the "standard" of care for most births. Although there is broad consensus on the value of intermittent auscultation (IA), there are conflicting standards for implementing IA and no standard programs for training providers. This presentation describes a program to design, implement and evaluate an evidence-based protocol for performing and interpreting intermittent auscultation within a network of freestanding maternity centers. The session will address how providers caring for low-risk clients can use standardized protocol development, hands-on provider training, interactive learning and simulation, audit and feedback, EMR configuration, and provider coaching to increase consistency and provider confidence with IA to improve clinical decision-making.

Learner Outcomes:

Describe barriers to the implementation of intermittent auscultation for low-risk labor.
Define the fetal risk assessment differences in interpretation of IA and CEFM.

Can we prevent gestational diabetes and hypertensive disorders with screening and integrative management in early pregnancy?

Track: Clinical

Presenter: Amy Romano

Presentation Description:

Gestational diabetes and hypertensive disorders can transform a low-risk pregnancy into a high-risk pregnancy, with dramatically more intervention, increased likelihood of poor outcomes, and downstream health risks for the mother and infant. The pathogenesis of these conditions is multifactorial and includes lifestyle factors such as nutrition, stress level and stress management resources, and physical activity. This presentation will discuss the design and implementation of an innovative screening and prevention planning program that aimed to reduce the incidence and severity of these conditions in a birth center population. The program included a standardized risk screening instrument and standardized prevention programs based on risk level, incorporating medical management, education, and lifestyle interventions. Implementation strategies, lessons learned, and opportunities for ongoing research and innovation will be discussed.

Learning Outcomes:

Identify at least 3 evidence-based prevention strategies for lowering risk of gestational diabetes and/or hypertensive disorders.
Define lifestyle factors that impact risk of prenatal complications.
Screen a first-trimester client and identify potential prevention opportunities to reduce risk of gestational diabetes and hypertensive disorders.

Doctoral Degrees for Midwives: The Need and Value Selecting the Degree That is Right for You

Track: Education

Presenter: Diana Jolles, Melissa Avery, Mary Ann Faucher, Barbara Hackley, Dana Perlman

Presentation Description:

The purpose of this presentation is to expose ACNM membership to the value of the doctoral degree for midwives. The speakers review pertinent industry demand demonstrating the need to increase the number of doctoral prepared midwives. After exploring various doctoral degree options, participants will be able to align their career goals as clinicians, educators and researchers to the appropriate curriculum. Presenters will review the variations in curriculum, scope and the purpose of each degree. Presenters will explore the professional and personal value of advanced degrees by sharing research and inspiring stories.

Learning Outcomes:

Critically appraise the industry context and demand for doctoral prepared midwives.
Compare and contrast the scope, purpose, curriculum, and outcome objectives of the DNP, PhD, and DM degrees.

Ethical and Medical Problems of Secular Circumcision: Why Healthcare Professionals Should Not Be Involved in Newborn Circumcision

Track: Clinical

Presenter: Ryan McAllister

Presentation Description:

This presentation will examine the bioethics and medical literature around circumcision and offer ethical recommendations for practicing midwives as well as an ACNM policy change regarding neonatal circumcision. The ACNM currently supports midwives providing neonatal circumcision as a service to clients as shown by its 2018 Annual Meeting workshop, “Elective Circumcision: Skills for Nurse Midwives,” and policy statements. The ACNM refers to the 2012 American Academy of Pediatrics (AAP) policy statement on circumcision, which physicians in analogous European organizations widely criticize, and which downplays risks and highlights benefits around which there is not consensus in the medical literature. Despite AAP assertions that the risks of circumcision are small, a 2018 study showed a 3% rate of complications from hospital circumcisions that required additional surgical intervention.

This presentation will examine the bioethics and impact of circumcision on neonatal and future health with a brief review of key research findings, framing circumcision simultaneously in an evidence-based and child-centric manner. We will then discuss the intrapersonal, interpersonal, and structural challenges that complicate an ethics-based orientation, such as anxiety about strong feelings, financial conflicts of obligation, and confusion about the practitioner’s responsibility to provide culturally motivated procedures. Finally, we will practice engaging with these challenges through further discussion and, if the group finds it useful, role-played interactions. As a controversial subject with complex interplay between its social, cultural, religious, personal, gender, sexual, and medical dimensions, circumcision tends to be difficult to discuss in an evidence-based and child-centric manner while also maintaining sensitivity to this diverse intersectionality.

