

Education Session: Saturday, May 18

ES 100

Getting the Ball Rolling: How to Integrate Gender-Affirming Care into Your Existing Midwifery Practice

1:00PM- 3:00PM- National Harbor 10/11, Level 3

CEUs: 0.1

Track: Midwifery Matters: Business

Presenter: Simone Adriane Ellis

Presentation Description:

This presentation will focus on the nitty-gritty details of integrating gender-affirming care into your existing midwifery practice. We will take on both the big questions and the little questions, so midwives can feel ready to prepare themselves, their staff, and their practice to start providing hormone therapy management, gynecologic and reproductive care, postsurgical care, clerical services, and other crucial health care to transgender and gender-nonconforming people. Concrete resources will be provided, and ample opportunity will be given for questions and answers.

Learning Outcomes:

Demonstrate an understanding of the role of midwives in providing gender-affirming care.
Articulate strategies for provider and staff training for the provision of gender-affirming care.
Identify resources available to assist in the implementation of gender-affirming care in midwifery practice.
Identify immediate next steps that can be taken to make existing midwifery practices more welcoming of transgender and gender-nonconforming patients.

ES100

Beyond 101: Transgender and Gender Non-Conforming Fertility, Conception, Pregnancy, Postpartum Wellness and Infant Feeding

1:00PM- 3:00PM- National Harbor 10/11, Level 3

CEUs:0.1

Track: Clinical

Presenter: Simon Adriane Ellis

Presentation Description:

This "Beyond 101" presentation will focus on providing midwives with the information and skills they need to provide clinically competent and culturally responsive care to transgender and gender non-conforming (TGNC) people pursuing parenthood. Conceptual models will be presented, and in-depth information provided on fertility, conception, pregnancy, postpartum, and infant feeding considerations. 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. Case studies and small group work will be utilized to help midwives deepen their skills and practice incorporating new knowledge into client teaching. This presentation will not include basic information on gender identity; participants who would benefit from introductory material are encouraged to review the “Trans 101” modules of the Cedar River Clinic Trans Health Toolkit (<http://www.cedarriverclinics.org/transtoolkit/>) in advance.

Learner Outcomes:

Demonstrate understanding of conceptual models that can inform midwifery care of TGNC people pursuing parenthood.

Demonstrate understanding of fertility considerations for TGNC people.

Articulate strategies for promoting mental and physical health during pregnancy for TGNC people.

Demonstrate understanding of timing of hormone therapy start/restart and mental health considerations during the postpartum period for new TGNC parents.

Demonstrate understanding of infant feeding considerations for TGNC people.

ES 101

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

3:00PM- 4:00PM- Maryland C, Level 2

CEUs: 0.1

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.

Learning Outcomes:

Understand sociodemographic characteristics of the women veteran’s 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

3:00PM- 4:00PM -Maryland D- Level 2

CEUs:0.1

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.

Learning 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

4:15PM – 5:15PM, Maryland C- Level 2

CEUs:0.1

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

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

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

CEUs: 0.1

Track: Education

Presenter: Debora Dole

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.

ES 105

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

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

CEUs:01

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

4:15 PM- 5:15PM- National Harbor 10/11- Level 3

CEUs:0.1

Track: Midwifery Matters: Business

Presenter: Cathy Emeis

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

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

CEUs: 0.1

Track: Clinical

Presenter: Nicole Warren

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

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

CEUs: 0.1

Track: Clinical

Presenter: Marie Hastings-Tolsma

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

Evening at the Movies: *No Más Bebés*

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

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

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

CEUs:0.1

Track: Global Midwifery

Presenter: Rachel Zaslow

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

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

CEUs:0.1

Track: Clinical

Presenter: Meghan Eagen-Torkko

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 LGBTQ 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

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

CEUs: 0.1

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.