Midwives' Association of Washington State

The MAWS eBulletin

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July 2012

In this issue

Greetings!

It's an enchanted time of year full of long sunny days and sweet chirping birds. I just plucked the first red tomato from my garden and I hope that you and your pregnant and postpartum clients are also enjoying the fruits of your labors this summer season. While looking forward to our Fall conference this November 9, we have also combed the literature to bring you some practice updates and other news through this electronic format, so we hope that you'll take some time away from your gardens and other summer pursuits to read on.

Best,

Kristin J. Effland, CPM, LM
MAWS Vice President

PS MAWS Members: We have a hard-copy newsletter coming to you soon with some of the highlights of our last year. Please let us know of any address update to be sure you don't miss this. If you're not a member and would like to join, or if you'd like to take a moment to renew your membership for 2012, click here!

Professional Members - Please Complete the Data Collection Survey if You Did Not Have a Chance!

If you didn't have a chance to complete the data collection survey, please take a moment to complete that today. It's so important that we know your opinions/practices regarding data collection. ***Click here now to take it (really quick)!***

Attention Midwives! Pulse Oximeter Information
from Marge Mansfield

I'm here to share news about pulse oximeters, which some of you may have already either purchased or inquired about.

I've been aware of our need to have a pulse oximeter in our inventory of birth equipment for attending home and birth center births since the preliminary disclosure of new guidelines for neonatal resuscitation which were introduced January 1, 2012. By the time everyone is "re-certified", that is, until December 31, 2013 at the latest, we will all be accountable to these new guidelines which, with good evidence, recommend the use of oxygen in the resuscitation algorithm only when justified by low pO2 readings.

In addition to these new guidelines, a new screening for detection of cardiac abnormalities, not diagnosed by antenatal ultrasound, has already become standard of care in some communities and hospitals and is recommended to be performed in the first 24-48 hours after birth. This screening also utilizes a pulse oximeter; who could be a better person to do this than us, routinely visiting families during exactly that time frame postpartum?! Trainings for this will no doubt become widely available through local hospitals; keep your eyes peeled...perhaps MAWS will organize one...

Along with several others, I, as an NRP instructor, have been investigating our options for the past 6-12 months to learn which units will meet our needs for a portable, easy, reliable system, which could be used for both applications, and in hopes of securing a volume discount for MAWS members. **During a conversation today with the rep from the Masimo company, we've been offered the significantly discounted price of $595 for the Rad 5 unit, provided that the midwife or birth center commits to the purchase before the end of August.** This would include the unit, a case, the cable, and a re-useable probe (ie a bracelet wrap for the baby's wrist).

If after using this "probe" you decide to purchase "disposable" wraps (100 per box, I believe), that is a separate order. Other brands that I'm aware of, which might offer a lower price, include Spectro, GE, and Nelcor. If you would like to get in on this discounted price and can buy one or more Rad 5's before the end of August, please send an email to me, Marge Mansfield and Chris, the rep I've been speaking with, simultaneously, so we can get an idea of numbers. Please indicate your name and how many you'd be buying.

Thank You to Our New Associate Members!

We are so grateful for the support of our associate members. Associate memberships help fund the work of MAWS while offering associates a listing in our directory. **Please support our associate members in your area with referrals!**

We hope you'll suggest associate membership to service providers you typically refer your clients to--massage therapists, doulas, childbirth educators, etc. You may refer them here on our web site.

Crafted Touch
Lauren Christman, LMP, SI/KMI, CCST
Craniosacral, manual therapy
Seattle, WA
MAWS Directory Profile>
Website>

Raindrop Doula
Kat Barron, CD
Doula and Childbirth Education
Serving King and Snohomish Counties and Tacoma area
MAWS Directory Profile>
Website>

Stepping Stone Pediatrics
Amy Adkins-Dwivedi, ARNP, Pediatric Nurse Practitioner
Pediatric Services
Redmond, WA
MAWS Directory Profile>
Website>

2012 AAP Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease (on MAWS Site)

In January 2012, the American Academy of Pediatrics (AAP) Journal *Pediatrics* published a Policy Statement announcing their Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease. An earlier article in *Pediatrics* in Nov 2011 reports on Strategies for Implementing Screening for Critical Congenital Heart Disease. For more information from the CDC about Screening for Critical Congenital Heart Defects, click

NJABFM Article: Do Unsutured Second-Degree Perineal Lacerations Affect Postpartum Functional Outcomes?

