



Midwifery Working Group
Thursday, January 4 | 3:00-4:00pm
Meeting Minutes

Members present: Lucinda Canty, Kara Crawford, Christine D’Aquila, Fatmata, Carolyn Greenfield, Sam Haun, Daileann Hemmings, Priya Morganstern, Selina Osei, Gengi Proteau, Michelle Telfer, Tanya Wills

Members absent: SciHonor Devotion, Sera Gadbois, Camille Grant, Christina Mukon, Amy Romano, Kim Sandor

DPH Staff: Melia Allan, Dante Costa, Miriam Miller, Elliann Sylvester

Introductions

- Sam Haun introduced herself as a newly appointed member of the group and as the policy director at the CT Health Foundation, which recently added maternal health as a priority strategy area
 - Dante added that Sam played a role supporting the doula certification process and the community health workers

Approve Minutes

- Dante went over the minutes from 12/07
- Priya voted to approve the minutes; Michelle seconded
 - The group voted to approve the minutes without any corrections

Public Comment

- There were no members of the public present

Discussion: Regulation and licensure

- Dante prefaced the conversation that there is no expectation from DPH for regulation
- Tanya shared a powerpoint on licensure and regulation
 - She highlighted three major issues: lack of accessibility, lack of equity, and lack of quality and accountability
 - Tanya displayed a list of practitioners licensed by DPH and pointed out that midwives have a lot of similar skills
 - She expressed that midwives currently lack legal protection if someone decides to press criminal charges against them for a bad outcome
 - She also suggested for midwives to publish their stats for every community practice as hospitals would – this would let providers, hospitals, and other people around the state know how good the outcomes are and could pave increasing midwife legitimacy outside of the midwifery community

- Several members agreed with the points brought up in the powerpoint
 - Members expressed that that licensure could help elevate midwives to a level of professional accountability, and that it would benefit the families that currently cannot afford to pay for midwifery services out of pocket
 - Another member acknowledged that moving toward licensure/regulation could potentially restrict midwives from doing some of the practices they do now, but believed that it was worth the tradeoff for the level of professionalism/professional accountability, especially so that if something went wrong at a birth it is handled in a peer reviewed context the way that it is handled for other healthcare practitioners, instead of being handled by the police and the criminal law system
- Several members expressed discomfort with the idea of pushing licensure
 - Members thought that good points for licensure were made, but expressed that the idea of licensure is more complex than described in the Powerpoint
 - Another member was uncomfortable with the fast pace of the discussion and pointed out that even in the states that have licensure currently, a lot of midwives and families there did not want it
 - Another member expressed worry that licensure could unintentionally exclude women of color looking to practice and the group needs to take special care
- Others expressed concerns about the process for licensure / worries about unintended consequences of the legislative process
 - Members worried that there would be points in the process where their voices would not be heard, and they wanted to make sure that the midwifery scope of practice retains a focus on serving the communities they work in
 - Members wanted to be fully informed and proceed forward carefully, especially given the complex racial history of midwifery, so that people are not excluded
- Dante clarified the regulatory process for healthcare professions, explaining that a group moves through the scope of practice process, which is intended to support professions seeking new licensure or changes to existing scope. The 2022-2023 midwifery scope of practice cycle took a slow approach and discussed the history and dynamics of the profession. Scope of practice review may be repeated. With initial legislative approval, a profession may assemble their own advisory committee to get their legislation to pass authorizing the development of licensure or certification framework, then they work in collaboration with DPH, with the practitioner licensing team, to hash out the language on what the licensure/regulation should look like
 - Dante stressed that she does not see a place where midwives would have no voice – there is never a point where the door closes because everyone understands that the profession should be central to shaping the regulatory framework that impacts their profession
- Members highlighted that they are in a unique position in this group, because there are no doctors, just midwives and healthcare professionals
 - Some members indicated fear that if they do not work towards licensure themselves, other doctors like OBs may step in and try to regulate midwifery with little input

Closing

- Dante indicated that the group would have plenty of time to pick up this conversation next time

- She let the group know that if folks have other things that they want to add to the agenda specifically, to reach out to Sera
- The meeting adjourned at 4:10pm