



## **Education Session: Tuesday, May 21**

### **ES400**

**Triage OB ER/Abdominal Pain**

**TBD**

### **ES401**

**Presidents' Perspectives: Strategies to Scale up Midwifery in the United States**

**7:30AM-8:30AM- National Harbor 2/3- Level 3**

**CEUs: 0.1**

**Track:** Midwifery Matters-Public Perception

**Presenter:** Ginger Breedlove, Holly Powell-Kennedy, Katherine Camacho-Carr, Melissa Avery

#### **Presentation Description:**

This panel discussion is designed to provide 4 action-oriented steps every midwife can act on to scale up midwifery in the United States. At a time when the women's health workforce shortage is in growing crisis to provide essential services for all women across the country while simultaneously experiencing outcomes of women and infants described as the worst of all high-income countries in the world, midwives are an essential ingredient to improve care. Perspectives and actionable steps to take are provided by 4 of ACNM's past presidents. Messages will drive home the critical importance of working intently and collaboratively to address state regulations to support midwifery practice, lead the campaign on national awareness of the importance of physiologic care for labor and birth, promote necessary routes of interprofessional education and practice, and build community-based consumer engagement to activate grassroots support of midwifery. There are evidence-based actions grounded in decades of research that increase the likelihood of society to embrace culture change, including how little things make a big difference. Three required factors include believing in the power of few, helping people understand why the behavioral changes you are asking of them will make a difference, and the power of context—what is needed for change to be successful. This panel will provide their perspective on 4 key initiatives that together can reframe maternal health in the United States.

#### **Learner Outcomes:**

Apply the principles of model midwifery legislation in the examination of US maternal and infant outcomes.

Identify barriers to and resources to facilitate the provision of physiologic labor and birth care.

Discuss advancement of interprofessional education as one strategy to improve maternity care and women's health by educating more midwives.

Increase understanding of the urgency for individual midwives to become engaged in changing the culture of women's health care.

Adopt clinical practice educational components that facilitate consumer understanding of their role in changing the culture of women's health care.



**ES402- DOR Research Forum II**

**It's Not All or Nothing: Understanding How Women with Lactation Failure Experience Breastfeeding**

**7:30AM- 8:30AM- National Harbor 10/11-Level 3**

**CEUs: 0.1**

**Track:** Research Forum -DOR

**Presenter:** Erin Farah

**Presentation Description:**

To understand how women with low milk supply experience breastfeeding. What is the breastfeeding experience for women with lactation failure? Although women are encouraged to breastfeed their newborn infants, approximately 5% of women are unable to achieve a sufficient volume of milk to adequately nourish their infants. Using a phenomenological approach in this qualitative study, one-time in-depth interviews were conducted with 11 participants who were recruited by purposive sampling via a support social media group, "IGT and Low Milk Supply Support Group". The interviews were analyzed using van Manen's hermeneutic methodology to uncover themes among the interviews. Experiences of breastfeeding with low milk supply revealed six thematic categories: loss of an expectation; the emotional aftermath; failure of my body; searching for answers; the hamster wheel; and making it work. The experiences of these mothers reflect the importance of acknowledging the frustration, disappointment, guilt, and self-blame that mothers may feel when confronted with a diagnosis of low milk supply and the importance of the healthcare provider's role in supporting and caring for the mother.

**Learner Outcomes:**

Participants will be able to state the themes identified after interviewing women who had experienced lactation failure while breastfeeding.

Participants will be able to describe the meaning of the themes identified after interviewing women who had experienced lactation failure while breastfeeding.

