



Midwives' Association of Washington State

2017 Member Report

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A Message from the President



Neva Gerke, LM, CPM, MSM
President of MAWS

The Midwives' Association of Washington State Board of Directors is honored to present the 2017 Membership Report. Our theme in 2017 was sustainability. We took a deep internal look and analyzed how we might realistically maintain our pace, take care of each other and grow the organization to best meet the needs of our membership.

We experimented on developing a more sustainable fundraising plan, reducing our costs, and developing more robust strategies for long term success.

During our nominations process the board was focused on recruiting members that would make our board more representative of the various educational pathways. I had the good fortune to meet with the leaders of a few of the MEAC schools this year in an effort to encourage more student board members from various schools. Our five newest board members come from 4 different pathways to midwifery education!

What's next for 2018? We will again focus on sustainability, however this year, we will look into how we can advocate for our members to build more sustainable careers as midwives.

How can you help with MAWS and midwifery sustainability?

- First and foremost, ***get involved with MAWS!*** Our board meetings are open to any members who would like to attend. Contact Amelia by calling or email info@washingtontmidwives.org for scheduling and access to our online and in person meetings. Not ready to commit to being a board member? Volunteer to help any committee by emailing the committee chair.
- **Donate and *share our online fundraiser this fall with your clients.*** Approximately 3,000 babies are born into the hands of midwives in WA every year. Imagine what we could accomplish if each family donated only \$5 or \$10! What might insurance reimbursement look like if we could raise enough money to pay an executive director to fight for higher reimbursement every day!?

- ***And...renew your MAWS membership for 2018!*** As you will see from our treasurer report, membership dues are the largest source of revenue for MAWS.
- **Attend the MAWS conference!** Conferences are not only created for the benefit of continuing education, but they are also the second largest source of MAWS revenue. Please be a part of our success and get your CEUs by attending the MAWS conference at Green River Community College on April 19-20, 2018.
- **Come to Lobby Day on January 18th, 2018.** Recent events have shown that grassroots movements with members of the community, speaking directly to representatives make a huge difference. Come ask your legislators to support local midwives by supporting our legislative agenda.

I cannot use words alone to express my appreciation adequately for this hard working and dedicated group of powerful people that make up the MAWS Board of Directors. Your MAWS Board and committee members are **all volunteers**; Each person gives of themselves and their time to protect and grow midwifery care in Washington. The following pages contain some very tangible results of their collective tremendous hard work.

All my Best,
Neva Gerke, LM, CPM, MSM
President, MAWS

Board of Directors

| Incoming for 2018-2019 term | Outgoing in 2017 |
|---|--------------------------------------|
| Tiffani Hoffman, LM, CPM- our new secretary | Meghann McNiff, midwifery consumer |
| Kat Potthoff, LM, CPM | Tiff West-Schaub, midwifery consumer |
| Brittany Seidel, midwifery consumer | Brooks Seigal, midwifery student |
| Sunita Iyer, ND, LM | |
| Beth Arcese, MA, LM, CPM | |
| Continuing on to 2018 | |
| Neva Gerke, LM, CPM, MSM | Sarah Joy Day, LM, CPM, MSM |
| Catherine Suter, Midwifery consumer | Kristin Eggleston, LM, CPM |
| Tinneca Fortin, LM, CPM, Educator | Deborah Gleisner, ND, LM, CPM |
| Taylor Hamil, LM, CPM | Laura Kuhs, LM, CPM |
| Audrey Levine, LM, CPM, retired | Jen Segadelli, LM, CPM |
| Lisa Stotts, LM, MSM | Christine Tindal, LM, CPM, MSM |
| Louisa Wales, LM, CPM | Emmy Burns, midwifery student |

Statement on White Supremacy

A message from the leadership of MAWS:

The Midwives' Association of Washington State joins the National Association of Certified Professional Midwives (NACPM) and the American College of Nurse-Midwives in publicly denouncing and condemning white supremacy, bigotry, and racial prejudice in all its forms.

We must all take this moment to examine ourselves, recognize our own places of privilege, and level the playing field wherever possible. What are our conscious and unconscious biases? How have most of us benefited from our white supremacist society, and how do we continue to uphold it? To our professional members, we urge you to evaluate your practice for openness and inclusivity. Do your practice handouts contain images of people of color? Do your informed consents use gender inclusive language? Birth Center members, do your facilities create a welcoming space for all people? Teachers and preceptors, are you raising the next generation of midwives to be more awake? Students, are you actively listening to your cohort of different backgrounds? Parents, how do you talk to your children about race? About gender?

Everything MAWS does is centered on the goal that ALL families, regardless of race, religion, income, sexual orientation, or gender identity, should have access to safe, effective, and quality care. We acknowledge that we have a long way to go, but we are constantly striving to be more aware, more welcoming, and actively inclusive. Please join us in declaring that bigotry, prejudice, and bias have no place in our hearts, our practices, and our communities.

To our members, colleagues, students, clients, and friends who are so directly harmed by the recent surges of hate, persistent institutional racism and unrecognized forms of discrimination, we care about you. Your lives matter. You are not a distraction. You are our family.

