

Saturday, May 18th

ES 100

Trans and Non-Binary Family Building: Clinical & Practical Considerations for Providing Midwifery Care

Track: Clinical

Presenter: Simone Adriane Ellis

Co-presenter: Rob Reed

Presentation Description:

This extended session will address two aspects of midwifery care for transgender and non-binary (TNB) people, with a focus on TNB family building: 1) practical strategies for integrating gender affirming care into an existing midwifery practice, and 2) “beyond 101” information and skills needed to provide clinically competent and culturally responsive care to TNB people pursuing parenthood. Conceptual models will be presented, and in-depth information provided on fertility, conception, pregnancy, postpartum, and infant feeding. Managing dysphoria and promoting mental health will be a strong thread throughout the presentation, and content will specifically include considerations for transfeminine and non-binary people.

Learning Outcomes:

At the end of the session the participant should be able to demonstrate understanding of:

The role of midwives in providing care for transgender and non-binary (TNB) people.

How to implement services for TNB people into an existing midwifery practice.

Fertility considerations for TNB people and strategies to increase likelihood of conception.

Strategies to promote mental and physical health for TNB people during pre-conception and pregnancy.

Timing of hormone therapy start/restart and mental health considerations during the postpartum period for TNB parents

Infant feeding considerations for TNB people.

ES 101

Caring for Women Veterans in the Community: Who Are Women Veterans and How Can We Improve Our Care?

Track: Clinical

Presenter: Joan Combellick

Presentation Description:

Women veterans represent the fastest-growing segment of the veteran population, with the largest increase among women in their reproductive years. Active-duty service women are increasingly exposed to combat environments that heighten their risk for post-deployment psychological and physical outcomes. Currently, there are around 2 million women veterans in the United States, a population that is expected to double in the

next decade. Pregnancies among women veterans increased 44% from 2008 to 2012. All pregnant veterans, and a large percentage of nonpregnant veterans, receive care from non-VA health care providers who may be untrained in the unique characteristics of this population, which include service-related trauma, pain, and mental health issues, as well as resilience, support, and coping strategies that can help to mitigate their health care risks.

Learner Outcomes:

Understand sociodemographic characteristics of the women veterans population.

Demonstrate knowledge of the deployment continuum, especially the reintegration period following deployment.

Identify common health, mental health, and lifestyle characteristics of women veterans.

Understand the relationship between trauma and health outcomes among women veterans.

Demonstrate awareness of resiliency, coping strategies, and the role of social support among women veterans.

Identify pregnancy risk factors among women veterans.

Identify ways to improve clinical care for women veterans, including thorough history-taking and the provision of trauma-informed care.

ES 102

Adopting an Equity Lens for Your Midwifery Practice: Developing Leadership in Racial Justice

Track: Racism and Health Disparities

Presenter: Ana Delago

Presentation Description:

Health disparities in maternity care demand a response from midwifery. Midwives are uniquely positioned, due to a holistic and person-centered approach to maternity care to make a change, at both the individual and system-wide level. This session aims to provide concrete steps that a midwife in any practice setting can take to begin the journey toward addressing health equity, beginning with adopting an equity lens for their own practice and learning about racial justice, both in health care and in the community.

Learner Outcomes:

List 3 reasons why every midwifery and/or OBGYN practice should be paying attention to health equity.

Describe steps an individual provider can take to begin a health equity effort within his/her practice.

Identify 3 resources for further information for self and organizational study on the topic of health equity.

ES 103

Treating Severe Iron Deficiency Anemia with Intravenous Iron

Track: Education

Presenter: Anna Hanson

Presentation Description:

Midwives often identify and treat anemia in their care of women. Although most midwives are familiar with treating iron deficiency anemia with oral iron, many midwives are reluctant to treat women with severe anemia

with intravenous (IV) iron. This is within the scope of practice for CNMs/CMs and is a tool we need to use to provide better care for our patients. Referring these patients to other clinical specialists for IV iron is an unnecessary barrier to care. Resolution of iron deficiency before birth is the primary prevention for postpartum hemorrhage and postpartum depression.

Learner Outcomes:

Participants will be able to recognize the difference between iron deficiency anemia and thalassemia (both of which can present as microcytic anemia) based on history and diagnostic tests.

Participants will know how to prescribe oral iron for maximum efficacy and recognize when the woman is a candidate for IV iron.

Participants will be able to articulate the difference in price between oral and IV iron administration.

ES 104

Nutritional Guidelines for Managing the Obese Antepartum

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 105

Are Women Safe in Health Care? A Review of Consent in Care Provision

Track: Clinical

Presenter: Stephanie Tillman

Presentation Description:

(Content warning: sexual assault) Innumerable public trials related to health care providers sexually or physically assaulting patients in the clinical setting now dominate news headlines, particularly with the #TimesUp and #MeToo campaigns thriving. Gynecology as a field exists because of nonconsensual examination of slaves, and more recent assaults on women's and transgender folks' bodies in the name of health care are reminiscent of this historical foundation as well as reflective of the patriarchal and hierarchical health care infrastructure. Although midwives, as providers of very intimate care, actively work to disentangle pelvic health care provision from sexual experience, the two are inextricably linked. The word *consent* exists in both environments as a shared concept for important reasons, the most vital of which is the nexus of power and knowledge imbalance between health care provider and patient. Consent is a first critical step in tipping the scales. Although there is a clear difference between a health care provider knowingly and intentionally assaulting a woman and an unintentionally rushed or misunderstood consent process, there is absolutely no excuse for either. Health care providers must deeply understand consent processes and be intentional about consent throughout the patient encounter. This presentation will review key concepts related to consent in the health care setting, review trauma-informed care as a framework to create a safe space and demonstrate continuous consent. Case studies will provide an opportunity for participants to practice scripts in scenarios in which a woman and health care provider may struggle with getting, and giving, consent.

Learner Outcomes:

Define consent in the health care setting and review the latest research on consent processes.
Review the current cultural content related to women's safety in gynecologic and obstetric care.
Define complexities of ensuring consensual health care in emergency situations.
Develop and practice scripts for consent processes in various health care scenarios.

ES 106

The ACNM Benchmarking Project: Looking Back, Leaping Forward

Track: Midwifery Matters: Business

Presenter: Cathy Emeis

Co-presenters: Karen Perdion, Molly MacMorris-Adix

Presentation Description:

Long before the current quality improvement culture, midwives have recognized the value of measurement and monitoring of clinical outcomes. The ACNM Benchmarking project originated from a need to define outcomes that were appropriate for midwifery care, document productivity standards for midwifery, and understand the differences in practices by setting, volume, and provider mix. ACNM Benchmarking participation has increased over the past 2 decades and continues to serve as a method to document practice excellence, identify opportunities for practice improvement, and provide much-needed data on midwifery productivity standards. The ACNM 2015-2020 Strategic Plan proposes a "Midwifery Value Proposition" to document the economic value of midwifery care through practice patterns that translate into reduced health care expenditures and higher-quality maternity care.

Learner Outcomes:

Understand the origins and context for the early days of the ACNM Benchmarking Project.

Review the most recent ACNM Benchmarking highlights.
List at least three ways to use Benchmarking data.
Discuss how leveraging Benchmarking data at the local, state, and federal level can be used to influence policy and policy makers.

ES 107

PrEP: What Midwives Need to Know to Incorporate PrEP into Practice

Track: Clinical

Presenter: Nicole Warren

Co-presenters: Kamila Alexander, Jenell Coleman Fennell, Semhar Daniels

Presentation Description:

Although women account for one-fifth of new HIV infections, they made up only 7% of new pre-exposure prophylaxis (PrEP) users in 2016. Women with bacterial sexually transmitted infection diagnoses are PrEP-eligible, but most women's health providers, including midwives, lack the knowledge and skills to initiate the PrEP care continuum. This leaves many high-risk women without this life-saving intervention and exacerbates disparities in reproductive health outcomes. This presentation will reinforce midwives' knowledge of PrEP and increase their ability to screen for PrEP eligibility, collaborate with women in deciding if PrEP is right for them, and initiate and manage PrEP in obstetric and gynecologic clients.

Learner Outcomes:

Attendees will be able to define PrEP as one of several options in a comprehensive HIV prevention package.
Attendees will be able to articulate how PrEP initiation and management fits within midwifery competencies.
Attendees will be able to describe two strategies for initiating PrEP therapy with a client.
Attendees will be able to describe routine laboratory tests at baseline and follow-up for a patient who initiates PrEP.
Attendees will be able to state at least one reputable source for PrEP education materials for peers and clients.

ES 108

Making Sense of the AMCB Task Analysis

Track: Clinical

Presenter: Marie Hastings-Tolsma

Co-presenters: Cathy Emeis, Tanya Tanner, Joyce Hyatt, Elizabeth Pickett, Lori Havens

Presentation Description:

The American Midwifery Certification Board, the certifying body for CNMs/CMs in the United States, conducts a Job Task Analysis of newly certified CNMs/CMs every 5 years. The Task Analysis provides a contemporary snapshot of what newly practicing midwives are actually doing in practice—and this presentation discusses why midwifery organizations, faculty, clinicians, and consumers should care. With an overview of the Task Analysis process, this presentation takes a fun look at what findings can mean for you and how you can use those

findings to help reduce health inequities through practice, education, and research. Download *Poll Everywhere* on your mobile device and come join the discussion!