Learner Outcomes:

Participants will be able to identify the ethical responsibilities of a service provider that are relevant to neonatal circumcision in a secular context.

Understand and be able to explain that medical interventions in children require proxy consent from the parent/guardian.

Participants will be able to identify the risks and effects of circumcision, including surgical and post-operative complications in the newborn as well as sequelae that may become evident as late as adolescence or adulthood.

Got Data? Learn to Quantify the Impact of Midwifery Care, Birth Outcomes in Your Community, and How a Food Safety App Was Designed --All Using Public Databases!

Track: Education

Presenter: Katya Simon, Julia Phillipi, Jeremy Neal, Nicole Carlson, Jonathan Snowden, Ellen Tilden

Presentation Description:

Publicly-available datasets can provide crucial information for midwives, as they seek to improve their clinical practice or demonstrate the importance of midwifery care to colleagues, administrators, legislators, and families. Large datasets are available from a variety of organizations; each has unique data and limitations, most are available for little or no charge, and many have built-in, online search functions. This talk introduces midwives to several datasets with information on maternal-child health outcomes, and discusses how midwives might access, query, and use these datasets in quality improvement or advocacy work. Furthermore, dataset analysis can reveal outdated clinical guidelines, as demonstrated by comparison between foods recalled for Listeria contamination and the foods pregnant women are educated to avoid. We present an app that places previously unsearchable federal food safety datasets, maintained by multiple agencies, onto every woman's cell phone in the midst of the grocery aisle, exemplifying the concept of consumer-driven "dynamic guidelines".

Learner Outcomes:

Recognize that publically-available datasets can improve clinical practice and demonstrate the importance of midwifery care.

Discuss accessing and querying several datasets, while targeting information on care and outcomes for women and neonates.

Group Antenatal Care (GANC) Research in Low- and Middle-Income Countries: An Introduction to the Work of the Global GANC Collaborative and A Call for Midwives to Join our Community of Practice

Track: Clinical

Presenter: Dilys Walker, Lisa Noguchi, Carrie Klima

Presentation Description:

Group antenatal care (ANC), also known as group prenatal care, was pioneered in the United States (US) by midwives as an alternative model to individual antenatal care. As promising results from studies of GANC in the US were released, midwives recognized the potential benefits and applicability of GANC in low- and middle-income countries (LMIC). Growing interest in the potential benefits of GANC has resulted in multiple efforts to adapt the model to LMIC contexts and to position group-based care as a service delivery model with transformative potential. In 2015, several research teams evaluating the effects of GANC in LMICs formed a collaborative with three aims: 1) to connect researchers actively investigating the effects of GANC in LMICs and collectively formulate research priorities; 2) to disseminate GANC-related research study protocols, tools, and findings; and 3) to advocate for GANC best practices in LMIC contexts. The steering committee of the Global GANC Collaborative includes six research teams that met in 2015 and are currently in some stage of implementing, studying, or disseminating the results of GANC programs in LMICs. Members represent six research studies in Malawi and Tanzania (University of Illinois, Chicago), Ghana (University of Michigan), Nepal

(Brigham and Women's Hospital), Kenya and Nigeria (Jhpiego), Mexico (Oregon Health Sciences University), and Rwanda (University of California, San Francisco). Three members of the Global GANC Steering Committee will participate in this panel. Each presenter will share highlights of one GANC program, including research findings and/or implementation lessons learned, and will present the aims and structure of the Global GANC Collaborative. An important aspect of this presentation will be an invitation to the audience to join the Global GANC Collaborative in the general membership and/or the community of practice, with instructions for how to do so. There is no financial interest, incentive, or membership fee associated with the Global GANC Collaborative. As GANC programs proliferate around the world, the Global GANC Collaborative aims to unify researchers and implementers to accelerate learning and advocate for the highest quality of GANC. Interested midwives are welcome to join the community of practice to access resources that can aid in the implementation of successful group care programs in new LMIC contexts.

