STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Midwifery Working Group

March 28, 2025 | 9:00-10:00am

Minutes:

- Sera called the meeting to order at 9:05
- Approval of minutes from 11/22/24
    - Motion to approve – Priya, seconded by Amy – approved unanimously

Guest Speaker – Rebecca Herman

- Speaker background:
    - CPM certified in NH, soon to be licensed in MA, holds MPH
    - Part of Baystate Coalition spearheading legislative changes in MA on midwifery
    - Started in birth centers in NM where she trained in a rural setting where the state has advanced integration of midwifery; primary background in home birth
    - Splits her time between clinical and health systems transformation
        - Focus on survivors of sexual violence at a global level, advising WHO and foreign governments
    - When she first moved to MA in 2009 she was involved in advocacy
        - Goal then was a unified board of midwifery
    - During COVID huge surge in demand for OOH birth
        - Got pulled back into landscape and systems challenges
    - Recognition of the tradeoffs with regulation
        - Community and independent midwifery balanced against making system level integration
- **Questions/Discussion for Guest Speaker Rebecca**
    - Sera – wants to know what the lessons learned are; what works well and what didn't work as well in the MA process
        - Response: Importance of a structure for regulation that allows for autonomous self-regulation as a distinct profession
            - Recognized MA DPH resource constraints
            - The coalition worked hard to help the ecosystem of stakeholders in perinatal health understand that regulation is just one piece of the picture
            - People on the regulatory board have to demonstrate experience in equity work in maternal health
                - CPM profession has a long way to go to diversify
            - Kept scope of practice out of statute because evidence base changes

- MassHealth required to accept CPMs as enrollees
- Limited formulary to be determined by board and DPH
- Keeping close eye on national field for repro to allow them to write their codes to keep up with access to meds
- Licensure was housed in a broader maternal health equity package – this is useful from an advocacy standpoint
    - Helps tell the real narrative which is that no one is trying to say OOH or CPM care is for everyone
    - No one is forcing the system to accept something new
        - Rather, the goal is to improve full set of choices and access
        - It's only going to be the choice for a portion of people for lots of reasons, but it should still be accessible to everyone

- Priya
    - 1. How was coalition built?
        - Coalition was essential and had to be very broad – otherwise it would be seen as a niche issue
        - Many coalition groups are bringing attention to the structural crisis in maternal health
            - Racial equity piece –BLM birth center
            - Reproductive Equity Now – choice and access standpoint; ACLU; Strong alliance with repro groups overall
            - Highlighted role of hyper local groups
            - Hearing from consumers mattered a lot
            - Real downsides to regulation
                - Per Rebecca - “We are not doing this for us, but for our clients”
            - Important for policymakers to hear full diversity of stories about access to the profession and to the care
        - Everyone is doing so much other work
            - Bigger coalition makes it possible so people can actually show up
    - 2. Asked Rebecca to speak to opposition, concerns and compromises to get the bills passed
        - Advocacy is a repetition game
            - Keep showing up, be persistent
            - Keep linking to other related platforms and venues
            - Simple organizing tools – email lists, canva, phone calls
        - These are very divisive issues for midwives, ranging from full on opposition to midwives who are worried about losing the ability to have autonomy and full informed consent. Protecting midwifery as midwifery

is the critical piece. MA is now getting into regulation where they will have to confront these challenges more directly
    - Protecting client decision making as the core of the model of care
    - Defining what is low risk - How far do they have to go in spelling that out in regulation?
        - Ideally just guidance and not even in reg
    - Holding listening sessions as they get into the reg development phase
        - Including patient right to determine care
    - Taking a realistic perspective– people will go deliver unassisted if they don't see other options
        - People find a way, commitment to their bodily autonomy is very strong
- MA DPH is supportive regarding medical opposition – MA DPH has a homebirth midwife on staff in a leadership role on this work
    - Standardize the informed consent so medical establishment can be on board
- Medical establishment opposition
    - State medical society was the biggest opposition in legislative process
    - They got ACOG and the hospital association to be allies
    - ACNM was a big supporter and opened doors to resources and leadership in government
    - The MA coalition had a lobbyist who could fight last minute medical society opposition
    - Key is to have interdisciplinary professional associations on the team
        - Language of choice and access is where they can build on shared goals
    - Relationship building
        - Different types of coalition partners
        - CNM champions linked her to them eg legislative folks at ACOG

- Sera – asked what the consequences of regulation would be in CT
    - Midwives here already have the autonomy
    - Who gets more access as a result of the MA bill
        - Does MassHealth pay appropriately – they dont have rates yet
            - Currently in that fight
        - DPH and MassHealth – they have real champions in state agencies
            - governor is supportive
            - Timing is right
    - NY pays homebirth midwives 11k!!

- Rebecca – brought up key question of who has access now? Only folks with knowledge and resources, passion
    - Rebecca discussed challenges in MA with DCF calls, issues with pediatricians
    - Sliding scale – ends up free for some
    - Protective of folks like undocumented for example – **caring about people who don't even know homebirth midwives exist as an option!**
        - Making it all more "official" opens those doors
        - Unless midwives are already recruiting in these communities
        - Bringing it out of a "niche" place
    - MA is tiering the hospitals
        - Discussion of broader structural barriers
        - Fear of scrutiny of state systems and thinking that homebirth puts them at risk of those systems
- Daileann - Asked about DCF referrals – is there a higher risk for homebirth families?
    - Most commonly its a pediatrician, but sometimes hospitals after a transfer
    - Medical neglect claims that almost always resolve
    - Anecdotally more common with low income and families of color
- Rebecca described how the new Board has to be majority CPMs and any non-midwives have to have experience working with the CPMs
- Discussion of eligibility for licensure in new MA law – 3 pathways
    - MEAC (initial board members have to be MEAC, its an issue)
    - Bridge/PEP
    - reciprocity (e.g. you get reciprocity if you are licensed in a state where you don't have to have a bridge certificate)

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Meeting adjourned at 10:11.