With love and solidarity,

The Midwives' Association of Washington State

September 1st, 2017

Committee Reports

Member Services



Kristin Eggleston, LM, CPM
Member Services Chair
membership@washingtonmidwives.org
509.780.3330

The majority of LMs in Washington continue to support MAWS through membership and our membership is growing as more and more new midwives are coming to our state to practice. In 2016-2017, approximately 135 of 165 Washington LMs are MAWS members and most professional members continue their membership year to year. As always, first year LMs can get a free membership. We now have a Birth Center Membership that helps us provide the lobbying efforts on behalf of birth centers. Yeah for a tripling of the Medicaid facility rate!!

As you know, MAWS currently provides its professional members with outstanding lobbying and political outreach efforts, the Quality Management Program for peer review and incident review, conferences, incredible data on OOH births in Washington, helpful guidelines and resources, and a public directory. What else do you want us to provide? What would a professional midwifery organization be able to help you with? Here are some current suggestions: a new website; business and billing support for midwives; courses on healthy boundaries as midwives, preceptors and students; and "roaming" skills sessions that take place throughout the state. Send us your comments at membership@washingtonmidwives.org.

Your profile information can be accessed (or created) via www.maws.wildapricot.org. You have the direct ability to: make necessary changes to your contact information (such as a change in practice location) directly in your profile; view emails regarding CEUs, certificates, or event information; and register for conferences. Kristin is always happy to help you if you have trouble or questions!

The support of our communities, families, and friends is essential to our work as midwives. Ask them to consider supporting our work through one-time donations or yearly memberships.

Thank you for supporting MAWS, midwives, and families!

Birth Centers



Deborah Gleisner, ND, LM, CPM
Birth Centers Committee Co-Chair

The birth center committee is being co-chaired by Deborah Gleisner and Louisa Wales. Our biggest accomplishment this year was a joint effort by many MAWs members as well as our amazing lobbyist, Amber Ulvenes. We were able to get legislation passed that increased the Medicaid reimbursement rate for the birth center facility fee from \$650 to \$1750. This is a game changer for many birth centers as it no longer requires the privately insured clients to be supplementing the cost of the birth center for our Medicaid clients. It also give us leverage to renegotiate the facility fee rates for private insurance - especially where those rates are now below the Medicaid rate.

After the Medicaid rate increase passed, Audrey Levine reached out to the 18 birth centers with an ask to both join MAWS and donate directly. We now have 16 of the 18 licensed birth centers in Washington as full MAWS members. Their membership fees and donations significantly and positively affect our ability to address additional legislative needs for all of MAWS in the coming year.

In 2018 we will be continuing discussion about whether we should pursue legislation to protect the term "Birth Center" or "Free-standing Birth Center." Discussion around this has centered on issues such as consumer protection, quality assurance, sovereignty of our model of care, accuracy of statistics, and longevity.

We will also be working with the DOH to provide a presentation to the MAC about the safety and efficacy of nitrous oxide in labor. There are likely several issues that need to be solved before we have clear guidelines around nitrous oxide use. Several birth centers have been told by the DOH that they are no longer allowed to offer nitrous until these issues have been ironed out.

Legislative & Policy



Audrey Levine, LM CPM-Retired
Co-President, NACPM
Legislative and Health Policy Chair, MAWS

MAWS had an enormously successful and satisfying year in the legislative and health policy arena. A huge thank you to Amber Ulvenes, MAWS' amazing, brilliant, and fierce-at-all-the-right-moments lobbyist! And a shout-out to the dedicated members of the MAWS Legislative and Health Policy Committee: Kristin Effland, Kristin Eggleston, Neva

Gerke, Cynthia Flynn, Tinneca Fortin, Sasha Henry, Tiff West-Schaub, Amber Ulvenes, and Audrey Levine (Chair). Kudos and deep gratitude as well to former MAWS President, Valerie Sasson, because without her hours and hours of dedication and challenging behind-the-scenes work, there would have been no legislative miracles this past session.

PAID FAMILY AND MEDICAL LEAVE - Along with numerous other organizations in the Washington Work and Family Coalition, MAWS lobbied and was able to gain strong bipartisan support for a bill that established the most forward-thinking paid family and medical leave law in the nation. Governor Inslee secured a federal grant to begin designing a paid family leave program that will provide up to 16 weeks of leave for those wanting to take time off to care for a new infant or care for a family member. Depending on their earnings, employees will receive up to 90 percent of their wage or salary or up to \$1,000 per week. The program will be implemented by 2020. Washington State has now joined California, New Jersey, Rhode Island, and New York in making sure working families will have the ability to care for their families and loved ones without jeopardizing their economic security. For more information, go to:

<http://waworkandfamily.org/2017/07/05/details-of-the-new-family-and-medical-leave-law/>

LICENSING FEE CAP - Thanks to the budget proviso that MAWS introduced this past legislative session, the \$516 cap on the midwifery licensing fee will remain in effect, at least until July 1, 2018—this includes the \$16 fee that allows all licensed midwives in WA State to access HEAL-WA, the University of Washington health resources website. MAWS' staunch advocacy on behalf of WA State licensed midwives has kept this fee cap in place for the past 9 years! Our ability to convince legislators that licensed midwifery is a high-quality, cost-effective model of care is based on a 2007 Department

of Health report Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits, which can be viewed online here:

http://www.washingtonmidwives.org/documents/Midwifery_Cost_Study_10-31-07.pdf.