Abstract
Background: To compare the postpartum pelvic floor function of women with sutured second-degree perineal lacerations, unsutured second-degree perineal lacerations, and intact perineums.
Methods: A prospective cohort of nurse-midwifery patients consented to mapping of genital trauma at birth and an assessment of postpartum pelvic floor outcomes. Women completed validated questionnaires for perineal pain and urinary and anal incontinence at 12 weeks postpartum and underwent physical examination to assess pelvic floor strength and anatomy at 6 weeks postpartum.

Results: One hundred seventy-two of 212 (80%) eligible women provided follow-up assessment data at 6 or 12 weeks postpartum. Women with an intact perineum (n = 89) used fewer analgesics (P < .002) and had lower pain scores at the time of hospital discharge than women with second-degree lacerations (sutured, n = 46; unsutured, n = 37; intact, n = 89) (P ≤ .02). The sutured group was more likely to use analgesics (52%) than the unsutured (35%) or intact (23%) groups at time of hospital discharge (P < .002), although pain scores were not different between sutured and unsutured groups. Postpartum reports of urinary or anal incontinence, sexual inactivity, or sexual function scores did not vary between groups. Weak pelvic floor exercise strength was more common among the women with second-degree lacerations compared with women with an intact perineum (53% vs. 28%; P = .03) but did not differ between sutured (58%) and unsutured (47%) groups (P = not significant). Likewise, perineal body or genital hiatus measurements did not vary between groups (P = not significant).

Conclusions: Women with sutured lacerations report increased analgesic use at the time of hospital discharge compared with women with intact perineums or unsutured lacerations. At 12 weeks postpartum, no differences were noted between groups regarding complaints of urinary or anal incontinence, sexual inactivity, or sexual function.

Click here to read the full text article>

here.

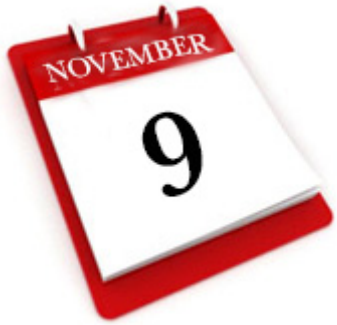
- CDC Fact Sheet on Screening for Critical Congenital Heart Defects (PDF)

- CDC Web Resources on Screening for Critical Congenital Heart Defects including when to screen

- AAP Endorsement of HHS Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease

- AAP Strategies for Implementing Screening for Critical Congenital Heart Disease

Save the Date!
MAWS Fall Conference & Annual Meeting at Seattle Pacific University Friday, November 9, 2012



Watch for updates on our agenda which will include a number of clinical updates and a membership meeting with time for member feedback and engagement.

Anti Racism Resource: White Privilege: Unpacking the Invisible Knapsack
by Peggy McIntosh

"White Privilege: Unpacking the Invisible Knapsack" is a classic article discussing white privilege and the process of understanding and unlearning racism for white people in the United States. It is a wonderful and very readable article. Click here for the article (pdf)

The AROMidwifery (Anti-Racism and Anti-Opression Work in Midwifery) Blog has described some ways that white people are privileged in the United States in the context of midwifery. Click here to read the blog entry.

Idaho Midwifery Council Conference: Nurturing Our Birth Professionals

September 14- 16, 2012 near Coeur d'Alene, ID. More info>

Exciting Opportunities to Participate in the Midwifery Education Accreditation Council

The Midwifery Education Accreditation Council is looking for nominations to the MEAC Board of Directors (one seat open), as well as reviewers for continuing education programs and accreditation review committee members (site visitors to schools).

Click here for the Call for Nominations and the Board Application. For more information or to express interest in any of these positions, please contact Sandra Stewart, Executive Director.

From the MEAC Web site:
The purpose of MEAC is to establish standards for the education of competent midwives, and to provide a process for self-evaluation and peer evaluation for diverse educational programs. MEAC is a non-profit organization approved by the U.S. Secretary of Education as a nationally recognized accrediting agency.