**ES402 – DOR Research Forum II**

**Umbilical Cord Practices of the American College of Nurse-Midwives: A 17-Year Update**

**7:30AM- 8:30AM- National Harbor 10/11-Level 3**

**CEUs: 0.1**

**Track:** Research Forum-DOR

**Presenter:** Mayri Leslie

**Presentation Description:**

The purpose of this survey of ACNM members was to describe umbilical cord practices of US midwives and to explore possible modifying factors. Contrasting this study with the 2000 survey of ACNM members on umbilical cord clamping by Mercer, Nelson and Skovgaard, we hypothesized that there would be an increase in utilization of delayed cord clamping at birth by current midwives. The benefits of adequate placental



transfusion at birth via delaying cord clamping (DCC) has been well described for both preterm and term infants. Surveys and observations of provider practice across the globe show inconsistent uptake of the evidence-based practices of delayed cord clamping (DCC) and cord milking (CM). This study provides a 17-year update to the Mercer, et al. study and gives the opportunity for current assessment of umbilical cord management by members of the ACNM. This was a cross-sectional study of 1050 active members of the ACNM who had attended women in labor and birth within three years of the survey. Participants were selected using non-probability, purposive sampling with recruitment through serial e-mails. Umbilical cord practices were assessed, and related factors were examined using Chi-square tests and multivariate logistic regression models. The overall response rate was 20%. Ninety-two percent of the midwives performed DCC in this study as compared to 67% in the initial survey done in 2000. Over 50% of the midwives considered DCC in the presence of the following situations: shoulder dystocia, meconium stained fluid, and vaginal delivery for a non-reassuring fetal heart rate tracing. Twenty-six percent said they would delay clamping if resuscitation was required. "I don't know" was the most common response when it came to cord management for breech births or when vacuum or forceps were used. Cord milking was used less frequently than DCC. Midwifery use of DCC has expanded since 2000. The use of cord milking is variable with concerns about the validity of the practice. For many participants, uncertainty is present regarding cord clamping in complex clinical situations. The study provides important guidance for addressing knowledge deficits and continual improvement in practice.

#### **Learner Outcomes:**

Participants will be able to compare and contrast findings between the 2017 cord clamping survey of ACNM members and the one conducted in 2000.

Participants will be able to identify three complex clinical situations in which ACNM members expressed uncertainty regarding cord clamping.

#### **ES402 – DOR Research Forum II**

#### **Avoiding Unnecessary Disparities in Care: Evaluating Noninvasive Prenatal Screening Performance via Whole-Genome Sequencing Across Classes of Obesity**

**7:30AM- 8:30AM- National Harbor 10/11-Level 3**

**CEUs: 0.1**

**Track:** Research Forum- DOR

**Presenter:** Carrie Haverty

#### **Presentation Description:**

Examine how well noninvasive prenatal screening (NIPS) performs in women across Body-Mass Index (BMI) classes. NIPS via whole genome sequencing better serves all women, regardless of BMI, compared to traditional maternal serum screening. Noninvasive Prenatal Screening (NIPS), increasingly offered as a first-line aneuploidy screen, has superior performance compared to maternal serum screening (MSS). Fetal fraction (FF) is one of the many factors that influence the performance of NIPS. Low FF is associated with early gestational age, a compromised placenta (e.g., from triploidy and certain aneuploidies), and high BMI. By far, the most common driver of low FF is high BMI. The most recent American College of Medical



Genetics and Genomics statement recommends “offering aneuploidy screening other than NIPS in cases of significant obesity”. However, patients with high BMI constitute ~25% of US pregnancies, creating a significant disparity in care based on weight. 58,639 patients who received NIPS were stratified into standard BMI classes.<sup>5</sup> For each BMI group, the aggregate analytical sensitivity was calculated by summing—over the range of FF values—the product of (1) the sensitivity for a given FF and depth based on a model of whole-genome sequencing (WGS) NIPS and (2) the BMI-specific probability of observing a patient at that FF. Scaled sensitivities were incorporated into residual-risk calculations to assess impact on patient results reporting. Due to downward shifts in the FF distribution, NIPS sensitivity drops as BMI increases: non-obese analytical sensitivity for T21 is 99.5%, whereas for class III it is 94.1%. Nevertheless, even patients with class III BMI have expected T21 sensitivity in excess of that obtainable via standard MSS (92.9%). Sensitivity for T13 and T18 was also higher across the BMI spectrum for WGS-based NIPS relative to MSS. WGS-based NIPS with high performance at low FF is a high-quality aneuploidy screening option for all women, regardless of BMI. Providers can therefore offer the same high level of care to all patients, regardless of body habitus.