Learner Outcomes:

Detail the purpose of the Job Task Analysis for newly certified CNMs/CMs.

Describe briefly the process of conducting a Job Task Analysis

Explore how findings from the periodic Job Task Analysis can be used to influence midwifery practice, education, and research, as well as the development of health care policy.

ES 109

Afternoon at the Movies: *No Más Bebés*

About the Movie:

No Más Bebés tells the story of a little-known but landmark event in reproductive justice, when a small group of Mexican immigrant women sued county doctors, the state, and the US government after they were sterilized while giving birth at Los Angeles County-USC Medical Center during the late 1960s and early 1970s.

Marginalized and fearful, many of these women spoke no English and charged that they had been coerced into tubal ligation by doctors during the late stages of labor. Often the procedure was performed after asking the women to consent under duress.

The women's cause was eventually taken up by a young Chicana lawyer armed with hospital records secretly gathered by a whistle-blowing physician. In their landmark 1975 civil rights lawsuit, *Madrigal v. Quilligan*, they argued that a woman's right to bear a child is guaranteed under the Supreme Court decision in *Roe v. Wade*.

The filmmakers spent 5 years tracking down sterilized women and witnesses. Most were reluctant at first to come forward but ultimately agreed to tell their story. Set against a debate over the impact of Latino immigration and overpopulation, and the birth of a movement for Chicana rights and reproductive choice, *No Más Bebés* revisits a powerful story that still resonates today.

ES 110

Ot Nywal Me Kuc: A Demonstration of Respectful Midwifery Care in Northern Uganda

Track: Global Midwifery

Presenter: Rachel Zaslow

Co-presenters: Holly Kennedy, Michelle Telfer, Patrick Odong

Presentation Description:

Despite considerable research into the reduction of perinatal mortality, women and infants die at an alarming rate throughout the Global South. The maternal mortality rate in Uganda is 343 in 100,000. This rate is markedly higher in northern Uganda. The national infant mortality rate in Uganda is 54 in 1000, 10 times higher than anywhere in the western hemisphere. However, there is a remarkable demonstration of how those statistics can be upended when a midwifery model of care is integrated and reflects the unique needs of the community. *Ot Nywal Me Kuc*, which means "House of Birth and Peace," is a birth center that was established 10 years ago in northern Uganda. They have never lost a woman in over 10,000 births and have an 11-in-1000

infant mortality rate, which is lower than that of African American infants born in the United States. When the birth center was founded, women in the region had an average of 2 prenatal visits, and only 11% gave birth in a facility. Now they have 10 prenatal visits, and 92% give birth at the center, accompanied by their local traditional midwife. *The Lancet's* 2014 Series on Midwifery demonstrated that over 50% of maternal and infant outcomes are improved with midwifery care and that over 80% of maternal and infant deaths could be averted if midwifery were scaled up in countries that bear the greatest burden for poor outcomes. This presentation will use the evidence-informed Quality Maternal and Newborn Framework presented in the *Lancet* Series to describe how this community-owned, midwifery-led birth center has reversed perinatal statistics commonly found in the Global South. Key elements include practice strategies, philosophy, values, organization of care within the region, and preparation of midwives. Critical to the model's success is the collaboration of the registered midwives at the birth center with the traditional midwives in the region's villages and the support of the District Health Officer. Replication of the model in other settings, as well as priorities for sustainability, midwifery education, and future research will be discussed.

Learner Outcomes:

Understand the evidence supporting the midwifery model of care as a strategy to avert global maternal and newborn morbidity and mortality.

Describe maternal and newborn health inequities in the Global South in comparison with the United States. Be prepared to replicate key model elements for future practice, sustainability, and research.

ES 111

Beyond Asking: Advanced Topics in LGBTQ Health in Midwifery Practice

Track: Clinical

Presenter: Meghan Eagen-Torkko

Co-presenters: Stephanie Tillman, Simon Adriane Ellis, Lee Roosevelt, Rob Reed

Presentation Description:

Lesbian, gay, bisexual, and queer people represent approximately 10% of the US population; transgender/genderqueer/gender-diverse people are estimated to comprise 2% to 4% of the overall population. Despite the diversity of sexual orientation and gender identity present in the community, midwives often feel unprepared to deal with more complex issues related to LGBTQ health. Midwifery care includes sexual and reproductive health for women and their partners, and the changing legal status of LGTBQ people in the United States recently has changed the frequency with which midwives may encounter patients and families whose needs and experiences may be very different from those of heterosexual cisgender couples. At the same time, increased hostility toward LGBTQ people in recent years has made access to culturally relevant care with providers perceived as safe more important than ever before. Substantial research in health care outcomes for LGBTQ people shows decreased use of health care services and increased negative health behaviors, often attributable to experiences of discrimination and homo/transphobia from the health care system. Midwifery care, which calls the provider to be “with” the woman and family in their care, is well positioned to address some of these equity issues. This panel addresses a few of these “200-level” topics in queer health and provides resources for practicing clinicians to learn more about topics relevant to their practice. Each panelist will

address the nuts-and-bolts considerations for midwives who would like to increase the inclusivity of their practice, as well as some of the common barriers and solutions to those barriers.

Learner Outcomes:

Describe how to address sexual orientation/gender diversity within the office setting, from check-in to intake to EMR.

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

Review initiation and advertisement of gender-affirming hormone therapy in midwifery practice.

Identify at least two opportunities within the midwife's current clinical context to improve inclusivity for members of the LGBTQ community and resources to support those changes.

ES 112

Coding and Billing for the Complex Women's Health Care Outpatient Visit

Track: Midwifery Matters: Business

Presenter: Joan Slager

Presentation Description:

Basic billing and coding concepts are understood by most midwives; however, the care of patients is often complicated by comorbidities and multiple services delivered during the same visit. Additionally, routine maternity care is typically billed as a global package, yet many times there are opportunities to bill services provided that are not included in global care. Failure to document and appropriately bill for complex encounters results in missed revenue. This session will discuss appropriate ways to document and bill for complex women's health care outpatient visits.

Learner Outcomes:

Participants will be able to define the various code sets that represent services provided by midwives.

Participants will be able to discuss the key components that determine the correct evaluation and management code that represents an ambulatory service.

The participant will be able to describe how to code for gynecologic care: well woman preventive care; problem GYN services; well woman problem visits; coding for procedures.

The participant will be able to appropriately document and code complex encounters including: annual visits with problems; office visits with procedures; and E&M services provided during pregnancy.

Sunday, May 19th

ES 200

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

Track: Clinical

Presenter: Katherine Kissler

Co-presenter: Sharon Prusky

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

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

Track: Midwifery Matters: Business

Presenter: Katie Page

Co-presenters: Michelle Palmer, 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.

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 Shared Session

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

Track: Global Midwifery

Presenter: Mary Ellen Galante

Co-presenter: Nicole May

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.

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

Track: Global Midwifery

Presenter: Amy Nacht

Presentation Description:

Background: 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. **Problem:** 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. **Methods and Interventions:** 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 Vidyo, 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. **Results:** 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. **Conclusion:** 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.

ES 204

AIM Perinatal Safety Bundles: Tools to Implement and Lead Change

Track: Miscellaneous

Presenter: Jessica Brumley

Co-presenters: Elaine Germano

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

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

Track: Leadership

Presenter: Lisa Kane Low

Co-presenters: Cathy Emeis, Susan DeJoy

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

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.

Let's Talk About Sex!

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:
Identifying and Engaging Victims of Sex Trafficking in Medical Settings**

Track: Education

Presenter: Megan Lundstrom

Presentation Description:

While 88% of trafficking victims in the US seek out medical care at some point during their active exploitation, a vast majority of medical professionals have received little to no training on identification, and most medical networks do not have response protocols in place to adequately intervene in a trafficking situation. This session will include an overview of federal and state statutes, risk factors, and red flag indicators; a literary review of existing scholarly findings and recommendations, real-life scenarios, and well-defined intervention and support actions applicable for professionals in medical settings.

Learner Outcomes:

Understand the Trafficking Victims Protection Act of 2000 and subsequent re-authorizations, and the definition and identification of trafficking within the context of a medical setting.
Learn key indicators of trafficking including tattoos, language, and behaviors.
Review real life scenarios as shared by survivors of sex trafficking to better understand effective intervention and response measures in the medical setting.

**ES 209
Increasing Access to Immediate Postpartum LARC 2.0: Building Upon Clinical Knowledge and Developing Sustainable Implementation Systems**

Track: Clinical

Presenter: Mica Bumpus
Co-presenters: Sara Horvath, Abigail Reese
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

Track: Miscellaneous

Presenter: Carol Sakala

Co-presenter: Amy Romano

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

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 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.

