

**Georgia Division of Public Health  
Midwifery Task Force  
Meeting Minutes**

<b>Date:</b>	<b>November 19, 2008</b>
<b>Recorder:</b>	<b>Trish Keller</b>
<b>Attendees:</b>	<b>Midwifery Task Force Members:</b> Susan Ayers, Jane Blackwell, Dr. J. Larry Boss, Dr. Schley Gatewood, Dr. Jacqueline Grant, Jane Mashburn, Debbie Pulley, Elizabeth Sharp, Rick Ward, Irma Works. <b>By phone:</b> Rep. Stephanie Stuckey Benfield <b>Presenter:</b> Nancy Beland, Savannah Birthing Center

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
Welcome	<b>Dr. Grant welcomed Task Force Members. Susan Ayers explained that Dr. Grant had laryngitis and that she would assist Dr. Grant during the meeting.</b>		
Introductions Dr. Grant, Task Force Chair	- Each Task Force member introduced themselves to the group. Minutes were reviewed. Dr. Grant called for a motion to approve the minutes.		
Susan Ayers	I feel the minutes are thorough.		
Rick Ward	I second.		
Dr. Grant	Minutes were approved by members. Closed discussion regarding minutes. Review of packet from Debbie Pulley.		
Debbie Pulley	I tried to put together basic stuff: medication requirements, how each state handles medications, and so on. The written laws in Georgia would be fine with some housekeeping and taking out some lines. Oversight committees vary in each state. The majority fall under the Department of Health and Midwifery Advisory Committees. Two (2) states require malpractice insurance and have JUA in states that underwrite the malpractice insurance.		
Dr. Grant	Are there continuing education requirements for CPM?		
Debbie Pulley	Yes. 30 hours every three (3) years.		
Susan Ayers	I'm trying to wrap my mind around licensing. A licensing agency with no board.		
Debbie Pulley			

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Susan Ayers	Is it called licensure?		
Debbie Pulley	Licensure or certification. CNMs are nationally certified like CPMs.		
Susan Ayers	There is a difference between a nurse midwife and a professional midwife. CNM is licensed as an advanced practice nurse by the board of nursing whereas the CPM is certified by a professional organization; they are not licensed.		
Debbie Pulley	It does not mean she is a better midwife because she has a nursing degree. I have only a High School diploma. That doesn't make me a bad midwife.		
Dr Boss	It makes you wonder if they are better qualified.		
Debbie Pulley	I made a wrong statement at the last meeting. I said that most CNMs don't deliver in homes because they are afraid of prosecution. After our last meeting, I spoke with my CNM colleagues and they explained that CNMs don't deliver in homes because it does not pay.		
Elizabeth Sharp	Volume plays a huge roll. Nurse midwives have a difficult time finding physicians to back them. Some would like to do home births.		
Jane Blackwell	I agree with Elizabeth Sharp. Add to that liability insurance which is very costly. Physicians are concerned with their liability for participating. Even a normal pregnancy and delivery can have something go wrong. It would be nice to have emergency care available immediately instead of 30 – 45 minutes away. There is always a risk.		
Elizabeth Sharp	I would agree.		
Debbie Pulley	Complications are extremely minimized by non-intervention.		
Dr. Grant	To what degree would you collaborate with physicians?		
Debbie Pulley	Most states would have a plan, not necessarily a doctor to back them. In California, once the law was passed licensing CPMs, all physicians were sent a letter telling them that they would loose their malpractice insurance if they backed a CPM. When physicians are required to give backup in writing, there is less participation.		
Dr. Gatewood	(referring to 'States with Direct-Entry Midwifery Regulation' handout) So then, Virginia is correctly stated?		
Debbie Pulley	Yes, more physicians will back up since they don't have it in writing. Obstetricians, who are not required to give it in writing, give more back up.		
Jane Mashburn	What happens when they don't?		

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Debbie Pulley	I might be the only one in Georgia with physician back up. Well, there is one (1) other.		
Dr. Gatewood	My concern is still your education. I hear your heart but I look at data. I am a member of the American Medical Association and ACOG. It hurts to hear you say you don't need education. We have two (2) statements out which I will provide. They are against midwifery home births.		
Debbie Pulley	I told my first student that although it is all natural, we have to look out for the unexpected. Now she is an OB and has seen both sides. She would like for physicians to see both sides as well.		
Dr. Grant	We do know the normal, natural birth. It's what to do when something goes wrong. What do you tell them when something goes wrong?		
Debbie Pulley	Our moms are not medicated so when you can't move the baby, you move the mom. Our babies are huge. Seven (7) pounds babies are small to us. We've even had a 13.5 pound baby – it was her 12 <sup>th</sup> birth.		
Dr. Gatewood.	Then there is the question as to when to C-section.		
Debbie Pulley	These moms want to have their babies at home. It's happening and will continue to happen.		
Dr. Gatewood	If it is legalized, will it encourage others? I think yes. I think numbers will increase.		
Debbie Pulley	I don't think it will increase numbers. Washington insurance says they will cover in-home births.		
Jane Blackwell	Do we have any real data? We don't have any data of who is and isn't attended at home. I think the numbers will increase. We do prenatal care on many moms, then they don't come back for delivery, then they return for postpartum care.		
Debbie Pulley	Delivered by a CPM?		
Jane Blackwell	Yes.		
Debbie Pulley	You don't have one in your community.		
Jane Blackwell	Yes, we know her nationality, etc., but not her name. She is underground. The depth and breadth of CNM & CPM is different and should not be put into the same pot. Education is different. Licensure of the professionals is to protect the consumer, not for or against the CPM. Whatever the Task Force agrees, it needs to be to protect the consumer.		
Debbie Pulley	That is what Rules and Regulations are for, not what this Task Force is for.		