**Learner Outcomes:**

Summarize the causes of low fetal fraction and how fetal fraction levels can influence NIPS via cell-free DNA test performance.

Compare the performance of NIPS to the performance of traditional maternal serum screening in patients across classes of BMI.

**ES403**

**Sexuality and the Transitions of Menopause: Preparing Women for Healthy Sexual Relationships in the Second Half of their Lives**

**7:30AM-8:30AM- Chesapeake E/F- Level 2**

**CEUs: 0.1**

**Track:** Clinical

**Presenter:** MaryJane Lewitt

**Presentation Description:**

Manifestations of female sexuality are rampant in our society. It is used to sell products, it is part of our growth and maturation, and it affects our day-to-day relationships with others. As women mature, many factors affect their ability to form caring, intimate relationships with others. We know these relationships play a part in how women see themselves, as motivation for health, and as a determinant for alterations in mental health such as depression. Menopause creates physiologic and psychologic changes that directly affect a woman's sexuality. This presentation will review these changes and provide concrete examples of how we can work with women to address their sexual concerns as they enter and navigate menopause.

**Learner Outcomes:**

Discussion of the sexual implications of medications commonly used to address the physiologic changes associated with menopause.

Describe one to two changes associated with menopause that have a direct impact on female sexuality.



Describe one to two interventions that providers can order or implement to address common concerns related to sexuality before, during, and after menopause.

**ES404**

**Ethics of Chronic Pain Management: A Presentation by the ACNM Ethics Committee**

**12:00PM- 1:00PM- Maryland C- Level 2**

**CEUs: 0.1**

**Track:** Clinical

**Presenter:** Ira Kanrtowitz-Gordon

**Presentation Description:**

Effective management of chronic pain presents unique challenges to pregnant women and to the midwives who care for them. This is further complicated by the growing opioid epidemic, with an increasing number of pregnant women with opioid use disorder and newborns with neonatal abstinence syndrome. Midwives may be constrained by reluctance to prescribe opioids for chronic pain, lack of resources to treat chronic pain and opioid use disorder in pregnancy, and state laws that mandate reporting of substance use in pregnancy. This presentation will provide an overview of the scope of the problem and the clinical and ethical challenges of providing treatment while maintaining trust between midwives and patients. An ethical and social justice lens will be used to analyze health disparities across racial, ethnic, and cultural differences. A panel discussion of a progressive case across pregnancy, childbirth, and beyond will present diverse perspectives to guide effective management of chronic pain.

**Learner Outcomes:**

Participants will be able to describe the prevalence and common causes of chronic pain during pregnancy. Participants will understand how culture, health disparities, and educational level may affect expression and experience of pain and management decisions.

Participants will understand the contribution of health disparities, cultural expression of pain, and provider biases to the management of chronic pain.

Participants will understand how state laws may affect treatment decisions for chronic pain in pregnancy.



### **ES405**

#### **2019 Global Health Hot Topics for Midwives**

**12:00PM- 1:00PM- Maryland D- Level 2**

**CEUs: 0.1**

**Track:** Global Midwifery

**Presenter:** Robyn Churchill

#### **Presentation Description:**

In their initial education, midwives learn about providing culturally appropriate care for the US population, an ACME core competency. In the global setting, midwives provide clinical care within a variety of cultural contexts, educate a variety of professionals, and participate in changing health care systems. However, up-to-date information about groups outside the United States or recently resettled to the United States is often not easily available. As midwives increasingly engage in global work, including care of refugee women, they need to learn the most recent information about immediate issues of the global arena, including emerging clinical content and appropriate evidence-based approaches to care for women and newborns in different settings around the world. This panel discussion will consist of four midwives with expertise in hot topics areas. Presenters will provide the latest information on the topics with time for questions at the end of the panel presentation.

