COLORADO MIDWIVES ASSOCIATION

August 2018 Newsletter

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The Colorado Midwives Association thanks you so much for your support during this time of transition. We would like to begin this newsletter with a Letter from our President, Maren Wood.

President's Letter

As President of the CMA I believe there are three core values that have always been part of what drives the organization. These core values consist of Community, Education and Access. For the CMA to grow and heal, all three of these must intrinsically work. Over the last year divisions from within our community erupted and many individuals felt hurt and misunderstood. I stepped into the position of President because I believe in the CMA. It is important to the midwifery community of Colorado, and I feel that its growth and strength come from forward momentum and our own willingness to grow and learn from past mistakes. The board transitioned with support of this idea.

Many things can be said about ways to foster community. Historically, the CMA has done this by providing educational conferences. Providing education that is relevant and meaningful has always been the focus of conference planning. Both Community and Education are the by-products of a well-rounded conference. In addition, any funds raised from these conferences go towards supporting legislative requirements which keep homebirth accessible to all.

As birthing professionals, we ALL must address each of these core values. How are we providing Community, Education and Access? Is there quality midwifery training and education? How do we educate underprivileged birthing families about all of their options and that there are care providers they can trust, and provide access to marginalized communities? Not all midwives and consumers feel that they have equal Access to the birthing resources they need. This inequality is part of a systemic issue that has existed for far too long in our country. But there must be hope! I feel like we are in a cycle of change and with change there is always the opportunity to grow and to better help each other.

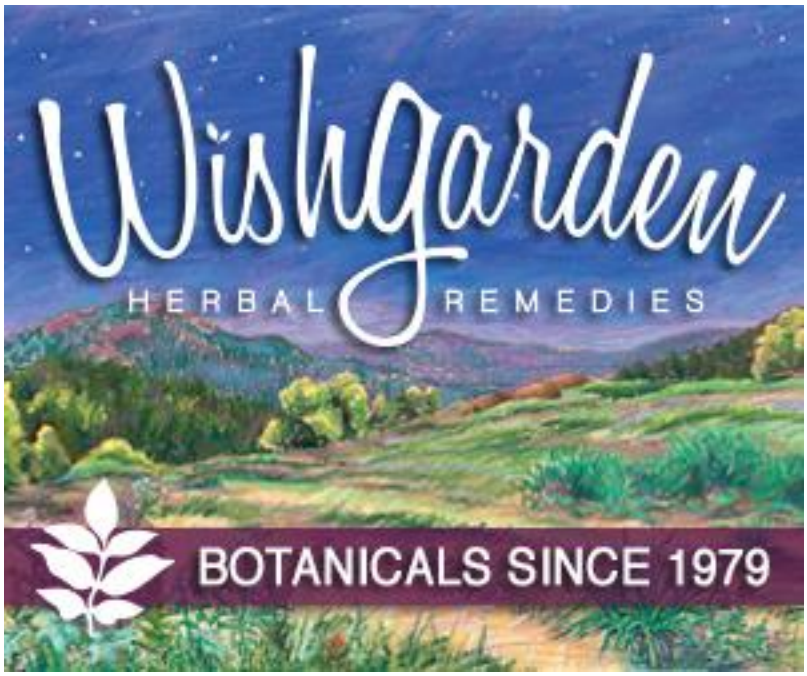
It's up to each of us to embrace positive change, share our vulnerabilities, learn from past mistakes and be willing to move forward with open hearts and minds. Community, Education, Access. There are many paths we can each take to reach these three core values. Why not come together and strive to move forward as a community? Thank you for your continued support of the CMA and its vision.

CMA-Sponsored Events

August 23rd 2018
11:00-1:30
3760 N Vance St.

Suite 200B
Wheat Ridge, CO
80033

Colorado Midwives Association is hosting a *FREE* event



Have you ever been interested in herbal remedies or use them all ready? Join us and feel empowered by tapping into this wonderful Colorado resource.

Founded by a midwife, WishGarden Herbs' has been supplying safe and effective herbal formulas for birthing practitioners and their clients since 1979. Join WishGarden Herbs' owner and formulator, Catherine Hunziker, and their in-house doula and educator, April Pickell, for this training session to learn more about WishGarden's birthing, postpartum, and infant blends and how to best utilize them in your practice.

Please RSVP to Kattie Jones at sierramadremidwifery@gmail.com by August 16th as space is limited.

Racial Literacy Training

With Regan Byrd

August 31, 2018, 9am-5pm

Cherry Creek Whole Foods Market

The Colorado Midwives Association recognizes the unique and long-unmet needs of birthing people of color and their families. The harsh racial disparities in maternal and infant mortality are gaining a larger public platform, but the problems are long-standing. Since midwives serve such unique populations in an often-marginalized field it is often difficult to know how we can actively improve outcomes for our clients of color and for disadvantaged communities.