Learner Outcomes:

Participants will understand selected results from three group antenatal care (GANC) studies in low- and middle-income countries (LMIC).

Participants will understand the structure and aims of the Global GANC Collaborative.

Implementing a Quality Improvement Practice Bundle to Reduce Early Labor Admissions and Primary Cesareans

Track: Clinical

Presenter: Michelle Telfer, Diana Jolles, Jessica Illuzzi, Erin Morelli

Presentation Description:

Reducing cesareans is a priority for healthcare and professional organizations. Labor dystocia is the leading cause of cesareans. Delaying hospital admission until active labor is established is one evidenced-based method to decrease labor dystocia diagnoses. Evidence is lacking on how to best accomplish this, but several interventions have been studied including admission algorithms and patient and staff education. This presentation will present the results of one quality improvement project whose aim was to reduce early labor admissions and support physiologic birth through implementing evidenced-based tools and thereby decrease the nulliparous term singleton vertex cesarean rate. The goals, methods, process and results of the project will be summarized. The evidence-based practice bundle that was implemented will be presented included several novel tools that were developed including an early labor triage guide, labor support checklist and early labor walking path. The triage algorithm reduced early labor admission from 41% the previous month to 25% and physiologic birth increased by 2% during the intervention. Patient experience satisfaction rates were highly positive exceeding 98%. The NTSV cesarean rate reduced slightly from 22% in 2015 to 21% during this 8-week project. We will also give participants an opportunity to explore their own clinical setting for gaps in practice and barriers to implementation to consider how to implement such a bundle at their facility.

Learner Outcomes:

Participants should be able to define the main drivers of unnecessary primary cesareans and their associated morbidity.

Participants should be able to discuss the results of the quality improvement project on reducing early labor admissions.

Participants should be able to evaluate one's own clinical setting for gaps in practice and potential barriers to implementing a practice tool bundle.

Increasing the Effective Use of Intermittent Auscultation to Decrease the Nulliparous Term Singleton Vertex Cesarean Rate

Track: Clinical

Presenter: Megan Danielson

Presentation Description:

Though cesareans can be lifesaving, the overuse of this intervention increases risks for women and infants. Intermittent auscultation has been shown to be as effective as continuous fetal monitoring for low-risk women, while leading to lower cesarean rates. This session will describe a rapid-cycle healthcare improvement project that was implemented with the aim of increasing the percent of low-risk NTSV pregnant women effectively receiving intermittent auscultation during labor.

Learner Outcomes:

Participants will be able to discuss the state of the evidence and the national recommendations relating to fetal monitoring options.

Participants will be able to identify organizations and resources for developing and implementing healthcare improvement projects in their settings.

Participants will be able to apply knowledge gained from this project to increase the use of intermittent auscultation in their own setting.

Leading Organizational Change, the Essentials of LGBTQIA + Inclusion in University Curricula and Health Care Settings Using Simulation and Case Study Exemplars

Track: Miscellaneous

Presenter: Jane Houston, Tanya Belcheff, Stephanie Martinez

Presentation Description:

This presentation is designed for any midwife or healthcare provider who wishes to incorporate LGBTQIA+ inclusion essentials into their practice setting whether in the classroom, birth center or office setting. Historical background related to LGBTQIA+ inclusion and exclusion in curricula will be reviewed and the impacts this has on healthcare communications, health promotion, and health and learning outcomes.

This interactive presentation will include a short lecture, and a demonstration of the Intersectional Lens Tool using simulation exemplars. To conclude, a LGBTQIA+ case study approach to promote increased awareness will be utilized to enhance learning and interest in this vital area.

Learner Outcomes:

Provide an analysis of LGBTQIA+ inclusion and exclusion in graduate level curricula.

Evaluate the impact of LGBTQIA+ inclusive communication and the impact on health promotion.

Demonstrate use of the Intersectional Lens Tool as an intersectional application to clinical management using a simulation approach.

Utilize a case presentation to examine data collection, clinical management, treatment and outcomes through a LGBTQIA+ perspective.