#### **Learner Outcomes**

Describe cultural considerations for providing midwifery care to select world populations, including refugee women, recognizing the health disparities and inequities that exist for these groups.

Summarize the latest information about the trends in, midwifery care of, and treatment of infectious diseases affecting women around the world, including infections such as Zika, malaria, and HIV/AIDS.

Explain the role of midwives in global health care systems and how midwives are currently affecting the quality of care in the global arena.

### **ES 406- Research Symposium**

#### **Dietary Intake in Healthy African American (AA) Women by Body Mass Index (BMI) and Gestational Weight Gain**

**12:00PM- 1:00PM- National Harbor 4/5- Level 3**

**CEUs: 0.1**

**Track:** Research Forum-DOR

**Presenter:** Leigh Greathouse

#### **Presentation Description:**

Characterize macronutrient, micronutrient, and a healthy eating index (HEI) in pregnant African-American (AA) women stratified by pre-pregnancy BMI (pBMI) including obesity class, and by gestational weight gain



(GWG). Dietary nutrients, food groups, and HEI will be different between normal vs. obese, between class I vs. class II/III, and by category of GWG. Dietary patterns and diet quality are known to have a significant impact on maternal health, GWG, and infant health, as well as, obesity. AA women have also been shown to consume calorie dense, but nutrient poor diets which may contribute to having higher risks for adverse conditions associated with childbirth. High fat diets have shown significant associations with elevations in systemic inflammation and low gut microbiota diversity which is correlated with adverse pregnancy outcomes. We recruited 25 healthy pregnant AA women and administered a web-based Automated Self-Administered 24-hour Recall and the food frequency questionnaire (DHQ II) to assess dietary intake history as baseline. Differences between groups for each dietary factor was assessed with Student's t-test or ANOVA, and in uni- or multivariable regression analysis controlling for total kilocalories (ASA24). At baseline overall fiber intake was higher in both normal weight women as compared to those with obesity ( $p=0.063$ ), and significantly higher in women with Class I obesity compared to Class II or III ( $p=0.03$ ). Further, kilocalorie adjusted fiber intake was lower with higher pBMI ( $p=0.051$ ), as was soluble fiber intake ( $p=0.026$ ). No associations were seen with total GWG and dietary factors or with HEI. Higher fiber intake, and specifically soluble fiber, is associated with lower pBMI and being in the lowest obesity class (I vs II or III). Soluble fiber intake is known to alter the gut microbiota, increase short chain fatty acids, and slow absorption of carbohydrates and fats. Dietary soluble fiber is a possible target for intervention in AA women who are obese to improve pregnancy outcomes.

#### **Learner Outcomes:**

Describe the use of dietary factors in identifying the key macro- and micronutrients with the greatest impact on gestational weight gain.

Detail how diet might affect the microbiome and metabolic pathways, particularly when influenced by class of obesity and gestational weight gain.

#### **ES 406- Research Symposium**

#### **Exploration of the Vaginal and Gut Microbiome in African American Women by Body Mass Index and Gestational Weight Gain**