Please join us as we listen to anti-oppression consultant Regan Byrd share her in-depth knowledge and experience regarding racial literacy and dialogue. We will be discussing the roots of racial bias, the consequences of implicit racism for individuals and communities of color, and how midwives in-particular can promote racial justice in every setting.

Suggested donation is $20-40 depending on your ability. CEUs for this class are pending and will be $20.

Please RSVP to Kattie Jones at sierramadremidwifery@gmail.com by August 20th as space is limited.

Save the Date!

Colorado Midwives Association 2018 Fall Conference

November 9, 2018

It has been a year full of changes for Colorado, for home birth midwifery, and for the CMA. We remain committed to education as a core value and will continue to make that the focus of our conferences. We also remain committed to our stated purpose:

The CMA advances home birth midwifery care as an accessible option to families in Colorado.

The CMA provides educational and informational resources, as well as opportunities to midwives in Colorado.

The CMA advocates for laws and policies that promote best practices in midwifery care.

The CMA expects midwives to provide excellent quality of care using the Midwives Model of Care, MANA statement of values and ethics and Colorado State Rules and Regulations as their guide.

We also have several things to discuss with our community including elections for open positions on the CMA Board of Directors. We look forward to hearing from as many voices as possible during these important transitions. The midwives of Colorado have a vast wealth of skills and expertise to offer and we welcome participation and input in many different forms. We encourage midwives, doulas and other birth workers to use the months leading up to the conference to dialogue with those in your communities who would make skilled leaders and advocates for birthing families in the public sphere. Please follow http://coloradomidwives.org/ for location updates.

Upcoming Community Events

Aug 25-31: Black and Latina Breastfeeding Week

Come support Black and Latina mothers at an art gallery viewing at Whittier Café, August 26, 11am-2pm. All canvases are available for purchase. https://www.facebook.com/BlackLatinaBFWeekDenver/

August 26: Colorado Breastival

Bring the whole family to the City Park Boathouse 3pm-6pm for a celebration of breastfeeding in all its forms. https://www.eventbrite.com/e/breastival-2018-tickets-45217335267

September 20-21: Colorado Lactation Conference

Join a panel of passionate breastfeeding advocates at Children's Hospital Denver to hear about cultural shifts, human rights, common challenges, government advocacy, and substance use as they apply to lactation. http://www.colactationconference.com/speakers/

September 29: Now I Lay Me Down To Sleep remembrance walk

This is an opportunity to support families who have suffered pregnancy or infant loss, by walking together at the Lakewood Heritage Center. https://raceroster.com/events/2018/17352/now-i-lay-me-down-to-sleep-2018-remembrance-walk-co?utm_source=nilmdtsrw&utm_medium=button

October 5-7: APPPAH Regional Conference

The Association of Pre and Perinatal Psychology and Health presents "Trauma-Informed Care and Beyond" at the DoubleTree Hotel in the Denver Tech Center. https://birthpsychology.com/2018-conference/welcome

Educational Headlines and Information

NARM Announces End of Internationally Educated Midwife Route

http://narm.org/news/end-of-iem-route/

NARM Announces End of Experienced Midwife Route

http://narm.org/equivalency-applicants/experienced-midwife/

Assessing the Effectiveness and Risks of External Breech Versions

https://www.medscape.com/viewarticle/899562?src=wnl_edit_tpal&uac=99480PJ&impID=1689540&faf=1

ACOG Committee on Healthcare for Underserved Women

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Obstetrics-and-Gynecology

Research Regarding Routine Vitamin K Injection

https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/

A Midwife's Path with Passion Flower
By Melissa Sexton
Edited by Samantha Venn

Passion Flower, Maypop

Passiflora Incarnata

I was first introduced to Passionflower vine in my native city of Memphis, Tennessee in my 20's. It grows native there and could be found easily in many areas where I hiked. The flower itself is beautiful. The intricate and delicate petals are open and inviting for pollinators to visit and the vivid colors must be seen in person to be truly appreciated. Honey bees, butterflies, and caterpillars would always be found gathering around the flowers.

When I started apprenticing as a midwife in 2003, I was introduced to its medicinal value. I used it as an ally after long or complicated births when even in delirium I could not stop thinking about the circumstances but knew I needed to sleep. With three little ones, I only had a couple hours to rest before taking children to school or care providers as well as being somewhat fresh with work calls, clinicals, and postpartum visits. Passionflower was a tool that proved to be amazing and vital to my journey.

