Education Session: Monday, May 20

ES300
Marijuana and Opioids
9:30AM-10:30AM- Maryland C- Level 2
CEUs:0.1

Track: Clinical

Presenter: Elinore F. McCance-Katz, M.D., Ph.D., Assistant Secretary, SAMHSA

Presentation Description: Pending

Learner Outcomes:

ES301-Combined Presentation
Simulation Design and Debriefing: Designing Simulation for Midwifery Care and Intrapartum Emergencies
9:30AM-10:30AM- Maryland D- Level 2
CEUs: 0.1

Track: Education

Presenter: Christina Shutters, Lastascia 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.

ES301
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)
9:30AM-10:30AM- Maryland D- Level 2
CEUs: 0.1

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
9:30AM-10:30AM- National Harbor 2/3- Level 3
CEUs: 01

Track: Leadership

Presenter: Katie Huffling, 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
10:45AM-11:45AM- Maryland C- Level 2
CEUs: 0.1

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
10:45AM-11:45AM- Maryland D- Level 2
CEUs: 0.1

Track: Racism and Health Disparities

Presenter: Celina Cunanan, 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
10:45AM-11:45AM- National Harbor 2/3- Level 3
CEUs:0.1

Track: Education

Presenter: Erin Farah, Carrie Kilma, 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
12:30PM-1:30PM- Maryland C- Level 2
CEUs:0.1

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
12:30PM-1:30PM- Maryland D- Level 2
CEUs: 0.1

Track: Clinical

Presenter: Nancy Niemczyk, 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
12:30PM-1:30PM- National Harbor 2/3- Level 3
CEUs:0.1

Track: Education

Presenter: Tanya Tanner, 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
Iraqi Muslim Women's' Voices in the Health Care Encounter
4:00PM-5:00PM- Maryland C- Level 2
CEUs:0.1

Track: Research Forum

Presenter: Debra Penny

Presentation Description:
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. How do Iraqi Muslim women's perceptions of the provider shape their experience of and interaction with the health care provider? How do Iraqi Muslim women describe and experience the intersection of race, gender, and religion within the context of the health care encounter? 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. The perspective of Muslim women in the health care encounter is relatively uninvestigated. Female health providers play an important role in addressing barriers to health access and health care. Critical ethnography and postcolonial feminism were used 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. 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. 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.

Learner Outcomes:
Participants will define sources of health inequities for Muslim women in the U.S. health encounter.
Participants will identify two causes of potential cultural distress for Muslim women in a health care encounter.
Participants will be able to recommend possible health system changes that will decrease institutional racism for the Muslim woman in the health encounter.

ES309 Division of Global Engagement Research Forum
Client and Provider Factors Associated with Companionship During Labor and Birth in Kigoma Region, Tanzania
4:00PM-5:00PM- Maryland C- Level 2
CEUs:0.1

Track: DGE Research Forum

Presenter: Michelle Dynes, Susanna Binzen, Evelyn Twentyman, Florina Serbanescu

Presentation Description:
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.

ES309

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

4:00PM-5:00PM- Maryland C- Level 2

CEUs:0.1

Track: Global Midwifery

Presenter: Robyn Churchill

Presentation Description:

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). 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). 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. 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 Distrcti to pilot use of the SCC in a program of coaching focused on strengthening front-line systems and skills to promote these clinical behaviors. (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
De-Centering Weight: Body-Positive Midwifery Care
4:00PM-5:00PM- Maryland D- Level 2
CEUs: 0.1