**12:00PM- 1:00PM- National Harbor 4/5- Level 3**

**CEUs: 0.1**

**Track:** Research Forum-DOR

**Presenter:** Mary Ann Faucher

#### **Presentation Description:**

Characterize the distal gut and vaginal microbiome in healthy African American (AA) women by pre-pregnancy body mass index (pBMI) including obesity class, and gestational weight gain (GWG). The microbiome will differ between pregnant AA women based on pBMI. 2) GWG will significantly impact the composition of the microbiome with variations based on pBMI. Nonpregnant populations show variations in the microbiome based on race/ethnicity, body mass index, and disease. Pre-pregnancy obesity is most prevalent in AA women is associated with adverse outcomes of pregnancy including increased risk for preterm birth (PTB), which is three times higher in AA women. Inflammation is consistently connected with



risk for adverse outcomes of pregnancy which is exacerbated by obesity and excessive GWG. Inflammation is also associated with vaginal infections which are more common in obese and AA women. We sampled the vaginal and distal gut microbiome in pregnant African American women at two time-points, 28-29 and 36-39 weeks. Samples were analyzed using high throughput sequencing of the V4 region of the 16S rRNA gene. Twenty-one women provided rectal and vaginal swabs for analysis at time-point 1 with fifteen women providing samples at both time-points. Gut alpha diversity in non-obese women significantly increased with GWG ( $P = 0.048$ ). Gut beta-diversity also showed significant differences in obese women by GWG ( $P = 0.005$ ). A positive correlation was found between GWG and distal gut Bacteroidetes abundance among obese women and a negative correlation with Firmicutes which reversed in women with class III obesity and low GWG. A significant difference was also found in vaginal taxonomic abundance showing decreased Lactobacillus in obese women and increased Megasphaera in obese women with low GWG. These results suggest gut microbiota are significantly influenced by pBMI, including class of obesity and GWG. Taxonomic abundance in the vagina which has implications for risks of infection also appears to be influenced by pBMI. Further investigation is merited and needed with a larger cohort of women and larger studies may significantly contribute to identifying new weight gain guidelines for obese pregnant women by obesity class.

#### **Learner Outcomes:**

Analyze health disparities in pregnant African American women associated with obesity and gestational weight gain.

Compare findings in the vaginal and gut microbiome with pre-pregnancy body mass index and gestational weight gain in African American women.

#### **ES 406- Research Symposium**

#### **Urinary Metabolomic Profile and Class of Obesity and Gestational Weight Gain in African American Women**

**12:00PM- 1:00PM- National Harbor 4/5- Level 3**

**CEUs: 0.1**

**Track:** Research Forum- DOR

**Presenter:** Marie Hastings-Tolsma

#### **Presentation Description:**

Metabolic profiling provides insight into cellular processes by monitoring endogenous small molecular weight metabolites in biological samples. Targeted metabolomic approaches allow identification of endogenous physiological metabolites that are specific to pathologic conditions. Measuring the relative concentration of endogenous metabolites provides a “snapshot” of pathway activity and metabolic state. Furthermore, detectable metabolic profiles are the result of the interaction between gene expression, nutrient intake and the environment, offering special advantage since it more closely reflects cell activity at a functional level and expression of the phenotype. Advances in high throughput metabolomics gives insight into the cellular pathways that are activated or deactivated with pregnancy complications (e.g., preterm birth), where there has been demonstration of different phenotypical patterns. Though obesity in pregnancy is known to impact several metabolic pathways, few studies have examined differences between obese and normal BMI women;





none have reported differences influenced by GWG. Scant literature regarding the metabolic disruption posed by maternal adiposity when considering severity and the corresponding GWG, needs further exploration – particularly related to AA women who carry a disproportionate burden related to obesity and preterm birth rates. Findings have potential to reduce health disparities. Urine was collected from participants (n=22) at two time points (27-29 and 37-39 weeks gestation). Targeted metabolomics was performed, using direct flow injection and liquid chromatography mass spectrometry with the AbsoluteIDQ™ P180 metabolomic kit. Analytes (n=134) in six compound classes were found ( $p < 0.05$ ); two metabolites were distinguished between obese and non-obese groups (FDR  $q < 0.05$ ). These two metabolite clusters were upregulated in pregnant women with Class III obesity. Results support high-resolution metabolomic analyses in differentiating obese vs normal pregnant women influenced by GWG. Specific metabolites have the potential to serve as biomarkers, revealing pathways involved in adverse perinatal outcomes.