Learning how to cultivate, wildcraft, prepare tinctures, and other herbal creations was an incredible journey. My knowledge of this magnificent vine grew with some of my favorite and go-to herbal books by Susun Weed, Michael Moore's, and even Anne Frye. I came to find out that it was safe to use in the third trimester of pregnancy to help with insomnia and anxiety. Michael Moore's plant encyclopedia taught me appropriate ratios to use with fresh plant clippings which proved easy to distill. After sitting 6

weeks the tincture would turn a bright shade of green. In my opinion fresh plant tinctures taste better than percolated or dried herb preparations. A midwife friend and I would grow this vine around gardens as well and go to friends' houses and harvest theirs. We were also lucky enough to know secret spots to wildcraft a chief plant.

How the remedies are used in pregnancy

Passion flower should only be used during the third trimester. Dosage depends on the person's constitution. Always start with the smallest dosage, because it is a mild psychotropic and can induce lucid dream states for some. Start with half a dropper in room temperature liquid before bed or after waking during the early morning hours. The tincture can be increased in usage up to 2.5 droppers full in extreme cases of stress, anxiety and insomnia. It generally works within 20 minutes as long as the environment is low stimulus and conducive for sleep and rest.

The other wonderful thing about passionflower is you do not wake up feeling drugged or groggy or have to have a prolonged sleep period. This makes it an excellent sleep aid without the risk of drowsiness that can be experienced from other herbs like valerian. It can also be used during awake time for stress and anxiety.

In the past few years much research has been done about Passionflower's medicinal benefits. It is proven to help with anxiety before anesthesia and surgery. It has also been proven to help with anxiety and replace other medications like Xanax effectively. Many companies even use it in their calming tea blends. Our local company Wish Garden Herbs use it in tincture blend for pregnancy.

In my journey as a midwife, there are some women I have cared for whom I am not sure would have rested or relaxed enough to endure the work of labor if we had not introduced passionflower to their herbal regimen at the end of their pregnancy. It has been something I have used and referred to families for over a decade now. I do not know how I would have survived the years of birth and lack of sleep without it. Passionflower remains part of my midwifery journey, and I hope you'll add this beautiful herb and tool to yours.

Newborn Screening, Midwives can do it all!

By Jen Anderson-Tarver

Keeping up on current evidence-based practices is one way midwives continue to provide excellent care for the families we serve. There are some updates on Newborn Screening. This includes the three screens that should be done for all newborns, the Newborn Blood Spot Screening (Newborn Screen), Newborn Hearing Screening, and CCHD Screening.

You can use the following link for a consumer brochure created by the state:
https://www.colorado.gov/pacific/sites/default/files/NBS_CONBSProgramFlyer_02062017.pdf

There are some recent changes or proposed changes related to each of these.

- For the Newborn Blood Spot Screen the Laboratory Services Division will no longer accept third-party checks for laboratory testing. The sample submitter is responsible for payment and the checking account holder's name must match the customer name on the account. And the fee increased to $111.
- The CDPHE also added a $4 fee for the Newborn Hearing Screen. This will only be billed to the Midwife filling the birth certificate if that Midwife reports the hearing screen results. Checking the box that the hearing screen is scheduled will result in no fee being billed.
- CCHD Screening is now required to be done at the first visit after birth between 24-48 hours.

The following is a refresher on the CCHD screen, by Jen Anderson-Tarver

The CCHD screen or critical congenital heart defect screen is a simple non-invasion screen to test for most critical heart defects using a pulse oximeter. Heart defects are much more common than any test on the newborn screen at 2-3/1000 and when caught before a baby crashes (heart failure) can be life-saving (Wisconsin Shine Program). The CCHD screen also catches subclinical infections such as newborn pneumonia before other symptoms are present. When a baby doesn't pass the CCHD screen 1 out of 4 will be a critical congenital heart defect, 2 out of 4 will be a subclinical infection and 1 out 4 is a false positive (aap.org). There are significantly higher false positives when the screen is done prior to 24 hours or at above 7000 ft. The false positive rate is 1/2000 or .05% if done after 24 hours and 1/200 or .5% if done before 24 hours (Seattle Children's Hospital FAQ resource page for providers). If a baby doesn't pass the screen by either being below 90 or having failed the test three times, referral must be made immediately to a hospital who can assess further and determine whether an echocardiogram is merited, or a sepsis or infection workup needed (blood draw, continuous monitoring of o2/vitals). This non-invasive screen can be very helpful for those who decline ultrasounds in pregnancy. It is also important to remember that ultrasounds only roughly catch 50% of heart defects. And visually, one cannot determine well if a baby has low oxygen until it is below the mid-70% and it can be harder in babies of color (pediatrics.wisc.edu toolkit).