This report indicated that licensed midwifery care saves the State of Washington nearly half a million dollars biennially. And this was a conservative estimate that only took into consideration avoided c-sections. The report had a significant impact on access to midwifery across the U.S. We believe it's time for an update and are confident that any future analysis will demonstrate that the savings conferred by licensed midwives in WA are even greater than was previously reported.

INCREASED MEDICAID REIMBURSEMENT FOR BIRTH CENTERS - After more than two years of meetings with the WA State Health Care Authority, MAWS was successful in getting a budget proviso passed that TRIPLES the Medicaid reimbursement rate for the birth center facility fee, from \$584 to \$1,742. This increase applies both to fee-for-service and the managed care organizations that contract with Medicaid in WA State. What we've heard from birth center owners is that this is "a game-changer" that will not only make birth centers more sustainable, it will also make it possible for birth centers and midwives with birth center privileges to provide services to many more families on Medicaid. There are currently 17 licensed freestanding birth centers in Washington State, almost all of which are located within the I-5 corridor. It is our hope that this dramatic increase in the Medicaid reimbursement rate will enable midwives east of the mountains and particularly in rural communities to consider opening birth centers to make this model of care more widely available across the state.

LEGISLATIVE PRIORITIES IN 2018 AND BEYOND - 1) In collaboration with the MAWS Birth Center Committee, we are considering taking legislative action during the upcoming session to protect the term "birth center" in statute. The goal would be to address a growing phenomenon of "outpatient birth centers" on hospital campuses—facilities owned by the hospitals and managed by CNMs. We believe these facilities should be called something other than birth centers, for example: [Hospital name's] midwifery unit, that they should not be allowed to market these facilities as birth centers and capitalize on the good press that freestanding birth centers have generated, and that data from these types of facilities should be collected separately from the hospital data (and separately from our community-based birth data). In the UK, distinctions are made between Obstetrical Units, Alongside Midwifery Units, and Freestanding Midwifery Units. And, according to the Birth Place Study, outcomes in these different types of facilities vary. The public should know this so they can make informed decisions about where they want to give birth. There is a strong sense that we need to be proactive and savvy about protecting what is a precious and unique model of

care. We are very much in support of families in Washington having access to normal, physiologic birth in whatever setting feels most comfortable and safe to them. But these hospital-based facilities should have to identify themselves as such, collect and use their own data for marketing and outreach, and prove that they can deliver on their promises. 2) We will need to advocate, once again, to maintain a reasonable cap on the midwifery licensing fee; and, as stated above, since it has been 10 years since the DOH released the cost-benefit study, it would make sense for the legislature to commission a new analysis—there are now about 175 licensed midwives in the state attending over 3% of the births. 3) Although a statutory obstacle has hindered MAWS' efforts to expand the legend drugs and devices for licensed midwives, we are hopeful that within the next couple of years, we will be able to pursue rulemaking to add certain vaccines, nitrous oxide, and non-hormonal IUDs to the list of drugs and devices that LMs can obtain and administer. Stay tuned for details.

Want to get involved? You do not have to be on the MAWS Board to become a member of the MAWS Legislative and Health Policy Committee—if you're interested, please contact Audrey Levine: audrey.e.levine@gmail.com or (360) 701-9194.

Nominations

A primary goal of the Nominations committee in 2017 was to diversify the educational background of our Board of Directors, in order to be more representative of the midwives in Washington state. President Neva Gerke met with representatives from the Midwives College of Utah in Salt Lake City to build relationships, explain MAWS' benefits, and share resources. She also actively pursued student representatives to the Board from both MCU and Bastyr. This desire to better represent the diverse backgrounds and voices of midwives in Washington was at the heart of every Board discussion about recruitment.

We are happy to welcome five new Directors to our Board for the 2018-2019 term:



Tiffani Hoffman

Tiffani Hoffman, LM, CPM, graduated from Midwives College of Utah in November 2016 and has been licensed since January 2017. She is the owner of Around the Sound Birth Services and works as an Associate Midwife at The Birthing Inn located in Tacoma, WA. Tiffani is very passionate about all things childbirth and family related and has previously worked with families as a DONA certified Doula and ICEA Childbirth Educator. She looks forward to becoming an active participant in ensuring the sustainability and accessibility of midwifery to those in our communities, state, and nation; hopefully with a balance that midwives can achieve longevity in this vital career. She lives in Puyallup with her husband and eight children. In her 'free time',

Tiffani loves to enjoy the beautiful NW, camp with her family, read a book, binge watch K-drama, or just sleep. Tiffani will also be serving as our new Secretary!