Track: Clinical

Presenter: Lee Roosevelt, Debra Rhizal

Presentation Description:
The current model of prenatal care places an extensive focus on weight, weight gain, and the weight of the infant. This close attention to weight often has more to do with cultural beliefs about body size than evidence-based research. As the midwifery model of care places tremendous value on the role of prenatal education, weight-focused advice often takes center stage. Concern has arisen that this focus on weight during pregnancy may not be effective in producing healthier pregnancies but may contribute to food and body preoccupation, repeated cycles of weight loss and regain, reduced self-esteem, and perceived weight stigmatization and discrimination. This dynamic may also have a deleterious impact on the essential therapeutic alliance between a midwife and the pregnant people they are working with. A weight-neutral approach to prenatal care is essential in increasing the health of pregnant people of all sizes. A growing transdisciplinary movement called Health at Every Size (HAES) challenges the value of promoting weight loss and strict food intake behavior. HAES advocates healthy diets and health-sustaining physical activity but is weight neutral. Its proponents do not view weight as an adequate indicator of health. HAES promotes consuming healthful foods, honoring internal cues for hunger and satiety, engaging in enjoyable physical activity, and advocating against fat stigma in support of social justice, rectifying health disparities, and ethical treatment of people of all sizes.
Midwives do not receive adequate training on how to approach the complex topic of weight in pregnancy from a weight-neutral approach. In this presentation, the facilitators will present the current research on HAES, discuss practical advice on implementing a HAES approach into prenatal practice, and use interactive case studies to engage the audience in skill acquisition.

Learner Outcomes:
Participants should be able to identify language that may be stigmatizing and could be perceived as discrimination.
Participants will have a thorough understanding of the building blocks of the Health at Every Size approach.

ES310
Caring for the Fat Folks: What it Really Means to be an Obese Client
4:00PM-5:00PM- Maryland D- Level 2
CEUs: 0.1

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:
Participants will identify common biases held toward obese clients.
Participants will recognize any personal biases toward obese clients.
Participants will identify potential health disparities for obese clients.
Participants will 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
4:00PM-5:00PM- National Harbor 2/3- Level 3
CEUs: 0.1

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
4:00PM-5:00PM- National Harbor 4/5- Level 3
CEUs: 0.1

Track: Education

Presenter: Molly Altman, 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?
4:00PM-5:00PM- National Harbor 10/11- Level 3
CEUs: 0.1

Track: Clinical

Presenter: Debra Erickson-Owens, 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
5:15PM-6:15PM- Maryland C- Level 2
CEUs: 0.1

Track: Research Forum- DOR

Presenter: Karen Trister Grace, Kamila A. Alexander, Noelene K. Jeffers, Elizabeth Miller, Michele R. Decker, Nancy Glass

Presentation Description:
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.

ES314- DOR Research Forum I
Maternal Confidence for Physiologic Birth: Instrument Developing and Testing
5:15PM-6:15PM- Maryland C- Level 2
CEUs: 0.1

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.

ES314- DOR Research Forum I
Does Perceived Quality of Care Moderate Postpartum Depression? A Secondary Analysis of a Two-Stage Survey
5:15PM-6:15PM- Maryland C- Level 2
CEUs: 0.1

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
5:15PM-6:15PM- Maryland D- Level 2
CEUs:0.1

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
5:15PM-6:15PM- National Harbor 2/3- Level 3
CEUs: 0.1

Track: Clinical

Presenter: Cheri Van Hoover, 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
5:15PM-6:15PM- National Harbor 4/5- Level 3
CEUs: 0.1

Track: Clinical

Presenter: Diana Jolles, 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
5:15PM-6:15PM- National Harbor 10/11- Level3
CEUs: 0.1

Track: Miscellaneous

Presenter: Francis Likis, 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
6:30PM-7:30PM- Maryland C- Level 2
CEUs:0.1

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
6:30PM-7:30PM- Maryland D- Level 2
CEUs: 0.1

Track: Racism and Health Disparities

Presenter: Barbara Hackley, Arielle Hoffman, Mia Strange, 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
6:30 PM-7:30PM- National Harbor 2/3- Level 3
CEUs: 0.1

Track: Miscellaneous

Presenter: Ira Kantrowitz-Gordon, 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
6:30PM-7:30PM- National Harbor 4/5- Level 3
CEUs: 0.1

Track: Education

Presenter: Michelle Collins, 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
6:30PM-7:30PM- National Harbor 10/11- Level 3
CEUs: 0.1

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.