**Learner Outcomes:**

Describe use of metabolomics in identifying the metabolites specific to normal physiologic and pathologic processes.

Detail how obesity in pregnancy might affect metabolic pathways, particularly when influenced by class of obesity and gestational weight gain.

**ES407****Heart Disease in Pregnancy and Beyond: Updates in Screening, Diagnosis, Treatment, and Surveillance****12:00PM- 1:00PM- National Harbor 10/11- Level 3****CEUs: 0.1****Track:** Clinical**Presenter:** Lastascia Coleman**Presentation Description:**

The ACOG Task Force for Heart Disease in Pregnancy is an interprofessional group in the process of finalizing guidelines and recommendations expected in the winter/spring of 2019. While the guidelines are focused on the pregnant person, there is a significant amount of information for preconception and postpartum considerations. In general, heart disease is the leading killer of women and is a common cause of maternal morbidity and mortality. Midwives are positioned to have a positive impact on improving the cardiac health and outcomes for our patients through risk assessment, diagnosis, management, and referral as we care for women throughout the life span. This oral presentation will address the following topics: Define heart disease in the context of this population; review current epidemiological data regarding maternal morbidity and mortality related to heart disease; discuss the impact of racism and health disparities regarding heart disease in pregnancy; explore consideration for patients who identify as transgender regarding heart disease; review risk assessments, risk factors, indications for screening, and warning signs for heart disease in pregnancy; recommend what tests to perform when heart disease is suspected and indications for referral; brief overview of management considerations for patients with known and new onset heart diseases in the



context of preconception, pregnancy, and postpartum; brief review of management recommendations for patients who experience morbidity such as hypertensive diseases, peripartum cardiomyopathy, myocardial infarction, cardiac arrest, etc.; review medications used in pregnancy that can affect heart disease and medications used in the management of heart diseases that affect pregnancy; examine how patients with heart diseases should be surveyed postpartum and beyond; and assess any variances in contraception recommendations for these patients.

### **Learner Outcomes**

Participants should be able to identify women at higher risk of developing heart disease during pregnancy by factoring in health conditions and social risk factors (race, ethnicity, gender identity, etc.) and considering the epidemiologic data reviewed.

Participants will be familiar with screening tools and risk assessments related to heart disease that can be implemented in their individual practice.

Participants will gain knowledge about common diagnoses related to heart disease in the perinatal and immediate postpartum periods and what recommendations exist regarding disease management. The conditions reviewed include hypertension, peripartum cardiomyopathy, myocardial infarction, and cardiac arrest. Medications given in pregnancy that can affect heart disease and medication given for heart disease that can affect pregnancy will be reviewed.

Participants will be aware of management principles for patients with known or new onset heart disease in the preconception period. They will also ascertain information about ongoing care considerations in the postpartum period and beyond. Contraceptive methods for this population will be reviewed.

Participants should realize the scope of the problem heart disease presents throughout life for women and, in turn, accept the positive impact midwives can have in preventing maternal morbidity and mortality as they care for women throughout their life span.

### **ES409**

#### **Maternal Mortality Reviews: Why and How Midwives Should Get Involved**

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

**CEUs: 0.1**

**Track:** Racism and Health Disparities

**Presenter:** Katrina Nardini

### **Presentation Description**

The high rate of maternal mortality in the United States continues to make headlines and raise questions about the quality of care provided to women and families. Additionally, the disparity between mortality rates of women of color and white women sheds harsh light on the implicit racism underlying the US health care system. Maternal mortality reviews serve as a means of identifying underlying causes of maternal death and disparity to inform prevention strategies. Midwives are integral to the maternal mortality review process. This session will provide education on how to engage in the maternal mortality review process. Specifically, we will discuss creating and maintaining a maternal mortality review committee, identifying and abstracting maternal mortality cases, and engaging with the public about maternal mortality. Creating and maintaining a state