Kat Potthoff

It is said that midwifery is a calling. Kat's decision to become a midwife was born from a deep feeling of being *called* to it. Prior stepping into the world of birth, Kat received a BA in Psychology and spent nearly a decade nurturing the growth and development of children as a childcare provider. She began attending births in 2009 as a birth and postpartum doula, inspired to serve and support the journey from womb to world and transition to parenthood. Moved to offer more choices to pregnant people and her community, Kat completed her midwifery education at Nizhoni Institute of Midwifery, a MEAC-accredited school



in San Diego, CA, and apprenticed with two midwives in Los Angeles. She currently holds licenses in both Washington and California. Kat's passion for midwifery is rooted in providing evidence based care while tending the emotional and physical changes during pregnancy and birth. It is a deep honor for Kat to accompany her clients through the tenderness and vulnerability of pregnancy and birth. As a member of the MAWS board, Kat hopes to serve to create more structure for local midwives in promoting relationships, building networks of community support and self-care.



Brittany Seidel

Brittany graduated from Bastyr University with a Master of Science in Midwifery. She completed her last year of study pregnant with her first child, and was able to experience midwifery as a consumer and a student. This experience deepened her respect for the exhaustive and personalized care midwives provide. She worked at the University of Missouri, where she studied nursing and women and gender studies, as the lead designer of the Women's Center Family Room that sought to provide a safe and supportive space for breastfeeding student-parents. She hopes that her time on the MAWS board will be spent supporting the midwives who tirelessly work to provide such stellar client-oriented care.

Brittany is passionate about midwifery sustainability in the state and hopes to further her knowledge in fostering accessibility in midwifery as inspired by her time studying with midwives in rural Missouri and western Washington. She currently lives in Tacoma with her husband and daughter, where silly dancing and play dough art are normally part of the day to day agenda as they connect and foster relationships with parents and caregivers in their community.

Sunita Iyer

Dr. Sunita Iyer ND, LM is a licensed primary care naturopathic doctor and licensed midwife in the state of Washington. She earned her doctorate and midwifery training from Bastyr University. She served on the MAWS board from 2004-2010 as both a student and professional midwife, and left the board in 2010 to serve as both a member and Chair of the Midwifery Advisory Committee until 2015. She is currently in active clinical practice and is on faculty at the School of Nursing and Health Studies at the University of Washington Bothell. Her interests and expertise are in pediatrics, women's health, and preconception & perinatal care. She loves seeing whole families from beginning to end, and enjoys a bit of the "town doctor" life. She runs an integrative



clinic alongside her better half, Eastside Natural Medicine, in Kenmore, WA, and practices alongside many incredibly talented colleagues who share the love of caring for and encircling families. She is looking forward to serving the midwives of Washington State with some fresh eyes and a renewed perspective. Thank you!



Beth Arcese

Beth Arcese, MA, LM, CPM recently graduated with the first cohort in the new Maternal Child Health Systems program at Bastyr University. Her independent project focused on exploring opportunities and barriers to including Licensed Midwives as care providers in Federally Qualified Health Centers in Washington State. Beth is passionate about reducing barriers to access to the midwifery model and to improving care for marginalized populations in Washington and across the nation. She has a solo home and birth center practice, Salish Sea Midwifery, in Bellingham, WA. Practicing as an LM and CPM since 2012 has only increased her passion for improving health systems that support the midwifery model. Beth recognizes that MAWS has played a significant role in making midwifery viable as a profession in Washington. She looks forward to supporting

continued development of the organization, the profession, and access for Washington's childbearing population. Being a solo midwife, mother of three humans and three cats keeps her heart full and her schedule . . . interesting.

Conference



Laura Kuhs
Conference Committee Chair

-In 2017, the conference committee shifted toward a 2-day annual conference model, from our traditional bi-annual model, with an eye toward sustainability on the committee and future planning. We are continuing in this model in 2018.

-The 2018 annual conference is scheduled in Auburn at Green River Community College's newly-renovated, state-of-the-art Student Center Thursday and Friday, April 19th and 20th.

-The committee is working toward continuous improvement based on member feedback throughout the year and after conferences. We welcome and appreciate constructive feedback at any time.

-MAWS relies on the contributions of our vendors and sponsors in order to keep conference fees as low as possible. Please visit them and patronize their businesses! When you do business with them, please tell them that you appreciate their sponsorship. We are focusing our shift for sponsors to businesses that midwives do business with both professionally and personally.

-We are accepting donations for the raffle and silent auction. Desirable items are usable by midwives in all areas of the state, tickets for events, services, etc.

-Please contact Laura Kuhs at Laura@westsoundbirth.com if you would like to make contributions of time or donations to the committee.

Indications Document

*Indications for Discussion, Consultation, and Transfer of Care
in a Home or Birth Center Midwifery Practice*



Taylor Hamil
Indications Committee

The Indications Document is one of the ways we represent the standard of care within our professional community. The document is meant to inform the creation of your individual practice guidelines. It is meant to inform the way we are charting, especially if families and midwives are choosing treatment options or clinical management that is outside the community standard. The document, in each of its versions, is used by the QMP to aid in reviewing cases that come to them. The appropriate version of the document has been requested by malpractice attorneys, when reviewing lawsuits. It is a reference that we work hard to keep updated and are currently working on citations for the evidence that supports the guidelines.