Maternity Care in a "Majority Minority" Country
by Miriam Perez

(From RH Reality Check) "Two weeks ago the news from the Census Bureau that non-white children make up the majority of those under the age of one year created a firestorm of media headlines across the nation. These demographic shifts have many implications for our nation, but my first thought was this: The majority of the babies being born in the US are now at serious risk for a whole host of maternal, fetal, and infant health problems.

Why? Because women of color have significantly higher rates of pre-term birth, low-infant birth weight, maternal, and fetal mortality.

Race-based maternal health disparities are

Updates to CPM Eligibility Requirements

NARM announced new eligibility requirements for entry level certification as a CPM this past spring. These changes were the result of the CPM Eligibility Review Process which spanned over two years and engaged the entire CPM community.

Read more.

MANA & ICTC Conferences This Fall

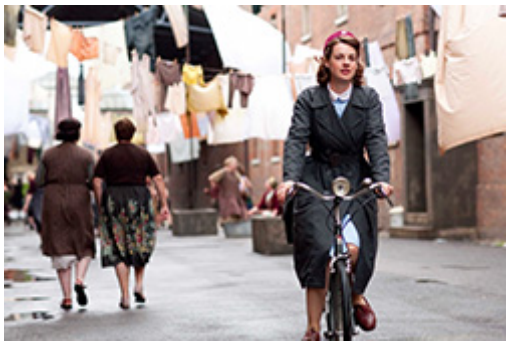
Celebrate 30 years of the Midwives Alliance at the MANA Conference 2012 in Asilomar, California September 27-30, 2012!

Click here for information.

8th International Black Midwives and Healers Conference: "Returning Power to Birth, Reclaiming Our Culture", October 19-22, 2012 in Miami, Florida.

Click here for information.

UK hit drama *Call the Midwife* to air on PBS this Fall



Call the Midwife will premiere on September 30, 2012 on PBS. The series, based on the best-selling memoirs of Jennifer Worth, is a moving and intimate story of midwifery in London's East End in the 1950s. The first season follows a young Jenny Lee as she and her fellow midwives, attached to an order of nursing nuns, navigate the crowded East End streets teeming with children, workers and a culture remarkably different from the wealthy English countryside where Jenny was raised.

Read more.

no longer a concern of the minority - they are a concern of the majority. And they should be a top priority..." Click here to read the full article at RH Reality Check

Resources for your Consultants and Non-Midwife Colleagues

Encourage your Consultants and other non-midwife colleagues to visit the section of the new MAWS website designed specifically for Healthcare Professionals

Resources in this section include:

Standards for Practice

Collaborative Care Models

Indications for Consultation & Transfer

Quality Management Program

Associate Membership

Current Research

How to File a Complaint

Liability Insurance

Hospital Transport Guidelines

Resources on Disparities, Anti-Racism & Anti-Oppression

Check out the latest CPM Symposium Report

Click here to read the report. And visit the Symposium web site to sign up for the reports

GMO Crops May Affect Pregnant Women and their Families

by Molly Gray, ND LM

I encourage all pregnant women and families with young children to avoid GMO crops because of the increased use of pesticides on

Are You on Facebook? "Like" the Midwives' Association of Washington State!

If you're on Facebook, visit us and "like" our page, and encourage your friends to "like" us, too. This is a great way to get the word out on MAWS' legislative work and events.

Smart Phone Apps offer Current GBS, EFM and PAP Guidelines

Check out these new FREE smart phone apps developed by by OB physician Dr. Joshua Steinberg that some of your colleagues report using to ensure they stay current with the most recent evidence on GBS, EFM and Pap smears:

- GBS Guide

- EFM Guide

- Pap Guide

these crops. Young children and developing fetuses do not have mature detoxification systems to protect themselves from chemicals such as pesticides. The effects are vastly different on the rapidly developing systems of children than those of an adult.

Molly Gray is a naturopathic family medicine physician and midwife in the Seattle area. She has a great interest in how the environment affects our health and recently testified to the US Senate to ask them to update our nation's laws on toxic chemicals.