Listening to Muslim Women with Refugee Backgrounds: Voices from the Primary Health Encounter

Track: Racism and Health Disparities

Presenter: Debra Penny

Presentation Description

This session will highlight what Iraqi women have expressed about the health encounter regarding care that was culturally distressing or supportive. Recommendations on accommodation to their care needs are explained. Accommodating to variances in cultures and within a culture is a formidable challenge for CMs/CNMs. American Muslims are a growing minority in the U.S. and share a religious identity that informs their health (Padela). In an increasingly secular society, health providers may miss the significance of a woman's Muslim identity that is often expressed in outward dress, scheduled prayer times, and dietary rules. Iraqi Muslim women with refugee backgrounds have voiced their perceptions about the health encounter and their needs for modesty, gender concordance, and empathy. Barriers and concerns about the health encounter can influence their care-seeking behavior (Vu). Accommodation Muslim women's concerns can decrease health inequities, and potentially improve communication in the health encounter. Women as health providers may be preferred over their male counterparts and therefore may have an important role in decreasing health inequities by being aware of what Muslim women desire in the health encounter.

Learner Outcomes

Identify how variations in Muslim identity play a role in the health encounter.

Identify potential problems in the health encounter that may cause cultural distress for women.

Midwifery Management of Pelvic Organ Prolapse Across the Lifespan

Track: Clinical

Presenter: Kimberly Sakovich

Presentation Description: Pessaries are a non-surgical treatment option for women with pelvic organ prolapse or incontinence across the lifespan and can easily and effectively be managed by the midwife. Stress urinary incontinence affects approximately 20-55% of women and pelvic organ prolapse affects about 25-65%

or women. Urologic problems affect the daily lives of women interfering with physical activity, socialization, sexual relationships and ultimately their future urologic health. Much of pelvic organ prolapse and incontinence goes unreported mainly due to embarrassment. Although surgical repair is one approach, many women prefer to avoid surgery, or they may not be a candidate for surgery or have not yet finished child bearing. Pessaries are used to improve incontinence, improve the symptoms associated with pelvic organ prolapse, help delay worsening of the condition as well as improve stress urinary incontinence and uterine prolapse that can occur during pregnancy. Pessaries can help reduce pelvic organ prolapse and incontinence in the neonatal period. Recent research indicates pessaries can also help reduce spontaneous preterm birth and preterm premature rupture of membranes in women <37 weeks gestation with an episode of arrested preterm labor and long cervix. The purpose of this presentation is to help the midwife develop confidence in assessment, diagnosis, pessary selection and management of common urologic conditions experienced in women as well as expose the midwife to other conditions where pessaries can be beneficial.

Learner Outcomes:

Participants will be able to define pelvic organ prolapse and incontinence and understand the etiology associated with these conditions.

Participants will be able to obtain the pertinent subjective history including past medical and surgical history, obstetrical history, voiding and defecation history, current symptoms, effects on lifestyle and typical patient presentation to care.

Participants will be able to identify the candidates for the pessary including pelvic organ prolapse grade, incontinence, preterm labor prevention, prolapse and incontinence in the pregnant woman and neonatal period. Participants will be able to identify the various common pessaries and their use.

Participants will be able to perform pessary fitting, understand evidence of vaginal estrogen use, necessary patient education, appropriate follow up and management of the pessary including treatment of common complications of pessary use.

Removing Physician Supervision: Ongoing California Legislative Efforts

Track: Midwifery Matters-Public Perception

Presenter(s): Kim Dau, Holly Smith

Presentation Description:

Over the course of five years and three bills, the California state affiliate of ACNM attempted to remove physician supervision requirements from statute. Although efforts have been unsuccessful to date, several lessons have been learned along the way, including the identification of key arguments from opposing medical associations that had little to do with patient safety. The presentation will provide an overview of campaign strengths and weaknesses with the goal of sharing information with other midwives interested in full practice authority legislation.

Learner Outcomes:

Describe research outcomes related to independent practice of CNM/CMs.

Provide overview of the California Nurse-Midwives Association regulatory landscape related to scope of practice.

Describe research outcomes related to independent practice of CNM/CMs.

Apply lessons learned from the California efforts to other CNM/CM state policy efforts.