You can read the most recent update of our Indications Document online:

<http://www.washingtonmidwives.org/documents/MAWS-indications-2016.pdf>

Quality Management Program



Christine Tindal
Peer Review Coordinator



Marge Mansfield
Quality Improvement Program Chair

The Quality Management Program of MAWS consists of a committee of MAWS Professional Members from diverse educational and practice backgrounds, who are all dedicated to maintaining the confidential nature of the program.

Peer Review and Incident Review are “protected” processes (meaning no one who participates can be subpoena-ed for information), provided that you follow the structure set up by MAWS and approved by DOH (eg all participants have to be current MAWS members, observe strict confidentiality, utilize the paperwork set up for these processes, be patient with timelines, and do follow-up as requested). The goal of both these programs is to provide a supportive environment for discussion and learning to provide quality midwifery care.

Peer Review

The intention of Peer Review is to be a supportive learning environment. As such, we recommend bringing challenging and complicated cases. We all have cases where things were challenging for one or many of a variety of reasons, and we could use a safe environment to debrief, or wonder if other midwives would have done or would do something differently. These can include cases where you managed some aspect of prenatal, intrapartum, postpartum or newborn care (where risk management assessment, client-midwife conflict, usual situations, clients refuse recommendations made, etc) and/or births that you managed where things were challenging, or perhaps not documented as well as you would have liked.

As a MAWS Professional Member, and for the new LM licensure renewal requirement, you need to have five charts reviewed within a two year period. These can be current or past cases. You can complete them all at once, or a few charts here and there over time. We strongly encourage regular peer review as it allows for reviews of fresher cases and more in depth discussion.

For those midwives not actively practicing, cases reviewed can be older cases, cases you assisted at, or attended as a student (with the primary midwife's permission, of course) or any case where you managed some aspect of prenatal, intrapartum, postpartum or newborn care.

The basic steps of the process are as follows. Contact the Peer Review Coordinator for paperwork and instructions. Each participant will need to sign a confidentiality statement and as a group, complete the Peer Review Aggregate Data Form. These forms are sent back to the PR Coordinator who will then issue certificates at the end of the year. Then you review the cases/charts. Each midwife needs to bring the complete chart (electronic access is fine), as well as access to PGs and protocols. You can choose whether you would like to focus more on case content /risk management case presentation style or documentation for each chart as you would find most helpful.

We'd recommend contacting the Peer Review Coordinator at MAWSPeerReview@gmail to schedule a peer review as needed, or to set up a regularly scheduled quarterly, monthly, etc, review. For midwives not completing review of 5 charts in one setting, there is a new tracking sheet to use to track attendance and completion of PR!

Incident Review

If a sentinel event occurred, your responsibility as a MAWS member is to send a self-report summarizing the case to the QMP committee---the committee then discusses it and decides whether a review is indicated, or whether it might be just as well to take it to Peer Review. If we do hold an incident review, the most recent document revision allows for another person NOT a MAWS member (your student, a physician, a birth assistant) to be present at your behest, provided they too pledge to hold all the information in confidence.

In case you didn't know, here are the sentinel events that must be reported to the QMP:

- Maternal mortality
- Perinatal mortality
- Maternal shock
- Uterine rupture
- Uterine inversion
- Maternal/neonatal seizure
- NICU or special care nursery admission within 72 hours of birth (except for observation or congenital anomalies)

Never filled out a self-report before? See the attached sample report for the kind of details we need to help process the report.

We are now working to ensure that a current, or former, QMP member is always responsible for running an incident review to ensure the goal of creating a safe, educational space to review what is likely a very challenging case is maintained. We've also implemented feedback forms for the reviewee and reviewers to complete to evaluate the IR process and the review panel. We look forward to your feedback.

COMING UP!

We're working on updating all our forms, and are developing a secure electronic alternative to mailing in this paper report for a more secure and timely arrival. In the meantime, please continue to mail QMP paperwork to:

**MAWS- (ATTN QMP Committee or Peer Review)
2120 N Oakes St
Tacoma, WA 98406**

Sincerely,
The QMP Committee

SAMPLE REPORT

QMP SELF-REPORT INCIDENT FORM

Your name: Midwife Doe
Address: 12345 Unknown St, Somewhere WA
Phone number: 123-456-7890 (the best contact phone number for reaching you)- Please feel free to leave a voicemail
Email address: MidwifeDoe@gmail.com
Date of Incident: 11/2/2017

Please check the SENTINEL EVENT:

- | | |
|--|--|
| <input type="checkbox"/> Maternal mortality | <input type="checkbox"/> Uterine inversion |
| <input type="checkbox"/> Perinatal mortality | <input type="checkbox"/> Maternal/neonatal seizure |
| <input type="checkbox"/> Maternal shock | <input checked="" type="checkbox"/> NICU or special care nursery admissions within 72 hours of birth (except for observation/congenital anomalies) |
| <input type="checkbox"/> Uterine rupture | |

Please describe **legibly** the incident that meets the self-reporting criteria and explain why you think this meets criteria for incident review. Make sure to include the following details, as relevant, to help determine whether this case warrants a full review: maternal age, parity, gestational age, length of various stages of labor, duration of ROM, presence of meconium, GBS status and treatment, FHTs, vital signs, APGARS, method and time of decision to transport, and hospital course/outcome. **DO NOT ATTACH COPIES OF THE CHART.** Please continue onto the back of this form or attach additional pages as needed. Thank you.