ES 212

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

Track: Clinical

Presenter: Alexis Dunn

Co-presenter: Elizabeth Corwin

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

Track: Clinical

Presenter: Anna Hanson

Co-presenter: Mary Paterno

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

The "Hot" Dilemma: Fever of Unknown Origin in the Pregnant Patient

Track: Clinical

Presenter: Neggin Mokhtari

Presentation Description:

Fever of unknown origin (FUO) is often a medical conundrum that requires careful history and physical examination. The etiologies for the disease process are infectious, malignancies, and systemic rheumatic disease. However, even with meticulous examination and laboratory testing, greater than 50% of cases have no clear cause. In pregnancy, FUO can be both worrisome and dangerous to the mother as well as the fetus. We will review a case presentation of a patient who presented with FUO in the third trimester and her evaluation and management through the remainder of her pregnancy. By the end of the lecture, the audience should be able to:

Learner Outcomes:

Define FUO

Understand the diagnostic approach to FUO (history, physical examination, laboratory testing, diagnostic testing)

Appreciate the considerations of FUO in pregnancy as it pertains to both maternal and fetal well being

ES 215

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

Track: Leadership

Presenter: Katherine Green

Co-presenters: Amy Kohl, Emily Hayes

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

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

Track: Clinical

Presenter: Nicole Carlson

Co-presenter: Elise Erickson

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"

Track: Clinical

Presenter: Amy Levi

Co-presenter: Stephanie Tillman

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?"

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

Track: Leadership

Presenter: Heather Bradford

Co-presenters: Mavis Schorn

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 Shared Session

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

Track: Racism and Health Disparities

Presenter: Gwen Latendresse, Katlyn Jones

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.

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

Track: Clinical

Presenter: Lucia Jenkusky

Co-presenter: Andrea Cooper

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

Track: Racism and Health Disparities

Presenter: Eva Goodfriend-Reaño

Co-presenters: Kim Dau, Rebekah Kaplan, Ana Delgado, Jennifer Braddock

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

Track: Clinical

Presenter: Ann Forster Page

Co-presenter: Rachel Breman

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

Track: Midwifery Matters- Public Perception

Presenter: Zoe Gutterman

Co-presenter: Katie McDevitt

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.

Monday, May 20th

ES300

Opioid Use Disorder: Women's Lives, Midwives' Roles

Track: Clinical

Presenter: Mary Paterno

Co-presenter: Jeanne Murphy

Presentation Description:

Perinatal opioid use disorder (OUD) has increased dramatically in the United States. In this presentation, we will discuss trends in illicit substance use and OUD, how it is relevant to midwifery, and make the case for why midwives should be taking care of women with OUD. We will present examples of the lived experiences of pregnant and parenting women with OUD using digital stories. Finally, we will review opportunities for training and how to find resources to provide the best evidence-based care for this population of women.

Learner Outcomes:

Describe 3 reasons why the midwifery model of care is effective for women with opioid use disorder.

Name the major treatment modalities for opioid use disorder for pregnant women, and how they intersect with midwifery scope of practice.

Describe ethical issues of care for pregnant and parenting women with opioid use disorder.

ES301 Shared Session

Simulation Design and Debriefing: Designing Simulation for Midwifery Care and Intrapartum Emergencies

Track: Education

Presenter: Christina Shutters

Co-presenter: Lastacia Coleman

Presentation Description:

We often work in our silos, but in the intrapartum environment, we are a team. To perform well as a team, we must practice and learn as a team. In many other industries, teams spend most of their time practicing; but in health care, we spend very little time in that arena. It has been demonstrated that simulations can improve communication, critical thinking, clinical skills, and, most importantly, teamwork. In this presentation, we will focus specifically on the principles of simulation development and the steps to running a successful simulation. The presentation will highlight the importance and underutilization of the debriefing and will provide some options for debriefing questions. We will then wrap up by running through a simulation example that we have run at our facility to illustrate each of our objectives.

Learner Outcomes:

Participants should be able to understand the principles of simulation development.
Participants should be able to understand the steps to running a successful simulation.

Raising the Bar: Improving Simulation in Midwifery Education Through the Application of INACSL Standards of Best Practice (International Nursing Association of Clinical Simulation and Learning)

Track: Education

Presenter: Erin McMahon

Presentation Description:

Midwifery education has a long history of using simulated experiences as a teaching strategy for our students. While midwifery has been at the forefront of using simulation, there has been great variation in the quality and consistency of those experiences. This session will describe how to develop a simulation module based on the International Nursing Association of Clinical Simulation and Learning standards of best practice. The clinical exemplar of shoulder dystocia was used to develop the Shoulder Dystocia Simulation Module (SDSM), although this technique can be applied to any clinical learning situation. Methods for evaluation of a simulation module will be demonstrated from the faculty and student perspective. Opportunities will be provided for session participants to discuss successes within their simulation programs and opportunities for collaboration and improvement within the midwifery education community.

Learner Outcomes:

Participants will be able to identify three benefits for the use of simulation as a formative and/or summative teaching strategy in midwifery education.
Participants will be able to articulate the value of simulation modules developed according to INACSL Standards of Best Practice to maximize learning opportunities for midwifery students.
Participants will experience how to use the National League for Nursing's Simulation Design Survey and Students Satisfaction and Self-Confidence in Learning Instrument to evaluate simulation modules.
Participants will be able to describe the benefits of formal debriefing techniques with trained facilitators.
Participants will leave the session identifying opportunities for collaboration or growth within their simulation programs and the larger midwifery education community.

ES302

Climate Change and Health Equity: Implications for Midwifery Care

Track: Leadership

Presenter: Katie Huffling

Co-presenter: Cara Cook

Presentation Description:

Understanding the connection between climate change and maternal, fetal, and infant health is essential for midwives to reduce risks and protect the health of the populations they work with. Increases in greenhouse gas emissions are contributing to a rise in Earth's temperature, resulting in a change in climate patterns. These changes are occurring globally at unprecedented rates with significant impacts to health, including heat-related illness, water and food insecurity, insect-borne illnesses, and respiratory disease. While climate change affects everyone's health, certain populations are most impacted, including pregnant women, developing fetuses, newborns, and children at all ages. Vulnerabilities to climate-related impacts occur from exposure to extreme heat, air pollutants, and vector-borne diseases, which increase the risk of pregnancy complications and adverse birth outcomes; and during extreme weather events, with an elevated risk of intimate partner violence, abuse, and mental health impacts. Furthermore, gender-based health disparities already experienced by women are worsened by climate change, especially in developing or lower-income countries.

In alignment with the American College of Nurse-Midwives' position statement on Climate Change, Maternal, Fetal, and Infant Health, midwives can advocate for policy and practice change that advances society's and the health sector's response to climate change and promotes equitable solutions. This session will delve further into how the health impacts of climate change pose unique risks for maternal, fetal, and infant health and how prevention and education can be incorporated in various aspects of midwifery care to reduce risks to women and children. Specific interventions that can be implemented by midwives within practice settings, academic institutions, professional organizations, and in an advocacy role will be discussed.

Learner Outcomes:

Discuss the direct and indirect implications of a changing climate on human health, with special attention to maternal, fetal, and infant health.

Identify how gender-based health disparities are exacerbated by climate change and how midwifery care can be adapted to reduce risk to maternal and reproductive health.

ES303

Care of Women with Gestational Diabetes: A Collaborative Model of Care

Track: Clinical

Presenter: Kimberly Sakovich

Presentation Description:

As the occurrence of gestational diabetes (GDM) rises, the use of insulin has increased in pregnancy. Collaborative care is important to help optimize maternal, fetal, and neonatal outcomes. The purpose of this session is to review the physiology of GDM, the kidney, and the pancreas. We will discuss insulin and oral agents used to treat GDM, including a look at the mechanism of action and other pharmacokinetics, and will

review the side-effect profile in pregnancy. We will discuss when to initiation medical therapy; calculation; titration; and evaluation of insulin therapy in conjunction with medical nutrition therapy, and we will identify barriers to insulin therapy and patient education. We will discuss management of hyperglycemia and hypoglycemia, sick day guidelines, appropriate fetal surveillance, and neonatal hypoglycemia prevention. Diabetic ketoacidosis will briefly be mentioned, including signs and symptoms, how to recognize DKA, and appropriate referral.

Learner Outcomes:

Participants will understand the physiology of GDM, the kidney, and the pancreas. Medical nutrition therapy will also be briefly discussed.

Participant will understand the mechanism of action and pharmacokinetics of medical therapy and determine when to initiate medical therapy.

Participants will be able to identify barriers to insulin therapy and determine appropriate fetal surveillance.

Participants will be able to effectively manage hyperglycemia, hypoglycemia, sick day guidelines, and risks for neonatal hypoglycemia with case studies.

Participants will be able to determine who is at risk for diabetic ketoacidosis and will understand how to conduct appropriate monitoring and referral.