Survival of Your First Unexpected Outcome

Track: Education

Presenter: Meredith Annon, Lauren Olvera, Yuliya Labko, Eva Fried

Presentation Description:

Our intention is to target our round table discussion to new midwives and/or students. The presenters are members of the Student and New Midwives Committee. We will discuss a commonly occurring difficult case that a new midwife (and/or student midwife) would likely encounter, such as a shoulder dystocia or postpartum hemorrhage. Then using a set of preconstructed questions elicit feedback from the participants regarding their assessment of case, what could have been done differently, how they might respond differently in a similar situation in the future. This piece would mimic a "debrief" that many of us have experienced in the clinical setting after an unexpected outcome occurs. We will construct an additional set of questions and suggestions for how to navigate beyond the initial debrief and outcome.

Learner Outcomes:

Participants should be able to verbalize why debriefing is an important and helpful tool in the clinical setting.

Participants should be able to articulate the questions commonly discussed during a debrief of an unexpected outcome.

Participants should be able to describe ways in which to be supportive of colleagues and co-workers after unexpected outcomes occur to a member of their team.

The Female Cycle as the Fifth Vital Sign

Track: Clinical

Presenter(s): Sara Shaffer, Marguerite Duane

Presentation Description:

A woman's menstrual or fertility cycle is a carefully orchestrated series of events under the influence of key hormonal changes. These internal hormonal changes produce observable external signs or biomarkers that women can learn to identify and chart to better monitor her reproductive and overall health. Most modern fertility awareness-based methods teach women how to chart these signs which can reveal a normally functioning reproductive health system or one that may be affected by stress, illness or other factors. As such, charting of a woman's cycle serves as a valuable "vital sign" that may provide important insight into a woman's overall health. Unfortunately, most physicians are not familiar with how to read fertility charts or identify

potential problems that abnormal charting observations may indicate. We will discuss the basic science behind fertility charting and review a variety of fertility charts, including potential indications of a woman's health status based on what the chart reveals. Our goal is to highlight how the normal hormonal changes of the female cycle may serve as the fifth vital sign by producing observable signs that women can track on a daily basis. We will describe important hormonal changes in the female cycle and the resulting physiological observations produced. We will describe what normal fertility cycle charts may look like and define the normal parameters for each phase of the woman's cycle. Using this information, participants will learn how to read a fertility chart, similar to the way they learn to read an EKG in a stepwise manner. We will then present examples of abnormal charts and discuss the potential problems or health issues these may indicate. Finally, we will present sample charts that participants will be asked to read to determine if it is normal or not. If the chart is deemed to be abnormal, participants will be asked to develop a preliminary differential diagnosis. We will conclude by providing participants with information about additional opportunities to learn about fertility awareness-based methods and their applications for women's health.

Learner Outcomes:

Define Fertility Awareness Based Methods (FABMs), and the signs or biomarkers women may learn to chart to monitor her menstrual cycle.

Describe the underlying hormonal events that produce these observable biomarkers.

Evaluate fertility charts and make basic observations to identify the health of the cycle and any potential underlying health problems.

Discuss other opportunities to learn how to address women's health issues using fertility charts.

The Lives of Black Mothers Must Matter!

Track: Racism and Health Disparities

Presenter: Suzan Ulrich

Presentation Description:

Maternal mortality in the United States is a national disgrace and the shame is worse because maternal mortality disproportionately affects black women. Black mothers are 3 to 4 times more likely to die than white mothers. This is one of the greatest disparities in women's health. While 71% of black women are more likely to die from cervical cancer than white women, the percentage skyrockets for pregnancy-related deaths where black mothers are 243% more likely to die. The pregnancy related maternal mortality ratio for 2011 to 2014 was 12.7 deaths per 100,000 live births for white women compared with 43.5 deaths for black women.

Ironically, more education and higher income does not protect black mothers. An epidemiologist from the Centers for Disease Control who was exploring how racism and trauma affects health outcomes died three weeks following the birth of her daughter, adding another black mother to the maternal mortality statistics. An analysis of maternal deaths in New York City showed that college-educated black mothers died more often than white women without a college education. Black women experience systemic racism throughout their lives and many have been discriminated against by health care providers. This session will examine the experiences of pregnant black women and explore the complex factors that contribute to the much higher rates of mortality and morbidity they experience. Strategies used to improve outcomes for pregnant black women as well as grassroots efforts by African American communities to help their mothers will be presented.