maternal mortality review process requires identifying and leveraging local resources, including key stakeholders, political will, and champions. We will discuss the process of determining the structure and composition of a committee, including the role of community families and mental health professionals. Case abstraction provides accurate and timely case narratives for committee review and national data collection efforts. We will provide training in how to identify cases through vital statistics and the process of requesting records from various data sources, including coroners and law officials. We will discuss how to create de-identified case narratives that maintain the complexity of the case while being accessible for interdisciplinary committee review. We will address legal factors in requesting, reviewing, and publishing findings of the maternal mortality reviews. Finally, we will discuss how to engage in local and national dialogues about maternal mortality from conversations with patients to contributing to media coverage.

### **Learner Outcomes**

Participants should be able to understand the importance of maternal mortality reviews as a means of identifying underlying causes of maternal death and disparity to inform prevention strategies.

Participants should be able to understand how to create and maintain a maternal mortality review committee.

Participants should be able to disseminate results of maternal mortality reviews and engage with the public about findings.

### **ES410**

**ACNM-ACOG Maternity Care Education and Practice Redesign: Where the Rubber Meets the Road**  
**1:15PM-2:15PM-National Harbor 2/3- Level 3**

**CEUs: 0.1**

**Track:** Education

**Presenter:** Elaine Germano

### **Presentation Description:**

Interprofessional education (IPE) is the process by which members of more than one health or social care profession learn interactively together to improve both interprofessional collaboration and the health and well-being of patients/clients. The importance of IPE for health care professionals has received nationwide attention in recent years. Now in its second year, a collaborative IPE project between ACNM and ACOG includes 4 midwifery education programs and 5 ob-gyn residency programs working together to implement an IPE curriculum that combines midwifery students and obstetrician-gynecologist residents. Learners work together in classrooms, simulation labs, and clinical sites for selected initial and ongoing learning experiences in an effort to change maternity care services in the US to a more team-based model. Core modules have been developed on the history and culture of midwifery and obstetrics in the United States, guiding principles for team-based care that includes an understanding of the team's role in reducing peripartum racial/ethnic disparities, midwife and obstetrician-gynecologist role clarity for team-based practice, difficult conversations between providers and with patients, and care transition among birth settings. These modules are available on a website supported by ACNM and ACOG and will be presented. Each demonstration site will present a new activity in which their learners have participated, with the challenges and successes encountered along



the way. Additionally, the white paper regarding collaborative principles developed by the accreditation and education standard setting organizations for both ACOG and ACNM will be presented.

### **Learner Outcomes:**

Define and describe the benefits of interprofessional education for health care professionals.

Describe IPE curriculum innovations as well as barriers and solutions to implementing an IPE curriculum for midwifery students and obstetrician-gynecologist residents.

Describe highlights of collaborative principles agreed upon by the accrediting and education standard setting organizations for midwifery students and obstetrician-gynecologist residents.