ES304

First Year Cleveland: Eliminating Racial Disparities in Maternity Care Through Community and Civic Partnerships

Track: Racism and Health Disparities

Presenter: Celina Cunanan

Co-presenter: Margaret Larkins-Pettigrew

Presentation Description:

Cleveland, Ohio, continues to rank as one of the nation's hotspots for infant mortality, with a black-white disparity of 7 in 2017. With a history rich in segregation, redlining, and racism, black Americans in Cleveland continue to struggle in health outcomes despite living among several of the largest and best health care systems in the country. In 2017, Cuyahoga County had an overall infant mortality rate of 8.72 but a black infant mortality rate of 17.46 compared to a white infant mortality rate of 2.31. As a community, we knew that there must be a change in the care of black women and infants in our communities if we were ever going to make a dent in these horrific rates. First Year Cleveland was born of that unifying desire to help every child celebrate their first birthday. First Year Cleveland's mission is to mobilize the community through partnerships and a unified strategy to reduce the number of infants dying in our community. We are urgently working to reduce the number of African American infants dying and the racial disparities that contribute to their deaths. After a 6-month thorough review of our infant death data and research on why infants are dying, First Year Cleveland selected 3 priorities: reduce racial disparities, address extreme prematurity, and eliminate preventable infant sleep-related deaths. Unique to our strategic plan is the naming of systemic racism as a major factor in the high infant mortality rate among black infants.

Learner Outcomes:

To understand the racial disparities that exist in Cuyahoga County and across the country for black women and infants.

To identify the three initiatives of First Year Cleveland's strategic plan.

ES305

Lactation Failure: State of the Science

Track: Education

Presenter: Erin Farah

Co-presenters: Carrie Klima, Barbara McFarlin, Janet Engstrom, Beverly Rossman, Patricia Hershberger

Presentation Description:

It is estimated that as many as 1 in 20 women worldwide are unable to successfully lactate and provide adequate nutrition for their infants through their breast milk alone. This resultant failure of lactation puts the infant at risk for insufficient growth as well as for serious and potentially disabling and life-threatening complications. The purpose of this review is to summarize the known risks associated with lactation failure that can preclude successful lactation despite adequate maternal motivation, knowledge, support, and breastfeeding technique. Although there is no clear way to predict who will experience lactation failure, this knowledge better enables health care providers to identify the known primary and secondary causes of lactation failure, which may help prevent early failure to thrive in the infant.

Learner Outcomes:

To understand the development of the female human breast and the stages of lactation.

To understand the hormonal regulation of human lactation and what may lead to disruption in the interaction of the hormones of the endocrine system, resulting in delayed or even unsuccessful lactogenesis.

To understand the known consequences of unsuccessful lactation and how to assist women with redefining their success.

ES306

Stress Urinary Incontinence (SUI) Related to Pelvic Floor Disorders; Nonsurgical Options

Track: Clinical

Presenter: Cynthia Anderson

Presentation Description:

Stress urinary incontinence (SUI) associated with pelvic organ disorders is a health care issue that significantly affects many women and their quality of life. Many nonsurgical options exist that can help women recover their pelvic floor integrity and decrease or eliminate SUI. These options generally have fewer side effects than surgical options. The following options will be discussed in this presentation: physical therapy, pelvic floor exercises, biofeedback, botanical products, acupuncture, estrogen and DHEA suppositories, pessaries or other vaginal devices/inserts, weight loss/BMI reduction, vitamins, yoga, O shot, and Nutritious Movement Restorative Exercise. Each of these modalities will be reviewed in terms of their efficacy, indication or contraindication for use, possible side effects, and appropriate referrals.

Learner Outcomes:

Participants will be able to state the importance of addressing SUI related to the emotional, psychological, and economic burden and consequences faced by women in the United States and other countries.
Participants will be able to educate their clients about the various nonsurgical options available to address SUI.

ES307

Decision-Making and Management of Second Stage of Labor in Freestanding Birth Centers

Track: Clinical

Presenter: Nancy Niemczyk

Co-presenter: Karen Faulk

Presentation Description:

This session describes the decision-making process and key factors used by experienced midwives in evaluating the progress of labor during the second stage, within the broader context of the available statistical data on the safety of prolonged second stage in freestanding birth centers. This session describes the results of a mixed methods study conducted that addressed the following research questions: Do the proportions of postpartum women and newborns who experience complications change as the length of the second stage increases? How do birth center midwives define the onset, length, and markers of progress for second-stage labor? What considerations and indicators do midwives value in managing the second stage? Observational studies demonstrate that most women with prolonged second-stage labors will give birth vaginally. As the length of second-stage labor increases, maternal and newborn complications increase, although the absolute risk remains very low. Yet the research on the safety of prolonged second-stage labor has all been done in hospitals. It is conceivable that the substantial differences in conditions—including the availability of interventions and the degree to which birth is managed physiologically—require alterations to clinical practice guidelines based on additional factors specific to the place and type of birth management.

Learner Outcomes:

Participants will be able to identify the outcomes of prolonged second stage in birth centers and the factors that seem to predict these.
Participants will be able to describe the factors that influence midwives' decision-making in managing prolonged second stage.

ES308

The Evolution of Midwifery Education and Practice in the Past 2 Decades: Looking Back and Moving Forward

Track: Education

Presenter: Tanya Tanner

Co-presenters: Marie Hastings-Tolsma, Cathy Emeis, Joyce Hyatt

Presentation Description:

Providing “A Midwife for Every Woman” is influenced by the availability of midwives to respond to the needs of women. Opportunities for obtaining midwifery education have changed over time as midwifery programs have opened and closed, thus affecting the supply of midwives to meet increasing consumer demand. The growth of online education has opened the doors of midwifery education for many who would not have had the opportunity to achieve their dream of becoming a midwife in the past. Workforce shortages continue to develop, resulting in an increasing need for care providers, especially in rural areas. Midwives are uniquely suited to meet the needs of these communities. As education opportunities change, so does midwifery practice. Midwifery care is becoming increasingly complex, requiring an expanding skill set of new graduates and practicing midwives. Critical review of past AMCB Task Analyses and ACNM Core Competency changes illustrates these changes in the midwifery profession. Reflection on the evolution of midwifery practice and supply over the past 2 decades informs decisions regarding current and future educational needs of new midwives and strategies needed to grow the midwifery profession.

Learner Outcomes:

Participants should be able to describe trends in midwifery educational opportunities over the past 2 decades. Participants should be able to describe three changes in the practice of new-graduate midwives over the past 20 years.

Participants should be able to analyze the number of available midwives over the past 20 years compared with US birth trends and changes in the wider maternity care workforce.

Participants should be able to discuss how this information informs the evolution of midwifery education and practice to meet the needs of childbearing women in the future.

ES309 Division of Global Engagement Research Forum

The Iraqi Muslim Women’s Voices in the Health Care Encounter

Track: DGE Research Forum

Presenter: Debra Penney

Abstract:

Study Purpose/Aim

This qualitative study explored perceptions and experiences between Iraqi Muslim women with refugee backgrounds and primary health care providers in the context of the health encounter. The study aims were to describe the individual health care encounter experiences of Iraqi Muslim women and describe how experiences were intersected with concepts of race, religion and gender.

Research Questions

1. How do Iraqi Muslim women’s perceptions of the provider shape their experience of and interaction with the health care provider?
2. How do Iraqi Muslim women describe and experience the intersection of race, gender, and religion within the context of the health care encounter?

Significance/Background

Research indicates that health disparities persist for minorities in the U.S. Sources of health disparities may stem from differences (linguistic, cultural, religious, gender, education) between health provider and patient (1).

The perspective of Muslim women in the health care encounter is relatively uninvestigated. (2) Female health providers play an important role in addressing barriers to health access and health care. (3)

Methods

Critical ethnography and postcolonial feminism were used to explore Iraqi women's experiences and perceptions in the health encounter using semi-structured interviews in Arabic or English. Participants were purposefully selected (15 Iraqi Muslim women with refugee backgrounds). Data were inductively coded and categories were formed from repetition of main ideas. Themes emerged from the categories for each participant group.

Findings

Iraqi Muslim women describe how they manage barriers in the health encounter, give insight into cultural distress events in the encounter. Health system challenges point towards many forms of institutional racism. Female health providers can play a pivotal role in providing psychological comfort in the encounter. Individual perceptions and expectations open an avenue for misinterpretation, misdiagnosis, and stereotyping.

Discussion

Knowledge of Muslim women's experiences can give guidance to CNM/CM practice. To decrease cultural distress for patients, recommendations include assessment of routine questions used in the health encounter, increasing time for the visit, assessing one's own assumptions, preserving modesty and creating a woman-centered environment to foster 'psychological comfort' and empathy.

Client and Provider Factors Associated with Companionship During Labor and Birth in Kigoma Region, Tanzania

Track: DGE Research Forum

Presenter: Michelle Dynes

Co-presenters: Susanna Binzen, Evelyn Twentyman, Florina Serbanescu

Abstract:

Study Purpose/Aim: The aims of the study were 1) to describe patterns of labor and birth companionship among clients and providers in Tanzania; and 2) to identify client and provider factors associated with labor and birth companionship.

Significance/Background: Labor and birth companionship is a key aspect of respectful maternity care. Lack of companionship deters women from accessing facility-based delivery care, though formal and informal policies and practices against companionship are common in sub-Saharan African countries.

Methods: We conducted a cross-sectional data collection among delivery clients and providers in 61 health facilities in Kigoma Region, Tanzania, April–July 2016. Multilevel, mixed effects logistic regression analyses were conducted on linked data from providers (n=249) and delivery clients (n=935). Outcome variables were companionship in labor and companionship at the time of birth.