Click here to Read More from Molly

Additional Resources:

Video on GMOs by WA state Senator Maralyn Chase

Article titled GMO Toxins in Vast Majority of Pregnant Women and Fetuses: Canadian Study published by Gaia Health

Update / Clarification from the WA Newborn Screening Program

Thank you for the chance to share information on newborn screening; we have enjoyed the opportunity to develop a stronger relationship with the midwifery community in Washington and appreciate your help in ensuring all infants in Washington are screened. We have been asked to provide clarification on when newborn screening specimens should be collected.

Our state's newborn screening regulations (Chapter 246-650 WAC) give the Department of Health's Newborn Screening Program the responsibility to issue specimen collection cards and provide directions for obtaining newborn screening (NBS) specimens. Regarding the timing of specimen collection, we recommend each baby receive two screens:

- 1st screen - ideally, the 1st newborn screening specimen should be collected at 24 hours of life.This is because some of the disorders on the screening panel can be deadly within the first few days of life. We understand that circumstances may make it difficult to collect a specimen at a specific hour of life, so we have provided a recommended window of time between 18 and 48 hours of life for the 1st specimen collection.

- 2nd screen - because some of the dangerous disorders on the screening panel are not reliably detected in the very early days of life, we strongly recommend that every baby born in Washington have a 2nd NBS. Ideally, the 2nd specimen should be collected between 7 and 14 days of age.(Please note: there should be at least 72 hours between the collection of the 1st and the 2nd screen.)

These recommendations have been carefully considered taking into account the specific disorders we screen for and the laboratory processes necessary to identify infants with these disorders. Detailed directions can be found in the provider manual online.

Thank you for your support in our efforts to prevent irreversible damage or death in infants with these disorders. Please contact us with any questions or concerns: by phone at 206-418-5410 or 1-866-660-9050 or by email at NBS.Prog@doh.wa.gov.

Highlights from the 2010 Revised CDC Guidelines on the Prevention of Perinatal GBS Disease

Read below for some highlights from the 2010 Revised CDC Guidelines on the Prevention of Perinatal Group B Streptococcal Disease compiled by Licensed Midwife and MAWS member, Catriona Munro, who lives and works in Bellingham, WA. A link to the complete guideline can also be found in the future by visiting the Practice Updates for Midwives section of the MAWS website under the section designed For Midwives.

Regarding collection:
Swab the lower vagina (vaginal introitus), followed by the rectum (i.e., insert swab through the anal sphincter) using the same swab or two different swabs. Cultures should be collected in the outpatient setting by the health-care provider or, with appropriate instruction, by the patient herself. Cervical, perianal, perirectal or perineal specimens are not acceptable, and a speculum should not be used for culture collection.

Regarding the use of Penicillin vs Ampicillin:
"... And "Penicillin remains the agent of choice for intrapartum antibiotic prophylaxis, with ampicillin as an acceptable alternative (AI).
...
And "Erythromycin is no longer an acceptable alternative for intrapartum GBS prophylaxis for penicillin-allergic women at high risk for anaphylaxis."

Regarding "adequate prophylaxis":
"The definition of adequate intrapartum antibiotic prophylaxis is clarified as ≥4 hours of IV penicillin, ampicillin, or cefazolin before delivery (AII). All other agents or durations are considered inadequate for purposes of neonatal management."
So I read that NOT as "2 doses" but as "at least 4 hours of treatment." So in a perfect world the client delivers 4 hrs after the first dose of whatever antibiotic is used, even if it is a q 8hr such as cephazolin.

And there's also some suggestion about observing babies who had inadequate prophylaxis for 2 days. "Observed" is not clearly defined.

"For well-appearing infants born to mothers who had an indication for GBS prophylaxis but received no or inadequate prophylaxis, if the infant is well-appearing and ≥37 weeks and 0 days' gestational age and the duration of membrane rupture before delivery was <18 hours, then the infant should be observed for ≥48 hours, and no routine diagnostic testing is recommended (BIII). If the infant is well-appearing and either <37 weeks and 0 days' gestational age or the duration of membrane rupture before delivery was ≥18 hours, then the infant should undergo a limited evaluation and observation for ≥48 hours (BIII)."

And even if adequate prophylaxis is achieved, babies should be observed for 2 days ...