### **ES411**

#### **Breast Cancer Prevention: The State of Science and Midwifery Practice**

**1:15PM-2:15 PM- National Harbor 4/5- Level 3**

**CEUs:0.1**

**Track:** Clinical

**Presenter:** Jeanne Murphy

### **Presentation Description:**

This presentation will provide an overview of principles of cancer prevention and midwifery practice, with special attention to populations that experience inequities in access to care and disparities in treatment outcomes. First, we will review basic clinical epidemiology (negative and positive predictive value, number needed to treat, absolute versus cancer-specific mortality) and discuss how to evaluate various prevention strategies using these terms. Then, we will discuss the latest evidence from molecular epidemiology (including biomarkers), breast density, and genetics/genomics to explore disparities in breast cancer incidence and mortality by race, ethnicity, socioeconomic status and population-based strategies for primary prevention. Strategies will include, but are not limited to, smoking cessation, reduction of alcohol intake, weight control, reduction of exposure to environmental toxins, and promotion of breastfeeding. We will also discuss the potential and limitations of genetic/genomic testing for deleterious mutations that predispose to breast cancer risk. Then, we will review strategies for secondary prevention, including the controversies around mammography screening recommendations (reviewing recommendations of the American Cancer Society, American College of Radiology, United States Preventive Services Task Force, and American College of Obstetricians and Gynecologists), the challenge of mammographic density, risks of overdiagnosis, and 2D versus 3D mammography. We will also discuss other screening modalities and how they compare with mammography, including ultrasonography, ultrasound tomography, thermography, and MRI. The talk will conclude with a discussion of issues related to screening and detection of very early breast cancer lesions and the challenge of lead-time bias in interpretation of survival data. We will wrap up our discussion of health inequality by exploring the following questions: How can we improve primary prevention of breast cancer for all women, especially those who lack access to care? And, can we screen more effectively in higher-risk populations? The author will present her latest research on using biomarkers in breast milk to understand ways to prevent breast cancer.



**Learner Outcomes:**

Participants will list and discuss at least three strategies for primary prevention of breast cancer.

Participants will describe and define inequities in access to care and in health outcomes for women in various breast cancer risk groups.

Participants will outline current recommendations for breast cancer screening in the United States from the major professional organizations and discuss controversies regarding the different recommendations.

Participants will discuss midwifery care strategies for improving primary and secondary prevention of breast cancer.

**ES 412**

**Where Are the Midwives? Midwives' Voices as the Missing Piece to Meeting Maternal and Newborn Health Sustainable Development Goals**

**1:15 PM-2:15PM- National Harbor 10/11- Level 3**

**CEUs: 0.1**

**Track:** Global Midwifery

**Presenter:** Emma Clark

**Presentation Description:**

As frontline providers of a broad array of essential maternal and newborn health (MNH) services, midwives are uniquely positioned to directly influence MNH outcomes. They are also privy to significant insight into their clients lives and the factors that shape the decisions families make about how, when, and where they seek MNH services. Because quality, access, and demand remain persistent challenges in meeting the ambitious sustainable development goals, midwives should be sought after to provide perspective and insight into how to improve MNH outcomes. And yet...they're not. Many countries have translated increased global acknowledgment of the critical role of midwives into new approaches intended to improve the quality of midwifery services. What these approaches consistently miss is significant incorporation of perspective and feedback from midwives themselves. The result is missed opportunities to get insight into what women and their families need, maximize what midwives can offer, and provide what midwives need to succeed in their challenging roles. But midwives also have missed opportunities to advocate for their own place at the table. Midwives remain consistently absent from leadership roles within ministries of health, as routine participants in formation of relevant policy, and in roles such as thought leaders, district supervisors, and participants in national and international MNCH efforts. The landmark 2016 report "Midwives' Voices, Midwives' Realities" catalogued many of the underlying reasons why midwives are consistently excluded from the policy table and why they struggle to have an audible voice in advocacy for themselves and the women they serve. Now, two years later, this panel brings together maternal health experts from a global human resource for health project, a professional midwifery organization, and a global donor agency to discuss the barriers that continue to constrain midwifery participation in local, national, and global agenda- and policy-setting. We'll also discuss strategies for midwives to improve their participation in national and global MNH efforts, such as advocacy and action through professional organizations, midwifery champions, and leadership training as a routine part of midwifery education, taking into consideration driving factors such as gender, geographic isolation, and discriminatory laws.



**64<sup>th</sup> ACNM Annual Meeting and Exhibition**  
**Educational Session Descriptions**  
**Sessions 400-412**  
**Tuesday, May 21, 2019**

**Learner Outcomes:**

Participants will be able to state specific ways in which midwives are critical for achieving sustainable development goals and uniquely suited to being able to do so.

Participants will be able to identify specific and cross-cutting barriers that prevent or complicate midwifery participation at regional, national, and global levels.