27 YO G2P0 at 40+4 weeks. Normal course of prenatal care, standard US, GBS positive (but declined IAP after informed choice discussion prenatally and IP). Spontaneous onset of labor, 10 hours latent, 6 hours active, 2 hours and 10 min 2nd stage. Admitted in active labor- 6 cm dilated. Normal maternal and fetal VS throughout. Highest maternal T was 100.2 ax in the tub, but tub was very hot. SROM in 2nd stage 20 min prior to NSVD with moderate mec stained fluid. Baby was born with APGARS of 7, 6, 6 with persistent respiratory distress requiring initial PPV and continued supp O2. EMS called at 19 min and transferred at 32 min to NICU where baby was dx'd with GBS and treated. Maternal PP course was uncomplicated and newborn care was normal following discharge.

In the event the QMP determines that this does not warrant an incident review, do you still feel you would benefit from an incident review? If so, what would you hope to gain from an incident review and what aspects would you like to focus on during the review?

I will take this case to PR if IR is not warranted. I'd like feedback on charting IC discussions, and managing care when client choice is not agreeing with my recommendations.

Would you like to invite one additional individual, beyond the 3 panel members selected, who was present at this incident to participate in this review? If so, please provide the name, role at the birth, and contact information:

I'd like to have the second midwife, Midwife DoeTwo, present.

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (qmp@washingtonmidwives.org). Please retain a copy of this for your records; in the event a review is planned, you will need to provide it to the review panel. Mail this form to the following address. We recommend confirming the current MAWS address in order to prevent mail delays:

<http://washingtonmidwives.org/contact-maws.html>

MAWS attn QMP
2120 N Oakes St
Tacoma WA 98406

Thank you,
The QMP Committee

QMP SELF-REPORT INCIDENT FORM

Your name: _____
Address: _____
Phone number: _____
Email address: _____
Date of Incident: _____

Please check the SENTINEL EVENT:

- | | |
|--|---|
| <input type="checkbox"/> Maternal mortality | <input type="checkbox"/> Uterine inversion |
| <input type="checkbox"/> Perinatal mortality | <input type="checkbox"/> Maternal/neonatal seizure |
| <input type="checkbox"/> Maternal shock | <input type="checkbox"/> NICU or special care nursery admissions within 72 hours of birth (except for observation/congenital anomalies) |
| <input type="checkbox"/> Uterine rupture | |

Please describe **legibly** the incident that meets the self-reporting criteria and explain why you think this meets criteria for incident review. Make sure to include the following details, as relevant, to help determine whether this case warrants a full review: maternal age, parity, gestational age, length of various stages of labor, duration of ROM, presence of meconium, GBS status and treatment, FHTs, vital signs, APGARS, method and time of decision to transport, and hospital course/outcome. **DO NOT ATTACH COPIES OF THE CHART.** Please continue onto the back of this form or attach additional pages as needed. Thank you.

In the event the QMP determines that this does not warrant an incident review, do you still feel you would benefit from an incident review? If so, what would you hope to gain from an incident review and what aspects would you like to focus on during the review?

Would you like to invite one additional individual, beyond the 3 panel members selected, who was present at this incident to participate in this review? If so, please provide the name, role at the birth, and contact information:

If you do not receive an acknowledgement in approximately one month from the time you send it, please contact the QMP (qmp@washingtonmidwives.org). Please retain a copy of this for your records; in the event a review is planned, you will need to provide it to the review panel. Mail this form to the following address. We recommend confirming the current MAWS address in order to prevent mail delays:

<http://washingtonmidwives.org/contact-maws.html>

MAWS attn QMP
2120 N Oakes St
Tacoma WA 98406

Thank you,
The QMP Committee

Treasurer



Catherine Suter
Treasurer

MAWS is an \$79,000 organization. Our expense and income categories are shown below, so that you can see what we rely on for doing our work, and what how we spend that money to achieve all of the education, legislation, relationship-building, and quality management work that we do.