"Well-appearing infants of any gestational age whose mother received adequate intrapartum GBS prophylaxis (≥4 hours of penicillin, ampicillin, or cefazolin before delivery) should be observed for ≥48 hours, and no routine diagnostic testing is recommended (BIII). Such infants can be discharged home as early as 24 hours after delivery, assuming that other discharge criteria have been met, ready access to medical care exists, and that a person able to comply fully with instructions for home observation will be present (CIII)"

Source: Prevention of Perinatal Group B Streptococcal Disease

Clinical Quandries: Pregnant Mommas, Fetuses and Cell Phones

Recently, one of my pregnant clients sat down for her prenatal visit with me and proceeded to rest her cell phone on the shelf of her belly. I smiled, hoping to diffuse any notions of guilt, as I reached out and moved her cell phone from her belly and put it into her purse on the floor several feet away. She immediately asked, "Is that bad?" I tried to downplay my concern for her fetus' brain by saying that I am paranoid about such things but that I see no reason why any of us should chance it when we have other options for where to store our cell phones. Admittedly, I am one of those midwives who thinks we're overusing ultrasound and who doesn't chew most gum because it contains aspartame. Call me paranoid, but I worry when abnormal things happen to fetal rat brains.

What's a midwife to do when we have a dearth of large, well-designed human trials? We all know that causation is difficult to prove...but I don't want to go around worrying mommas unnecessarily either... Here's some food for thought:

Fetal radiofrequency radiation exposure from 800-1900 mhz-rated cellular telephones affects neurodevelopment and behavior in mice.

Abstract
Neurobehavioral disorders are increasingly prevalent in children, however their etiology is not well understood. An association between prenatal cellular telephone use and hyperactivity in children has been postulated, yet the direct effects of radiofrequency radiation exposure on neurodevelopment remain unknown. Here we used a mouse model to demonstrate that in-utero radiofrequency exposure from cellular telephones does affect adult behavior. Mice exposed in-utero were hyperactive and had impaired memory as determined using the object recognition, light/dark box and step-down assays. Whole cell patch clamp recordings of miniature excitatory postsynaptic currents (mEPSCs) revealed that these behavioral changes were due to altered neuronal developmental programming. Exposed mice had dose-responsive impaired glutamatergic synaptic transmission onto layer V pyramidal neurons of the prefrontal cortex. We present the first experimental evidence of neuropathology due to in-utero cellular telephone radiation. Further experiments are needed in humans or non-human primates to determine the risk of exposure during pregnancy.

Link to FREE FULL TEXT ARTICLE.

Published in Scientific Reports. 2012;2:312. By: Aldad TS, Gan G, Gao XB, Taylor HS. PMID: 22428084

By Kristin J. Effland, CPM, LM practicing in Central WA

Submit your own Clinical Quandries to the MAWS E-news by Email.

UPCOMING CONFERENCES, WORKSHOPS & COMMUNITY EVENTS

Idaho Midwifery Council Conference: Nurturing Our Birth Professionals
September 14- 16, 2012 near Coeur d'Alene, ID
More information>

La Leche League Washington 2012 Health Care Professional Seminar
Friday, September 21, 2012, Bastyr University Auditorium, Kenmore WA
More information>

MANA 2012
September 27-30, 2012 - Asilomar, CA
More information>

International Center for Traditional Childbearing
8th International Black Midwives and Healers Conference: "Returning Power to Birth, Reclaiming Our Culture"
October 19-22, 2012 in Miami, FL
More information>

SAVE THE DATE: MAWS Fall Conference & Annual Meeting - Friday, November 9, 2012

See the MAWS web site **for ongoing continuing education opportunities.**

BUY PENNY SIMKIN'S UPDATED *COMFORT MEASURES FOR CHILDBIRTH* DVD & PENNY WILL DONATE 10% TO MAWS!

This 90-minute interactive DVD contains more than 40 techniques for reducing and managing the pain of labor contractions. Christiane Northrup, MD states, "Comfort Measures is wonderful. I suggest that it be required viewing for all pregnant couples and childbirth professionals." Use this link to buy it now or click here to read more about it.

This is *your* newsletter. Please send any feedback or suggestions to Kristin Effland. We welcome suggestions for future topics, popular articles or research to include.