Learner Outcomes:

Participants will explain the effects of systemic racism and discrimination in health care on black mothers.
Participants will be able to describe the racial disparities in the maternal mortality rate in the United States.

To Suction or Not to Suction? New Updates in the NRP that Affect Midwifery Care in the Neonate

Track: Clinical

Presenter: Elizabeth Robson

Presentation Description:

The purpose of this presentation is to review updates in the 7th Edition of NRP. The presentation will start with a case study, that will continue throughout the presentation. Key changes in the NRP 7th edition will be discussed.

Learner Outcomes:

Review 7th edition updates for Neonatal Resuscitation Program.
List three actions to promote intrauterine life to extrauterine life.

Vulnerable Transitions of Care: Working with EMS Systems to Optimize Care for Mothers and Newborns in Community Settings

Track: Clinical

Presenter: Laura Thielke

Presentation Description:

Transitions of care from one healthcare location to another can be a vulnerable time for the teams and clients involved. This is particularly true when looking at emergent transfers of care from a community setting to a hospital facility utilizing the local Emergency Medical Services (EMS). The author will present an improvement project aimed at tightening up the collaboration between the EMS, birth center, and hospital teams across a multi-site network. This session will discuss how community-based providers can work closely with local EMS teams and hospitals to support smooth transitions, including developing protocols specific for emergency transfers, ensuring continuity of care throughout the transitions, and implementing interdisciplinary drills and training.

Learner Outcomes:

Identify 3 ways to provide continuity of care to the client through the transition.
Plan an improvement project to increase team work and collaboration between community-based providers, EMS and hospital staff during transitions of care.

When the World Moves to Our Neighborhood: Lessons for Midwives in Caring for Immigrants

Track: Miscellaneous

Presenter: Mary Kathryn Kramer

Presentation Description:

Women from throughout the world relocate to the US for various reasons. Many immigrant women are of child-bearing age, so midwives frequently care for them during pregnancy and birth. Caring for these women presents unique opportunities and challenges. This session will provide an overview of migration to the US, then focus specifically on some of the cultural, linguistic, medical, birth, legal, and immigration challenges childbearing women and their care providers navigate as they work together to optimize the childbirth experience and pregnancy outcomes. Specific examples of situations frequently faced by pregnant immigrants will be discussed, focusing specifically on those areas where midwives can actively promote respectful and comprehensive models of care.

Learner Outcomes:

Participants should be able to describe the current scope of immigration in the US.

Participants should be able to identify the unique cultural and pregnancy challenges faced by immigrants.

Participants should be able to identify specific methods for improving care to immigrants which they can implement in their own practices.

Participants should be able to describe specific community and advocacy activities which they can participate in to optimize pregnancy outcomes for immigrants.

Women Want Choices in Childbirth: Why and How to Advocate for the Use of Nitrous Oxide

Track: Clinical

Presenter(s): Priscilla Nodine, Jessica Anderson, Michelle Collins

Presentation Description:

Close to 4 million women in the United States (U.S.) give birth each year and for most of these women pain is a significant concern. Pain management methods which are readily accessible, safe, efficacious, and which increase the likelihood of vaginal birth are vitally important. Access to obstetrical analgesia which promotes the ability to cope with the birth process is important in the promotion of physiologic birth. At a time when rates of cesarean birth are excessively and unacceptably high, inhaled nitrous oxide - once widely used in the U.S. - offers women an important analgesic alternative. While a spectrum of analgesic methods is available, many have administration and access issues which create potentially deleterious effects for mother and/or infant and often fail to provide pain relief in an expeditious manner leading to ever-increasing regional anesthesia rates. Laboring women desire a variety of effective pain control options. Inhaled nitrous oxide has been used for obstetric analgesia for over half a century and is very commonly used in many countries outside of the U.S. Intrapartum use has grown significantly in the U.S. over the last decade but the option to use nitrous oxide in labor is not available to most women in the U.S. Instituting this new option on an intrapartum unit or setting can be challenging but methods exist that outline the process and ultimately improve success.

Learner Outcomes:

Understand the current state of intrapartum nitrous oxide use in the U.S., including usage rates and how and where it is commonly used.

Know the evidence on adverse effects of nitrous oxide during childbirth for mom and baby and conversion rates to other pain modalities.