Findings: Less than half of women reported having a labor companion (44.7%) and 12.0% reported having a birth companion. Among providers, 26.1% and 10.0% reported allowing a labor and birth companion, respectively. Clients had significantly greater odds of having a labor companion if their provider reported the following characteristics: working more than 55 hours/week (aOR 2.46, 95% CI 1.23-4.97), feeling very satisfied with their job (aOR 3.66, 95% CI 1.36-9.85), and allowing women to have a labor companion (aOR 3.73, 95% CI 1.58-8.81). Clients had significantly lower odds of having a labor companion if their provider reported having an on-site supervisor (aOR 0.48, 95% CI 0.24-0.95). Clients had significantly greater odds of having a birth

companion if they self-reported labor complications (aOR 2.82, 95% CI 1.02-7.81) and had a labor companion (aOR 44.74, 95% CI 11.99-166.91). Clients had significantly greater odds of having a birth companion if their provider attended more than 10 deliveries in the last month (aOR 3.43, 95% CI 1.08-10.96) compared to fewer deliveries.

Discussion: These results suggest that health providers are the gatekeepers of companionship, and the work environment influences providers' permissive attitudes toward companionship. Facilities where providers experience staff shortages and high workload may particularly benefit from programmatic interventions that aim to increase staff acceptance of birth companionship.

Learner Outcomes:

Participants should be able to explain the role of birth companionship as an important component of respectful maternity care.

Participants should be able to describe client and health care provider benefits of having a companion in labor. Participants should be able to describe client and health care provider characteristics that predict women having a companion in labor and at birth.

Impact of Systems-Focused Mentoring and the WHO Safe Childbirth Checklist (SCC) on Midwife, Nurse, and Skilled Birth Attendant Practices in Nchelenge District, Luapula Province of Zambia: A Pre-Post Study

Track: Global Midwifery

Presenter: Robyn Churchill

Abstract:

Purpose: The purpose of this research was to evaluate the impact of the WHO Safe Childbirth Checklist (SCC) with special skills and systems-focused mentoring to promote safe clinical practice among midwives, nurses and Skilled Birth Attendants (SBAs).

Study Design: A pre-post observational study was done to measure SBAs' adherence to the SCC's clinical practices. Observers at four health facilities observed SBA practice during childbirth care. Observations took place before the start of the intervention, at 3 months, and again at 6 months (after the intervention ended).

Intervention: The WHO SCC was introduced at 8 purposively selected health facilities in Nchelenge District through a systems-based mentoring program. Four clinically expert nurse midwives (or other skilled birth attendants) were selected from district mentoring teams to receive a focused training on frontline systems mentoring based on the WHO SCC. These mentors provided a training of the trainers (TOT) session for the rest of the district mentorship teams, followed by an orientation for SBAs on use of the SCC. The district mentorship team provided mentoring visits to health facilities following the initial SCC orientation, with a focus on clinical knowledge and skills, as well as documentation, local management of supplies/equipment, and creating an enabling environment.

Significance: Despite strong evidence for key life-saving and preventative practices in maternal newborn care, many of these are not routinely provided in many parts of the world, even when SBAs are present. Systems barriers, such as lack of supplies, limited clinical confidence of SBAs, or poor workplace management, may prevent some of these practices. The WHO Safe Childbirth Checklist (SCC) includes reminders for 29 evidence-based practices during the childbirth process. With midwifery support from the Clinton Health Access

Initiative, the Zambian Ministry of Health adapted the SCC and in September 2017, implemented a program in Nchelenge District to pilot use of the SCC in a program of coaching focused on strengthening front-line systems and skills to promote these clinical behaviors.

Findings: (Analysis is currently underway). Primary outcome is the change in average proportion of observed essential childbirth practices from the SCC completed per birth.

Learner Outcomes:

Demonstrate understanding of the structure and purpose of the WHO Safe Childbirth Checklist.
Provide three examples of how dysfunctional health care facility systems affect midwifery and skilled birth attendant practice.
Explain three benefits of systems-based mentoring on improving clinical childbirth care.

ES310

Caring for the Fat Folk: What it Really Means to be an Obese Client

Track: Racism and Health Disparities

Presenter: Tonya Nicholson

Presentation Description:

Bias against obese clients is a recognized phenomenon. The obese client is often underserved and treated inequitably. This presentation aims to review the experience of the obese client and focus on helping the clinician recognize their own biases. Clinicians will learn to address client needs in a way that is compassionate and effective. The ability to integrate kindness, honesty and grace into difficult conversations with obese clients is a cornerstone for establishing a therapeutic relationship, achieving effective communication, and nurturing health promotion.

Learner Outcomes:

Identify common biases held toward obese clients.
Recognize personal biases toward obese clients.
Identify potential health disparities for obese clients.
Employ effective communication with obese clients in order to nurture health promotion and change.

ES311

Too Little Too Late: Why and How We Must Redesign Care for Women in the Postpartum Period

Track: Clinical

Presenter: Jenifer Fahey

Presentation Description:

For most of the approximately 4 million women who give birth each year, pregnancy is a time of increased contact and engagement with the health care system. However, most antenatal education and intervention during this period is focused on improving fetal and infant health and on preparations for childbirth, and very

little time is spent on preparing women for the postpartum period and the transition to motherhood. The year following childbirth is a time of significant transition for women. In addition to the physiologic changes associated with the postpartum period, a woman undergoes psychosocial changes as she transitions into a motherhood role, reestablishes relationships, and works to meet the needs of her infant and other family members. It is a time when women are vulnerable to health problems directly related to childbirth and to compromised self-care, which can manifest in the development or reestablishment of unhealthy behaviors such as smoking and a sedentary lifestyle. In addition to long-term implications for women, compromised maternal health in the postpartum period is associated with suboptimal health and developmental outcomes for infants. Midwives and other health care providers who support women in the perinatal period can, and must, do a better job at promoting the health of women during this period. In this session, participants will learn about the specific health concerns of this period and the limitations of the current system of postpartum care to address these concerns. Participants will then be introduced to a theoretical model that can help guide interventions during this time as well as to the AIM postpartum bundles and the new ACOG guidelines for postpartum care. Concrete examples of strategies to redesign prenatal and postpartum care will be presented, and participants will brainstorm ways they can immediately implement some changes to their current practice to better meet the needs of new mothers.

Learner Outcomes:

Participants will be able to describe the various physical and psychosocial adaptations and transitions of the postpartum period.

Participants will be able to list the primary concerns of women in the postpartum period as described in the literature and discuss why the current model of postpartum care does not adequately meet the needs of women during this time.

Participants will be familiar with the AIM postpartum bundles as well as the new ACOG guidelines on postpartum care.

Participants will be able to list at least one way they can immediately improve their current practice to better meet the needs of women in the postpartum period.

ES312

More Than Meets the Eye: Addressing Structural Racism in Case-Based Learning for Midwifery Care

Track: Education

Presenter: Molly Altman

Co-presenter: Ira Kantrowitz-Gordon

Presentation Description:

The current case-based learning structure tends to focus on biomedical management strategies, which are a necessary but incomplete approach to student learning. Structural racism has real downstream consequences for the patients we serve, and clinical management must recognize and address these factors. The framing of clinical case studies must include awareness of language that could be unintentionally harmful or stigmatizing to vulnerable communities. Additionally, inclusion of racial differences in clinical exemplars must be done in ways that call attention to impacts from structural racism rather than biological essentialism or "blame the

mother" narratives. In this presentation, we aim to help midwifery educators construct case studies that help students provide culturally equitable care and address structural racism in the context of health care provision.

Learner Outcomes:

Participants will be able to demonstrate understanding of the historical context of racially biased language when creating case studies for clinical education.

Participants will be able to identify problematic language in case study construction that perpetuates stereotypes and bias for people from disadvantaged communities.

ES313

Supporting Placental Transfusion at Birth: When Is Umbilical Cord Milking the Right Fit?

Track: Clinical

Presenter: Debra Erickson-Owens

Co-presenter: Judith Mercer

Presentation Description:

This session is a response to the unpublished findings of the 2017 ACNM survey. There will be a review of the physiology of placental transfusion at the time of fetal-to-neonatal transition. Attendees will be informed on the latest research evidence for delayed cord clamping (DCC) and umbilical cord milking. Both techniques facilitate placental transfusion in preterm and term infants. Theoretical concerns for DCC and umbilical cord milking will be discussed. An update of the ongoing global research projects examining DCC and cord milking will be provided. A discussion of the appropriate use of umbilical cord milking in complex clinical situations when DCC is not feasible will be offered. Suggestions for when umbilical cord milking might be the "right fit" to facilitate placental transfusion will be recommended. Finally, how to implement umbilical cord milking into midwifery clinical practice in a variety of birth settings will be addressed.

Learner Outcomes:

Briefly discuss the results from the latest ACNM survey on umbilical cord management with a focus on umbilical cord milking.

Review the physiologic effects of DCC and umbilical cord milking on the preterm and term newborn.

Provide an update on the ongoing global research on DCC and umbilical cord milking.