To correctly perform the screen, find a time when baby is alert and awake and isn't nursing or screaming as early into the postpartum as possible. Attach the probe to the right hand (under 4th finger) or wrist by matching the light meters directly opposite each other over the hand or foot. Wait until the levels of the meter show it as a good profusion site (above 50% on pulse signal and above 50% on site profusion). Check your heart rate with a stethoscope to make sure it matches the pulse oximeter rate. Then begin a

minute count and assess what is the most common number displayed most often in that minute range and document this number. If you have an outlying number for a few seconds disregard those numbers. Then attach to either left or right foot under 4th toe. Wait until the meter shows it is an optimal site just like with the hand and then start a minute count and assess what is the most common number displayed most often in that minute range and document.

When filling out the birth certificate, you will need the time from birth this screen is completed, thus document in the chart both the time you start the screen, that it is a first attempt or subsequent attempt and the site location of hand and foot and number of each reading. To determine if the baby passed, use the Wisconsin shine chart to help you in your sleep-deprived state, having just had a birth 24 hours prior. If the baby's screen is 90-94 or >3% between hand and foot readings, retest in 1 hour from start of the screen. This screen may be completed up to three times if each reading is in this range but upon the third reading it is considered a fail. If the baby is under 90 in either hand or foot during use of a good profusion site in the method described above, the baby fails and must be transferred to the hospital for evaluation immediately.

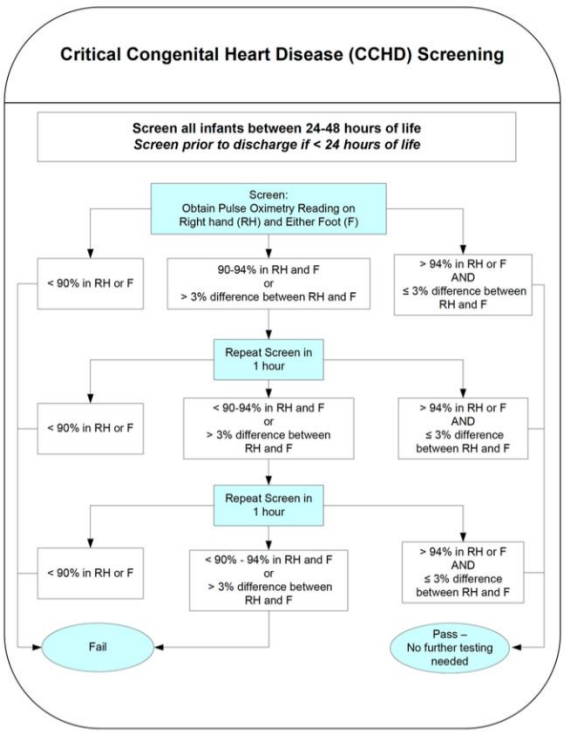
The cost of a meter is roughly $550-650, often discounts are available if one can buy in a group (such as a peer review or a conference) and often wrap/sensors are included at no additional cost. The Masimo Rad 5 is a recommended high-quality meter.

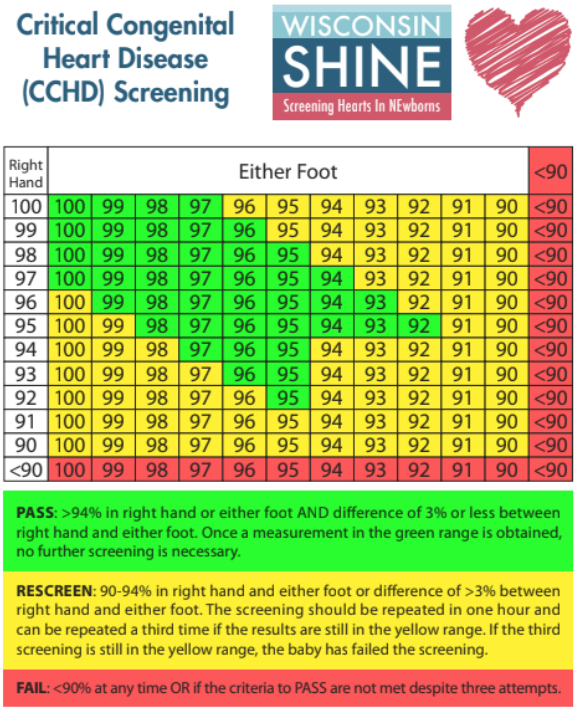
References:

https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx

www.seattlechildrens.org FAQ providers page CCHD

www.wisconsinshine.org





Right Hand	Either Foot											<90
100	100	99	98	97	96	95	94	93	92	91	90	<90
99	100	99	98	97	96	95	94	93	92	91	90	<90
98	100	99	98	97	96	95	94	93	92	91	90	<90
97	100	99	98	97	96	95	94	93	92	91	90	<90
96	100	99	98	97	96	95	94	93	92	91	90	<90
95	100	99	98	97	96	95	94	93	92	91	90	<90
94	100	99	98	97	96	95	94	93	92	91	90	<90
93	100	99	98	97	96	95	94	93	92	91	90	<90
92	100	99	98	97	96	95	94	93	92	91	90	<90
91	100	99	98	97	96	95	94	93	92	91	90	<90
90	100	99	98	97	96	95	94	93	92	91	90	<90
<90	100	99	98	97	96	95	94	93	92	91	90	<90

PASS: >94% in right hand or either foot AND difference of 3% or less between right hand and either foot. Once a measurement in the green range is obtained, no further screening is necessary.

RESCREEN: 90-94% in right hand and either foot or difference of >3% between right hand and either foot. The screening should be repeated in one hour and can be repeated a third time if the results are still in the yellow range. If the third screening is still in the yellow range, the baby has failed the screening.

FAIL: <90% at any time OR if the criteria to PASS are not met despite three attempts.

Changes to DEM Practice Act and Regulations

By Cheryl Furer

Hi everyone!

Have you taken a moment to review the recent changes to the Direct-Entry MIdwifery Practice Act and the DEM Rules and Regulations? If you haven't reviewed them since the last Sunset in 2017, then please take a moment to do so.

Below are a few highlights:

Things we gained!

- Suturing! Finally, 1st and 2nd degree perineal tears are within our regulation to repair. A refresher course should be taken and the authority must be requested through DORA. (Rules pages 21-22)
- IV fluids for hydration due to "dehydration, fatigue, or postpartum hemorrhage," with the stipulation to transfer the client if unstable. (Rules 19-20)
    - The Rules do not give us authority for IVs during the prenatal period.

Additional News:

- "Direct Supervision of Unregistered Birthing Attendants" (Rule 22)
    - Everyone who is not a RM in Colorado, but attending planned home births, must be supervised directly under a Registered Midwife.
    - At the initial visit in the Mandatory Disclosure Form:
        - A complete list of the names and corresponding qualifications of every registered midwife and unregistered birthing attendant who will be assisting in the care of the client and fetus throughout antepartum, intrapartum, and postpartum care
        - A clear outline of the expected duties and corresponding expectations of each registered assistant direct-entry midwife and unregistered birthing attendant who will be assisting in the care of the client or fetus
          *All or part of the information required above may be added or amended at any time up to the time of birth (Rule 5, p. 3)
- Critical Congenital Heart Defect Screening
    - Required to arrange for or obtain the screening (Rule 8, p. 8)
- "A physician, nurse, prehospital emergency personnel, or health care institution may provide consultation or education to the registrant without establishing a business or supervisory

relationship, and is encouraged to accept referrals from registrants pursuant to this article." (Statutes, 2017, p. 15)
    - The regulations do make a point to state that these health care providers are not responsible for care that was provided prior to the referral, but the wording is encouraging to foster interprofessional relationships.
- Active labor has been adjusted to, "contractions occurring every 5 minutes and lasting for 60 seconds or cervical dilation of 6 cm or more. Once labor has been so established, the direct-entry midwife shall remain with the client." (Rules, p. 6)
- Updated wording for the Informed Consent to Midwifery Care and the Mandatory Disclosure Form. Please go to https://goo.gl/tMQbQe to view a downloadable Word document.

Not New, But Reminders:

- Perinatal Risk Assessment to be included with every client's record
- If the client refuses any of the medicines including: Newborn Vitamin K IM, Rho(D) immune globulin for Rh-, postpartum antihemorrhagic drugs, Newborn eye prophylaxis, or local anesthetics for suturing, then the client must sign, "an informed consent form containing a detailed statement of the benefits of the medication and the risks of refusal, and shall retain a copy of the form acknowledged and signed by the client." (Statutes, 2017, p. 8)
- A few reasons transports required for: uncontrollable postpartum hemorrhage, breech delivery, client request.
- Antihemorrhagic drugs only for control of postpartum bleeding. Never for labor augmentation or induction. (Rule 17, p 16-19)

Please go to: https://www.colorado.gov/pacific/dora/Midwife_Laws to view the complete regulations!

Next Sunset starts in 2020!

Thank you for being amazing midwives!