Review professional organizations position statements on use of nitrous oxide for labor and birth.

Comprehend barriers to nitrous oxide implementation in a hospital setting

Appreciate the context of nitrous oxide patient education materials, consent, and policy/procedures for the hospital setting.

You Too Can Write a Research Study: How to Initiate a Study While Working as a Clinician Using the Framework of Practice-Based Research

Track: Miscellaneous

Presenter: Gilliam Brautigam, Claire Michelsen, Jenna Shaw-Battista

Presentation Description:

Evidence based practice (EBP) is a cornerstone in the pursuit of high-quality patient care and is endorsed by ACNM and ACOG. However, it can be difficult for clinicians to implement EBP, particularly in community settings that are removed from academic institutions where most research takes place. At the same time, clinicians are working on the ground, interacting with patients every day, which puts them in the ideal position to generate research questions specific to their practice setting, gather the data to address those questions, and translate their research into practice. Bringing closer connection between those who conduct research and those who provide healthcare has the potential to narrow the research-practice gap and offer bidirectional benefits to both clinicians and researchers. In primary care, the past 15 years has seen a proliferation of efforts to involve clinicians and patients on research teams through participatory research methods such as Practice-Based Research Networks, an approach which has been supported by the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Patient Centered Outcomes Research Institute. However, there is a lack of practice-based research networks in midwifery. Two midwives at a community hospital utilized a practice-based research process to collaborate on a study addressing clinical questions about waterbirth outcomes at their institution. We will use our research process as an example of how other practitioners can undertake practice-based research while engaged as a clinician. We will address key issues in writing a research study, identifying key stakeholders, and implementing a study. Finally, we will discuss how practice-based research may promote evidence-based practice and address the questions most relevant to midwifery practice and the populations we serve.

Learner Outcomes:

Participants will understand the concepts of practice-based research, practice-based research networks, and participatory action research models including examples currently in action.

Participants will be able to articulate the value of including practicing clinicians, including midwives, as key participants or drivers of research teams.

Participants will understand steps for drafting and initiating a research study while working as a clinician using an example of a midwife-led waterbirth study.

Participants will understand the basics of study design and differentiate qualities of an experimental compared to an observational study.

Participants will understand key partnerships for success in conducting a study as a clinician.

Developing a Laborist Service Midwives on the Front Line of Hospital-Based Delivery Practices

Track: Clinical

Presenter: Wanda Gibbons

Presentation Description:

The hospitalist model of care has been growing in the United States (U.S.) since Wachter first described the term and role in 1996. Wachter noted a hospitalist is a provider dedicated to the care of hospital inpatients. This trend is now extending to the care of women presenting to labor and delivery. First described by Weinstein in 2003, a laborist is a hospitalist who focuses their practice on the care of pregnant women who present for admission to a hospital's labor and delivery unit. The Society of OB/GYN recognizes that a laborist may be either a certified nurse-midwife (CNM) or an obstetrician/gynecologist (Ob/Gyn). A laborist meets their patient for the first time when a woman presents for admission to labor and delivery. The laborist must then form a trusting, supportive relationship. The sincerity and honesty in this relationship can affect a woman's perception of her birth experience. Traditionally, prenatal visits form the foundation of the bond that develops between a pregnant woman and her obstetrical care provider (obstetrician, midwife). This bond contributes to a woman's unique, personal experience of birth. In one hospital that serves a large, metropolitan area, the laborist (midwife or physician) delivers all women who present in labor or for induction of labor. These women are neither seen nor delivered by the physicians or CNMs who provided their prenatal care. There is currently no evidence to support or refute a difference in a woman's satisfaction with her birth experience if she is labored and delivered by a hospitalist. Although the exact number of laborists practicing in the U.S. is not known, 40% of the hospitals participating in the National Perinatal Information Center/Quality Analytic Services employ laborists. The ability to accurately assess a woman's satisfaction with her birth experience is an integral part of evaluating success with the laborist model of care.

Learner Outcomes:

Participants will articulate the difference between the concept of a 'Laborist Service' and the current models of laborist and hospitalist.

Participants can describe the roles and interprofessional collaboration of midwives and physicians within a laborist service model.