Describe an evidence-based rationale for the appropriate use of umbilical cord milking in complex clinical situations.

Discuss how to implement umbilical cord milking into midwifery clinical practice.

ES314 DOR Research Forum I

"The Path Makes Us Strong": Experiences of Reproductive Coercion Among Latina Women and Strategies for Minimizing Harm

Track: Research Forum- DOR

Presenter: Karen Trister Grace

Co-presenters: Kamila A. Alexander, Noelene K. Jeffers, Elizabeth Miller, Michele R. Decker, Nancy Glass

Abstract:

Purpose: The purpose of this study was to describe reproductive coercion (RC) and the use of RC safety strategies among low-income Latina women receiving intimate partner violence (IPV) services at an urban clinic.

Research Questions: How are RC behaviors experienced by Latina women? How do cultural norms influence susceptibility or resistance to RC?

Significance/Background: Latina women disproportionately report experiencing RC, a set of behaviors that interfere with autonomous reproductive decision-making. Given RC's associations with IPV and unintended pregnancy, it is critical to identify and address RC to assist women to achieve safety, autonomy, and reproductive life plans.

Methods: Qualitative descriptive methodology was used. A purposive sample of 13 Latinas aged 20-40 was recruited. Semi-structured interviews were transcribed and translated, then read to verify accuracy and gain understanding of overall responses, ensuring confirmability and trustworthiness. Two authors developed a codebook of *a priori* and emerging codes, and independently applied it. Discrepancies were triangulated with a third researcher, establishing credibility and confirmability. Codes were grouped into theoretical constructs.

Findings: Themes included RC Behaviors (with sub-themes Pregnancy Pressure, Birth Control Sabotage, and Controlling Pregnancy Outcome), Co-occurrence of RC and IPV, and RC Harm Reduction Strategies. New RC behaviors emerged, and immigration status was used as a method of coercive control. Cultural norms emerged as sources of vulnerability and resilience. Coercive partners were also violent. Harm reduction strategies included less detectable contraception; some sought community services but others resorted to deception and stalling as the only tools available to them.

Discussion: The importance of translation services and clearly stating immigration risks from seeking help was apparent. Less detectable methods of contraception remain useful harm reduction strategies. Midwives should inquire about method fit and be mindful of honoring the request when patients ask to change methods. Cultural norms of strength and resilience emerged as vital sources of power and endurance. Nurses and researchers must consider how to support this and help women to access it. This diverse sample and the powerful voices of the women who participated make a significant contribution to the understanding of RC experienced by Latina women in the United States.

Learner Outcomes:

Participants will be able to describe the phenomenon of reproductive coercion and its intersection with intimate partner violence.

Participants will identify the unique vulnerabilities of Latina women who experience this phenomenon.

Maternal Confidence for Physiologic Birth: Instrument Developing and Testing

Track: Research Forum- DOR

Presenter: Carrie Neerland

Presentation Description:

Study Purpose: To examine the construct of confidence for physiologic birth and to develop and test a valid and reliable instrument to measure prenatal maternal confidence for physiologic birth.

Research Questions and/or Hypotheses:

1. What is the content domain for prenatal maternal confidence for physiologic birth?
2. What is the feasibility and face validity of an instrument to measure maternal confidence for physiologic birth?
3. Does the instrument demonstrate preliminary reliability and construct validity?

Significance/Background: Maternal confidence is associated with enhanced birth experiences through a greater sense of control, feeling more informed, and less pain during labor. A valid and reliable measure of prenatal confidence for physiologic birth for clinical use to identify areas where confidence might be enhanced has not yet been developed.

Methods: This was a multi-phased instrument development study. Qualitative analysis from a study with 14 women who birthed physiologically, along with concept analysis on maternal confidence, informed the development of a 22-item Likert scale, the Preparation for Labor and Birth (P-LAB) instrument. Content validity and face validity were evaluated by a panel of 10 experts including midwives, physicians, and women who had birthed physiologically. Psychometric testing of the instrument was performed with a sample of 206 women who were between 34+0 to 38+6 weeks gestation from five Midwestern clinics.

Findings: The P-LAB demonstrated content validity, internal consistency, stability over time, and beginning construct validity. All items had content validity index (CVI) scores ≥ 0.8 and total instrument CVI = 0.95. Four subscales were identified: planned use of pain medication, trusted relationship with care provider and care environment, confidence or fear for childbirth, and support (partner, provider, environment). Cronbach's coefficients alpha for the four extracted factors were 0.93, 0.76, 0.73 and 0.74, accordingly. Intraclass correlation (95% CI) for the total questionnaire was 0.92 (0.88, 0.94).

Discussion: Exploratory findings demonstrate that the P-LAB instrument exhibits beginning validity and reliability in the measurement of prenatal maternal confidence for physiologic birth. The P-LAB instrument is a potentially clinically useful instrument to measure maternal confidence for physiologic birth, however, more testing is required for continuing to establish construct validity.

Learner Outcomes:

Participants will be able to discuss the current research evidence on care practices to enhance prenatal maternal confidence for physiologic birth.

Participants will be able to identify the components of maternal confidence for physiologic birth.

Participants will be able to explain why an instrument for maternal confidence for physiologic birth is needed and how it could be used to potentially identify areas where confidence could be enhanced.

Does Perceived Quality of Care Moderate Postpartum Depression? A Secondary Analysis of a Two-Stage Survey

Track: Research Forum- DOR

Presenter: Bridget Hutchens

Presentation Description:

Purpose: The purpose of this study was to examine if mothers' perceptions of the quality of hospital care during childbirth moderate their risks for symptoms of postpartum depression.

Hypothesis: Positively perceived quality of care will moderate the relationship between risk factors and PPD symptoms in a protective direction.

Background: Postpartum depression (PPD) is one of the most common complications of childbirth affecting an estimated 13-19% of women after birth. There is a need to examine risk factors for PPD which health care providers can modify, and there is the potential for providers to influence a woman's psychological wellbeing during her hospital stay for birth. This research study utilized an adapted version of the Diathesis-Stress Model for its conceptual framework.

Methods: This secondary analysis analyzed data from the Listening to Mothers III surveys with a weighted sample size of 1,057 of women surveyed from across the US. PPD symptoms were defined according to the Patient Health Questionnaire-2. Associations between risk factors and PPD symptoms were tested using logistic regressions with the moderating variable of perceived quality of care then added to models with significant risk factors.

Findings: Perceived quality of care moderated the following risk factors for PPD symptoms in a protective direction: relationship status ($p=0.01$), pre-pregnancy BMI ($p=0.02$), and pain that interfered with routine activities two months postpartum ($p=0.003$). In addition, "very good" perceived quality of care decreased the odds of screening positive for PPD symptoms (OR 0.26; 95% CI 0.14-0.46; $p<0.001$). Women who felt pressured into medical interventions (OR 0.52; 95% CI 0.32-0.85; $p=0.008$) or who felt that they were treated poorly by their medical team (OR 0.54; 95% CI 0.32-0.93; $p=0.03$) rated their perceived quality of care lower.

Discussion: Risk factors for PPD symptoms were moderated by perceived quality of care in a protective direction. In addition, we found that perceived quality of care has a strong association with PPD symptoms. These findings suggest that maternity providers can act to attenuate the risks for PPD symptoms by refraining from pressuring women into medical interventions and not treating patients poorly.

Learner Outcomes:

Participants will have a better understanding of risk factors for PPD.

Participants will be able to articulate the definition of a moderating variable.

ES315

Promoting Respectful Maternity Care Through a Model Midwifery Ward in Malawi

Track: Global Midwifery

Presenter: Linda Robinson

Presentation Description:

Malawian women have few resources, poor education, and a growing fear of health facilities. Abusive and disrespectful maternity care has led some laboring women to avoid giving birth where skilled health care providers practice. The lifetime maternal mortality risk in Malawi is 1 in 29, and unskilled care at childbirth is a contributing cause. Why is maltreatment of childbearing women so widespread, especially in developing countries? How can midwives foster a standard of respectful care and empower women to advocate for themselves? WHO has included respectful care as an important element for safe childbirth, yet a woman's right to respectful care is often ignored. In teaching respectful care, midwifery faculty members are frustrated with

the discrepancy between the theory taught in lecture and the clinical experience. Clinical staff are overworked and have little time to teach. Midwifery students witness unsafe, disrespectful practice but have no context or confidence to discern which care is appropriate. How do we find a space in which students can be trained in respectful maternity care? We create it. We proposed creating a model ward managed by midwives and run according to the standards of the International Confederation of Midwives for respectful maternity care. This presentation will describe the process of planning and implementing a model ward to improve the student experience, empower midwives to function as independent practitioners, promote respectful care of women in labor, and improve overall maternal and infant outcomes.

Learner Outcomes:

Participants will be able to list 10 examples of disrespectful maternity care.

Participants will be able to compare experiences of disrespectful care between low-resource and high-resource settings.

Participants will be able to describe the steps taken in creating a model ward.