2017 has been a new frontier for us, financially, in two ways:

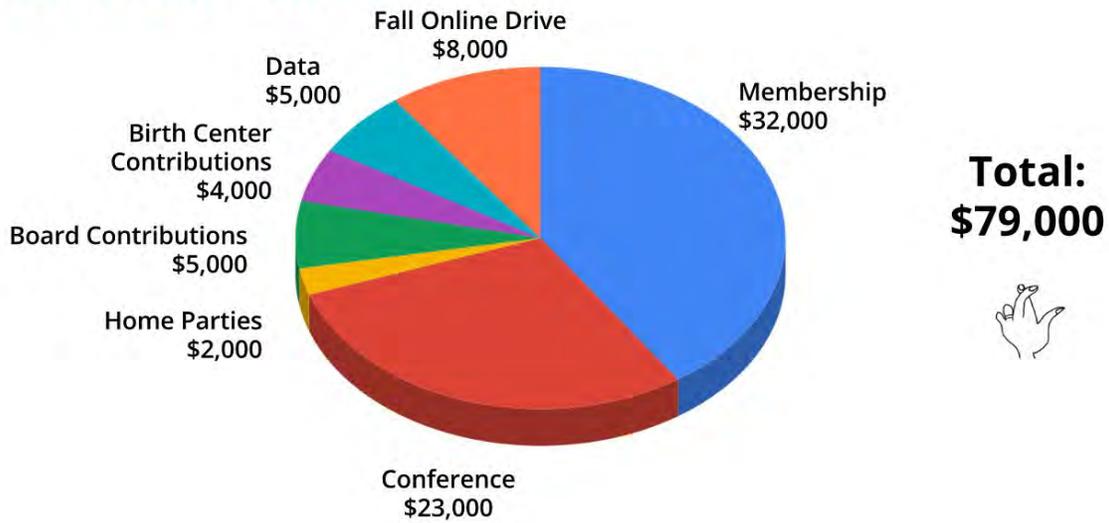
- For many years MAWS offered both a spring and fall conference, but this year we offered a single, 2-day conference. While we could guess at how the costs and revenues would be different, we could not predict them entirely. With as tight a budget as we have -- there's very little contingency built into it -- we have had some tension around not knowing how the year would end up. The results were solidly within our estimates, and we anticipate even better results as everyone learns this new model and comes to expect and plan for just one, 2-day conference in the future.
- We are branching out from our historical reliance on membership dues and conferences to get more personal and more client-focused income. First, we're testing out house parties, where a midwife or consumer hosts any number friends and consumers for fun and learning about how MAWS helps midwifery thrive in Washington. And second, we're launching our first online, social media campaign. Read more about these in Sarah's Development pages.

And then there has been the unexpected, non-budgeted windfall:

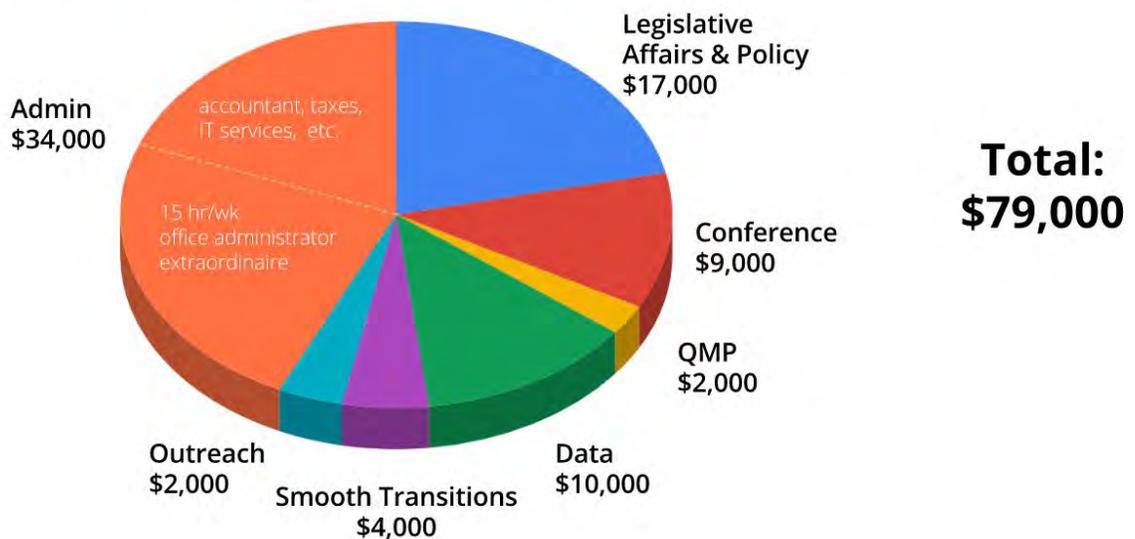
- With our success at tripling the reimbursement rate from Medicaid, most birth centers have said 'thank you' to MAWS by contributing part of their first big payment. We are thrilled all-around!

Lastly, while \$79,000 of income may sound like a lot, it is *nothing* compared to the value of all the volunteer time that keeps MAWS functioning and contributing. The passion and commitment are truly inspiring.

MAWS 2017 Income



MAWS 2017 Expenses



Research & Data



Emily Stephens
Data Committee Chair
Former Vice President of MAWS

In 2017...

MAWS continues its participation in OB COAP, the clinical quality improvement program that includes one third of Washington's hospitals. To date we have about 4,500 records housed there! Our data was presented along with that of the other sites at the OB COAP Annual Meeting in June. Those of us who attended were proud to see how our numbers compare, and pleased with the interest that the hospital providers continue to show in midwifery data. Elizabeth Nethery skillfully presented some of our data at that meeting, and had a rapt audience.