Participants can describe how to measurably assess a woman's satisfaction with her birth experience.

Participants can describe how midwives may increase a woman's satisfaction with her birth when she is delivered by a hospital-based laborist service.

Nation of Only Children? How Heritage and Cultural Conditioning Influence a Russian-Speaking Women's Interaction with Health Professionals

Track: Racism and Health Disparities

Presenter: Katya Simon, Yuliya Labko, Dalila Melkumyan

Presentation Description:

Russian-speaking Americans are the second largest European immigrant group in the United States. According to the Department of Homeland Security, there were over 40,000 legal immigrants from the former Soviet Union in 2016. Russian-speaking women span the cultural horizon from a mini-skirt to a hijab, hailing from Moscow to a small village bordering Afghanistan, reflecting the fifteen diverse republics that comprised the former Soviet Union. However, the medical system and educational approach was largely imposed by the Russian culture, making it a somewhat shared value among otherwise distinct migrants. With the break-up of the Soviet Union, the medical system similarly transformed from an authoritarian model without a concept of shared decision-making into a quagmire of contradictory recommendations from providers trained in different countries and time spans. Faced with this system, modern Russian-speaking women adapted - they seek second opinions, they question every test, they advocate for themselves fearlessly, and finally they are not familiar with the system of universal guidelines that frame midwifery practice in the United States. Many earn the label of "my most difficult patient" from midwives. Russian-speaking women desire to fully understand their care, and are thirsting for the shared decision-making, especially in a perinatal setting. In this presentation, the Russian-speaking midwives from both East and West coast of the United States are going to share their experiences working with Russian-speaking women and share insights on how to best care for them. Also, experiences of Americans seeking care in the former Soviet Union in this day of international travel will be shared.

Learner Outcomes:

Participants will appreciate the magnitude of immigration from the former Soviet Union, and have the tools to look up the size of the Russian-speaking community within their own county.

Participants will identify that Russian-speaking women come from distinct cultures but share a common medical experience.

Participants will enumerate several ways in that prenatal care is different in Russia, namely recommendation for a cesarean for myopia and symphysis pubis separation, no routine GDM testing, extreme laboring down with short active pushing stage, and different providers for prenatal and intrapartum care.

Anticipate Russian-speaking women behavior in light of unfamiliar recommendations and positive test results. Provide guidance to American women who are traveling to the former Soviet Union for health care needs and expectations.

Using a Physiological Model for Management of the Head-to-Body Interval During Vaginal Birth: The Two-Step Delivery Approach

Track: Clinical

Presenter: Deborah Anderson

Presentation Description:

During birth, it is common practice to apply gentle downward traction on the fetal head immediately after the head is born (one-step delivery approach) to help effect a short head-to-body delivery interval. This practice is based on the belief that a prolonged head-to-body delivery interval poses increased risk to the infant. Without immediate traction, however, there is a physiologic delay between the birth of the head and the birth of the shoulders (two-step delivery approach). This pause allows for the cardinal movements to complete, and the trunk is then most often born with the next contraction. In this presentation we will review the evidence supporting the one-step and two-step approaches to vaginal delivery including the risks and benefits to the fetus and the potential relationship to shoulder dystocia.

Learner Outcomes:

Participants will describe the one-step and two-step delivery approaches.

Participants will be able to discuss the scientific literature that led to the adoption of the one step delivery approach, and the current literature that supports the two-step delivery approach.

Participants will be able to describe the fetal risks and benefits of each approach.

Tips for Getting Published: Collabo-Writing

Track: Miscellaneous

Presenter: Patricia Murphy

Presentation Description:

This round table session, led by editors of the Journal of Midwifery & Women's Health, will provide advice and tips for the process of co-authoring or collaboratively writing a scholarly article suitable for publication. Collabo-Writing will describe ideas for working with a team to build a manuscript and outline strategies for staying on track with the writing process. Following a brief overview of successful strategies as well as common pitfalls, participants will be able to ask questions and get advice from the editors.

Learner Outcomes:

Identify the purpose and benefits of collabo-writing.

Describe the roles and responsibilities of being an author versus a contributor.

Identify common pitfalls and conflicts when working as a writing team.

Identify strategies for staying on track with the writing process.