ES 316

Today's Pierced and Tattooed Women: Health, Fashion, and Meaning

Track: Clinical

Presenter: Cheri Van Hoover

Co-presenters: Cindy Farley, Carol-Ann Rademeyer

Presentation Description:

Women today are choosing to pierce and tattoo their bodies in unprecedented numbers. Motivations for these body modifications are unique and evolving. In the past, piercings were chosen to enhance sexual desirability and pleasure, while tattoos indicated membership in counterculture groups. Meanings now ascribed to piercing vary with the body part pierced, while tattoos are used to express personal narratives and values. Women are more vulnerable to bias and negative stereotypes for their body modification choices, affecting personal and professional relationships. Health care providers are often perceived as uninformed, dismissive, and biased against individuals who are pierced and tattooed, particularly those individuals with multiple modifications and modifications in intimate areas of the body. This presentation will review the psychosocial and physical health sequelae associated with piercing and tattooing. Health care providers must be able to provide accurate counseling and anticipatory guidance in a safe and respectful manner, recognize and treat minor complications, and refer appropriately in higher-risk situations. By demonstrating a nonjudgmental familiarity with these forms of body modification, clinicians can help to create a social environment in which women are affirmed and complications from piercing and tattooing receive prompt and appropriate health care attention.

Learner Outcomes:

Explain the different motivations for acquiring body piercings and tattoos.

Discuss stigma and bias in the context of body modification, including workplace discrimination and implications for midwives and other health care providers.

Describe the three major categories of health risk associated with body piercing and identify appropriate midwifery management of these conditions.

Discuss body modification in the context of pregnancy, birth, and breastfeeding.
Identify safety concerns with legislative and health policy implications regarding regulation of professional piercers, tattoo artists, jewelry, and tattoo ink.

ES317

ARRIVING at Best Practice: The Quagmire of Shared Decision Making and Elective Induction of Labor

Track: Clinical

Presenter: Diana Jolles

Co-presenters: Dwight Rouse, Elisabeth Howard, Susan Stapleton, Nancy Niemczyk

Presentation Description:

Midwifery is characterized by its hallmarks, one of them being nonintervention in the absence of complication. The 2018 Arrive Trial has challenged midwives nationwide as we work with women and colleagues to incorporate best practices around elective induction of labor or expectant management for low-risk nulliparous women. The following podium presentation gathers an interprofessional team from one of the Arrive trial sites and the co-PIs of the American Association of Birth Centers (AABC) Perinatal Data Registry for a discussion about the state of the science on induction of labor. Panelists will guide attendees through a critical appraisal of the evidence, including a discussion of some findings that may be contrary to the hallmarks of midwifery. Attendees will leave the session with actionable tools to guide shared decision making and clinical checklists to standardize best practices for induction of labor.

Learner Outcomes:

Compare the results of the Arrive Trial and the AABC Perinatal Data Registry regarding labor induction or expectant management for low-risk nulliparous women.

Explore the state of the science regarding low-risk nulliparas and the use of induction of labor.

Appraise best-practice tools for shared decision making and preferencing sensitive care:

1. Elective induction-of-labor informed consent tools and option grids
2. Management of induction-of-labor checklists and algorithms
3. Cesarean checklist tools

ES318

From Practice to Publication: How to Write a Clinical Article

Track: Miscellaneous

Presenter: Francis Likis

Co-presenters: Tekoa King, Patricia Aikins Murphy

Presentation Description:

Case reports and clinical review articles identify and synthesize current knowledge about clinical topics. These popular articles summarize the literature and expert opinions to provide readers with clinical guidance. This session, led by editors of the *Journal of Midwifery & Women's Health*, provides guidance for the entire process

of writing a case report or clinical review article. Topics include choosing an appropriate topic for a clinically focused article, identifying content to include, the writing process, and submitting and revising an article.

Learner Outcomes:

- Compare and contrast the different types of clinical and review articles.
- Choose an appropriate topic for a case report or clinical review article.
- Develop an outline for a clinical article.
- Create tables, figures, and supporting information for a clinical article.
- Describe the process of manuscript submission and revision for publication.

ES319

Addressing Health Disparities via Residential Primary Care for Homeless Women: A Free Clinic Case Management Model of Care for Women with Complex Health Care Needs

Track: Racism and Health Disparities

Presenter: Nena Harris

Presentation Description:

Homeless women have health care needs that surpass those of their residentially stable counterparts. Furthermore, homeless women often face multiple health-related challenges that compound their homelessness and result in significant health disparities. The purpose of this session is to discuss the significance of and contributing factors to homelessness among women. Also, primary care and case management services offered at a free clinic serving homeless women and children will be presented as key components of an innovative model to help address multiple barriers to care and reduce health disparities in a mostly African American urban population. Homeless women presenting for care have complex physiologic, psychosocial, and psychiatric needs that create unique case management challenges for the advanced practice clinician providing primary, gynecologic, and antenatal health care. Key issues affecting care for the homeless population will be presented. Clinical exemplars will be used to highlight some of the common scenarios faced while providing care for the homeless population and demonstrate how a case management model of care improves health outcomes for women with complex health care needs.

Learner Outcomes:

- Participants will be able to discuss the significance of homelessness regarding health care for women.
- Participants will be able to identify common contributing factors to homelessness.
- Participants will be able to identify common health care needs of homeless women.
- Participants will be able to apply key case management principles that improve health care outcomes for homeless women.
- Participants will be able to provide examples of case management principles that are commonly implemented in a free clinic for homeless women.

ES320

Strategies to Address the Root Causes of Maternal and Infant Health Disparities in Maternity Care

Track: Racism and Health Disparities

Presenter: Barbara Hackley

Co-presenters: Arielle Hoffman, Mia Stange, Maria Ruiz, Monica Kavanaugh

Presentation Description:

This presentation will describe strategies on how midwives can effectively address social factors in their clinical care. As part of the Resiliency Initiative, the South Bronx Health Center has developed a validated tool for screening for social factors that undermine or promote health, identified community resources, and developed a team of staff and volunteers to address these needs. Using the PRAPARE framework developed by the National Association of Community Health Centers, this presentation will provide midwives with the resources they need to create sustainable systems of care that can effectively address the root causes of health disparities in their own communities.

Learner Outcomes:

Understand the relationship between protective and risk factors and maternal and infant outcomes.

Be able to identify an appropriate tool for screening for social determinants of health based on the risk profile for a specific population.

Understand how to develop a system of follow-up care for individuals identified by screening who would benefit from additional enrichment or supportive services given limited resources in many maternity settings.

ES321

Losing Sleep Over Midwifery: Challenges and Strategies from Practicing Midwives

Track: Miscellaneous

Presenter: Ira Kantrowitz-Gordon

Co-presenters: Melissa Saftner, Tanya Tanner, Megan Arbour

Presentation Description:

Professional organizations, including the ACNM, have brought increasing attention to the importance of adequate sleep for health professionals to maintain safe patient care and improve the health and well-being of health care providers. Position statements advocate for rational limits to on-duty hours for health care providers but are limited in their application to the working lives of midwives given the constraints of patient expectations, shared call, and productivity demands. This presentation will cover the state of the science on adequate sleep, function when sleep is deprived, and practicing midwives' experiences from a national survey of the ACNM membership. These strategies will be compared with the scientific evidence to arrive at best and realistic practices for midwives who need help achieving adequate sleep

Learner Outcomes:

Participants will be able to describe the physiologic need for sleep, limits on wakefulness, and short-term effects of sleep deprivation.

Participants will be able to identify significant health consequences from chronic sleep deprivation.

Participants will be able to critically evaluate common strategies midwives use to compensate for sleep challenges.

Participants will identify realistic and evidence-based strategies for improving sleep and performance in clinical practice.

ES322

How to Teach Students the Art of Breaking Bad News; Creating A Simulation for Midwifery Students

Track: Education

Presenter: Michelle Collins

Co-presenters: Diane Folk, Tonia Moore-Davis

Presentation Description:

Teaching midwifery students how to deliver “bad news” is fraught with difficulty. Helping them find the right words for a variety of situations that are common for midwives to encounter is just half of the picture. Preceptors may relieve students of any more than an observatory role in these types of scenarios while they are in school, which means that the first time many clinicians face these dilemmas may be as new clinicians. Having the opportunity to practice being in the moment with women experiencing devastating circumstances adds a depth to the midwifery student’s education that cannot be equaled with didactic lecture or readings alone. Our midwifery faculty developed a simulation involving the activity of delivering such news to standardized patients to allow students to experience the emotions, angst, and realism in the moment. Simulation is a safe place to practice without fear of harming real patients. Students gain experience at situations they will inevitably face in practice and will be that much better equipped for their future practice. An interprofessional component of this simulation involved the incorporation of divinity school students, who assisted midwifery students with debriefing as well as being present to assuage any distress experienced on the part of the midwifery students.

Learner Outcomes:

Participants will discuss difficulty in teaching the art of delivering negative news to patients.
Participants will be able to outline a simulation experience created to allow midwifery students to practice this skill.

ES323

From Learner to Earner: Tips for Finding, Keeping, and Thriving in Your First Midwifery Job

Track: Midwifery Matters- Business

Presenter: Cathy Emeis

Presentation Description:

Finding and negotiating your first midwifery position can be stressful and confusing. For many new midwives, this type of job search is very different than previous job searches. Graduates, used to the structure of educational programs, often find little guidance to navigate the post-education job market. This session provides an overview of the most common settings and roles for newly certified midwives. Tips for finding

available midwifery positions, successful interviewing, contract negotiation, dealing with student debt, and thriving in your new career will be presented.