In January we hosted our first ever MAWS Data Webinar. Many professional members attended the webinar and were able to get a glimpse of our outcomes and demographics. Elizabeth compiled and presented the data, and she included comparisons with hospitals as well as nationally published papers. This is an exciting milestone for MAWS because it marks the first time that we've brought these numbers back to our membership, and it opens the door to discussions about quality improvement and methods of practice. We hope to host another webinar this January, and tie it in with discussion about what we're seeing.

Our committee also met with Marge of the QMP to see how our numbers compare with the incident reports that MAWS receives. Taking care to preserve privacy on both ends, we wanted to get an idea of what is being reported and to whom. This is useful because it allows us to see if our two committees are "in synch" about what we're seeing in overall numbers state-wide.

On the research end, we're moving slowly but steadily towards publication of our MAWS numbers. We applied for and were granted IRB approval this year, which paves the way for us to publish. Our first paper will likely be a descriptive one, demonstrating what LM's in Washington State are doing and how our numbers look up against the parameters that ACOG wants to set for out of hospital birth.

Looking ahead...

The OB COAP opportunity continues, with hopeful collaboration on a paper that will include both LM and MD data.

We'll work on the next webinar, and ways to expand that to include some professional dialogue within our MAWS community. Taking this next step of examining our practices and learning from the numbers feels timely and vital.

We'll work this year on establishing a meaningful research agenda, which will help to guide future projects. Once the descriptive paper is done, we'll be ready to tackle more specific questions and comparisons with other data sets.

AND...

Thanks to all of you who remain diligent about filling out your MANA Stats forms and staying current! Your numbers are at work! As a reminder to those who are not active on MANA Stats, your license now requires data collection...if you need help or have questions, don't hesitate to ask.

Development



Sarah Joy Day, LM, CPM, MSM
Development Committee Chair
Vice President of MAWS

In 2017 the Development Committee was birthed out of the need for dedicated fundraising efforts and more diversified revenue streams than just conference and membership dues.



Engaging our consumer base has been identified as a key method for us and an untapped resource. Clients adore their midwives! Many want to give back. If MAWS is able to effectively connect the dots for a consumer that giving to MAWS helps ensure that their midwife is able to maintain a sustainable and accessible practice for all, we could harness their support.

This past spring, we worked with Bethanie Thomas, a fundraising consultant and midwifery consumer, to create and hone effective messaging for our fundraising efforts. We identified our four primary audiences - midwives and birth centers, consumers and families, policy makers, and our other colleague providers - CNM's, doctors, nurses. We explored our shared purpose with each audience. A shared purpose is something which Bethanie defined as "an idea that unites people around your mission." This shared purpose is the heart of communicating about MAWS in a way that resonates with each of our audiences.



Shared Purpose & Supporting Pillars: Consumers & Families

Ensuring all individuals have access to safe, respectful, and high quality care during child birth

Every individual deserves respectful, empowering, high quality care



We can help other families experience the same meaningful care we received

Establishing midwifery as the recognized, trusted standard of care



MAWS is setting a new bar for care for healthy child-bearing individuals

Strengthening midwifery as a thriving profession



Our unified voice can develop and grow the profession of midwifery

You may have heard talk of some MAWS house parties. We're trying out the concept of home parties as an intimate way to educate and inspire consumers on the mission of MAWS and why we need their partnership. We've had one party this year, which brought in \$1500! We have one more scheduled in December. If you'd be willing to host a party, I would love to hear from you! You don't have to have a wealthy client base to throw a house party, either! They can look all ways - one of our members had the idea to throw a dance party where everyone pays \$10 admittance to come, have fun with their midwife and other birthing families, and hear about the mission of MAWS. We need people to know about and engage in our work so that all people have access to high quality midwifery care. If you hate public speaking, but are willing to invite people in your circle to your or even a friends' home, someone from the MAWS board will come and give the pitch at the party, utilizing our new messaging language that we created, and you can just set up the atmosphere and enjoy your guests!

Grateful for your little pumpkin and the care you received from your midwife?



Donate to the Midwives' Association of Washington State. Help us ensure that all families have access to high quality midwifery care.

We're also experimenting with an online giving campaign this fall. If you've seen the adorable pumpkin art work on our FB page, please share it on your personal pages! We're trying to leverage our social media network and the network of our professional members to get people excited about and involved in our mission.

Goals for the Development Committee in 2018 include:

- Continue to throw house parties and discern if this is an effective way to engage consumers going forward.
- Experiment with another online giving campaign in the Spring.
- Recruit another Development Chair and more committee members who have time and experience to lend in this area.
- A new website! The work is underway. Our aim is to create a more modern looking and easy-to-navigate website for MAWS that better reflects our mission and values. If you have high-quality, midwifery-in-action photos that you could send to contribute to our new website, we'd appreciate it! We particularly care that the images represent people of all races, gender and sexual identities. So please send me your beautiful photos!

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