Learner Outcomes:

Develop an organized approach to searching for your first midwifery position.

Understand the value of self-assessment and self-reflection early in your job search.

Understand the essential elements of an employment contract.

Discuss options for reducing student debt burden.

Describe the value of peer mentors and constructive feedback for thriving in your transition to midwifery practice.

Tuesday, May 21st

ES 400

**Creating Significant Learning at the Intersection of Program Outcomes and Competency Mastery:
Shifting from a Teaching Paradigm to a Learning Paradigm**

Track: Education

Presenter: Debora Dole

Co-presenters: Mary Haras, Kelly Walker

Presentation Description:

Increasingly, DNP programs are intersecting with existing master's level programs to educate the next generation of midwives. Education programs that share doctoral and master's level presentations may struggle to demonstrate how outcomes are being assessed. The challenge of ensuring that midwifery graduates are simultaneously meeting doctoral and master's program outcomes and ACNM competencies can result in presentations being overloaded with assignments, readings, and content that are heavily focused on teaching rather than learning. A shift from a teaching-focused instruction paradigm to a student-focused learning paradigm will facilitate learning from the student perspective, creating an environment in which specified learning results can best be assessed. Common challenges of transitioning from teaching-focused to learning-focused outcomes frequently result in misalignment of program presentation goals and difficulty identifying competency mastery. This presentation is twofold: to provide a framework to evaluate curriculum to identify potential areas of curricular misalignment with program outcomes, student learning outcomes and competencies, and to discuss strategies for supporting the shift from a teaching paradigm to a learning paradigm around significant learning. Fink's framework is being used to guide evaluation and revision in a midwifery program that shares a core curriculum with master's and doctoral nurse practitioner programs. Participants will be provided an opportunity to discuss their own challenges and approaches to curriculum alignment of intersecting outcomes and competency mastery.

Learner Outcomes:

Differentiate a teaching paradigm from a learning paradigm.

Discuss Fink's Taxonomy of Significant Learning as a template for identification of curriculum misalignment.

Identify common areas of presentation/content overload in DNP-MS shared curricula.

ES401

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

Track: Midwifery Matters-Public Perception

Presenter: Ginger Breedlove

Co-presenters: 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

Track: Research Forum -DOR

Presenter: Erin Farah

Co-presenters: Carrie Klima, Barbara McFarlin, Janet Engstrom, Beverly Rossman, Patricia Hershberger

Abstract:

Purpose. To understand how women with low milk supply experience breastfeeding.

Research Question. What is the breastfeeding experience for women with lactation failure?

Significance. 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.

Methods. 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.

Findings. 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.

Discussion. 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.

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

Track: Research Forum-DOR

Presenter: Mayri Leslie

Co-presenter: Debra Erickson-Owens

Abstract:

Study Purpose/Aim: 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.

Significance/Background: 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.

Methods: 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.

Findings: 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.

Discussion: 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.

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

Track: Research Forum- DOR

Presenter: Carrie Haverty

Co-presenter: Dale Muzzey

Abstract:

Purpose/Aim: Examine how well noninvasive prenatal screening (NIPS) performs in women across Body-Mass Index (BMI) classes.

Hypothesis: NIPS via whole genome sequencing better serves all women, regardless of BMI, compared to traditional maternal serum screening.

Significance/Background: 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 (Canick 2013). Low FF is associated with early gestational age, a compromised placenta (e.g., from triploidy and certain aneuploidies), and high BMI (Suzumori 2016). By far, the most common driver of low FF is high BMI (Deputy 2018). The most recent American College of Medical Genetics and Genomics statement recommends “offering aneuploidy screening other than NIPS in cases of significant obesity” (Gregg 2016). However, patients with high BMI constitute ~25% of US pregnancies, creating a significant disparity in care based on weight (Deputy 2018).

Methods: 58,639 patients who received NIPS were stratified into standard BMI classes. 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 (Artieri 2017) 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.

Findings: 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%) (Baer

2015). Sensitivity for T13 and T18 was also higher across the BMI spectrum for WGS-based NIPS relative to MSS.

Discussion: 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

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 1 to 2 changes associated with menopause that have a direct impact on female sexuality.

Describe 1 to 2 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

Track: Clinical

Presenter: Ira Kanrtowitz-Gordon

Co-presenters: Meghan Eagen-Torkko, Mary Kaye Collins

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

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

Track: Research Forum-DOR

Presenter: Leigh Greathouse

Co-presenters: Mary Ann Faucher, Marie Hastings-Tolsma

Abstract:

Purpose/Aim: 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).

Research Questions and/or Hypothesis: 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.

Significance/Background: 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.

Methods: We recruited 25 healthy pregnant AA women and administered a web-based Automated Self-Administered 24-hour Recall (ASA24, 2016) 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).

Findings: 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.

Discussion 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.

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

Track: Research Forum-DOR

Presenter: Mary Ann Faucher

Co-presenters: Marie Hastings-Tolsma, Leigh Greathouse, R. Noah Padgett, Nadim Ajami

Abstract:

Purpose/Aim: 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).

Research Questions and/or Hypothesis: 1) 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.

Significance/Background 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.

Methods 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.

Findings 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 significant positive 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.

Discussion: 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.

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

Track: Research Forum- DOR

Presenter: Marie Hastings-Tolsma

Co-presenters: Mary Ann Faucher, Leigh Greathouse, Teodoro Bottiglieri

Abstract:

Significance/Background: 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.

Methods: 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.

Findings: Analytes (n=134) in six compound classes were found ($p \leq 0.05$); 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.

Discussion: 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

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

Track: Racism and Health Disparities

Presenter: Katrina Nardini

Co-presenter: Brie Thumm

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

Track: Education

Presenter: Elaine Germano

Co-presenters: Melissa Avery, Mark Woodland, Sukey Krause, Tonya Nicholson, Kate Frometa

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

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

Track: Global Midwifery

Presenter: Emma Clark

Co-presenters: Sophia Delevie-Orey, Deborah Armbruster, Elizabeth Hill-Karbowski, Rachel Deussom

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.

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.

Wednesday, May 22nd

ES500

Midwifery Educators Plenary

How Does Racism in Midwifery Education Negatively Affect Diversity Within the Profession and Disparities in Maternal Child Health?

Track: Racism and Health Disparities

Presenter: Heather Clarke

Co-presenters: Patricia Loftman, Vernellia Randall, Kim Dau, Felina Ortiz, Nubia Earth Martin

Presentation Description:

Representation of midwives of color in ACNM has remained low since its inception, despite efforts to increase the recruitment, retention, graduation, and success rates on the AMCB midwifery certification examination. Midwives of color currently constitute 5% of ACNM midwives. Historically, students of color have faced serious challenges resulting from racism or implicit bias. These challenges have led them to suffer physical and emotional trauma, which jeopardizes their academic success, often resulting in them making a choice between failure or withdrawal from their respective midwifery education programs. Systemic racism in society, health profession education, and health care are the root causes of health inequities and maternal-child health disparities. The ACNM is committed to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care. However, several barriers continue to exist regarding the recruitment, retention, and success of midwifery students and faculty from underrepresented communities. These include the lack of inclusive teaching, fair institutional policies, and educators' skill in creating racially and culturally safe education content that includes racial, social, and reproductive justice and environments for learning, creativity, and innovation in the classroom and the clinic environment. Trauma resulting from racism or implicit bias experienced in midwifery education programs can potentially erode an individual's sense of self-confidence and empowerment to enter leadership positions in their career. The purpose of this panel is to highlight the problems of implicit bias and racism in midwifery education and seek solutions which can be applied across all midwifery education programs. Recent midwifery graduates are invited to share their lived experiences in midwifery education programs.

Learner Outcomes:

Participants should be able to discuss examples of traumatic experiences that students of color have described in their midwifery educational programs and the impact they might have had on retention and subsequent diversity within the midwifery workforce.

Participants should be able to identify practices within midwifery education programs which are based on implicit bias, microaggressions, or racial stereotyping that negatively limit the success of students of color. Participants should be able to discuss at least 2 effective strategies that faculty and education programs could adopt that are equitable and thus support the retention and success of students of color.

Participants should be able to suggest at least one action that both ACME and AMCB could undertake to eliminate implicit bias in midwifery education.

**ES 501 Dondero Plenary
Linking the Legacy and Future of Global Midwifery with Health Equity**

Track: Global Midwifery

Presenter: Holly Powell Kennedy

Presentation Description:

The evidence is clear that midwifery saves lives, especially when it is situated within integrated systems of care, is assessable, acceptable, and respectful, and especially when it is provided in a continuity model. These Dondero set the standard at the North Central Bronx to assure that women had high-quality, family-centered care. This talk will weave her legacy with that of global midwifery, examining the evidence that supports best practices and outcomes. The challenge of achieving health equity for all will be framed through a lens of balancing resources across settings, maximizing human capital through midwifery, and setting future priorities.