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Irma Works	What about teen moms?		
Debbie Pulley	The youngest I have worked with is 15. The majority range 15 – 40.		
Irma Works	Is it the teen mom that decides to use a midwife or her mother?		
Debbie Pulley	The teen mother is the client, not grandma. If the pregnant mom doesn't want to have the baby at home then the midwife will find a way to get her to a hospital to deliver even if it means we have to make up an excuse.		
Elizabeth Sharp	Do you discuss large babies with a doctor? (referring to 13 pound baby)		
Debbie Pulley	Yes. She was dual care and her physician knew.		
Elizabeth Sharp	We need clarity on what CPMs do. We don't always get roles and actions of particular births.		
Dr. Grant	I'm not convinced that there is collaboration between patient and physician and midwives.		
Jane Blackwell	There are things in the law that are contrary to the midwifery practice.		
Dr. Gatewood	Back in the day, Physicians would follow patients throughout pregnancy and give them a card to give birth at home if everything was good.		
Debbie Pulley	When I started it was about the same, the physician did prenatal care and we delivered. But we missed out on the entire pregnancy. I can't imagine now not participating in the pregnancy.		
Dr. Grant	There needs to be more collaboration. The patient should be in a dual care plan with a physician and a midwife.		
Debbie Pulley	I'm all for rules and regulations. Anyone could watch a video and go out and deliver. Without rules and regulations it's open to abuse.		
Dr. Gatewood	VBACS (Vaginal Births After Caesarean Section) are not allowed in some hospitals.		
Debbie Pulley	Moms are staying at home.		
Dr. Boss	The risk of VBACS at home is huge!		
Dr. Grant	I need to cut this short. We have Nancy Beland on the line.		
Jane Mashburn	Introduction of Nancy Beland from the Birthing Center in Savannah. Nancy, could you tell us a little bit about your birthing center? Are all of your midwives CNMs?		

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Nancy Beland	All of our midwives are CNMs, correct. We have two (2) physician backups. We are accredited, have state license, permit through DHR. National Birth Centers renew once every year and once every 3 years.		
Jane Mashburn	What are the requirements?		
Nancy Beland	It's a book. Regulations for state, written protocol, building requirements, outcomes, clients, certificate of need, it goes on and on.		
Elizabeth Sharp	What is your relationship with CPMs?		
Nancy Beland	We do not have any here.		
Rick Ward	Is there a need for a relationship with CPMs?		
Nancy Beland	Some birth centers are owned and run by CPMs. It's great in areas that are underserved.		
Susan Ayers	Are there home births in Savannah?		
Nancy Beland	I'm sure there are. It is best if quality standards are in place. Midwives need to be properly trained with basic standards.		
Dr. Gatewood	Regulation wise, would they be working independently in a birthing center without CNMs?		
Nancy Beland	They can work independently but would need some kind of a relationship with the CNMs.		
Dr. Gatewood	In your present situation, would you be able to hire CPMs?		
Nancy Beland	Not without state licensure.		
Dr. Gatewood	Why is there only one birthing center in the state?		
Nancy Beland	There is a threat to take away our ability to charge a facility charge. If they do this, we will all be out of business. Also, it costs approximately \$600,000. to meet all state regulations. We are moving against the current, more consumers are interested. There are a limited number of physicians willing to support birth centers. Regulations are unbelievable – city, state and nationally.		
Debbie Pulley	Are you still working under old Birthing Center laws?		
Nancy Beland	Yes, written in 1978.		
Debbie Pulley	Have you been able to make it work?		

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Nancy Beland	Yes, with a lot of variances. We have to file variances all the time.		
Dr. Gatewood	What is the percentage of Medicaid births?		
Nancy Beland	50 to 60% per year.		
Elizabeth Sharp	How many deliveries per year?		
Nancy Beland	135 in the birthing center and 60 in the hospital.		
Jane Blackwell	Do you have hospital privileges?		
Nancy Beland	Yes, at Candler Hospital.		
Jane Blackwell	Is there a seamless connection with the hospital if complications arise?		
Nancy Beland	No problem.		
Dr. Gatewood	Depending on the situation, can you deliver at the hospital?		
Nancy Beland	Yes. I don't do C-Sections.		
Elizabeth Sharp	Of the 60 that went to the hospital, how many were emergencies?		
Nancy Beland	One (1) was an emergency. The rest were failure to progress.		
Jane Blackwell	Do you do VBACS?		
Nancy Beland	No.		
Elizabeth Sharpe	Do these women have dual service?		
Nancy Beland	Yes.		
Dr. Grant	Are home births allowed as an option?		
Nancy Beland	No, back ups are not willing.		
Irma Works	Are VBACS allowed in the hospital?		
Nancy Beland	At first they were, but no longer.		
Dr. Gatewood	Are deliveries reimbursable through Medicaid? Is your salary competitive compared to hospital midwives?		
Nancy Beland	No.		
Dr. Gatewood	Would it be better if Medicaid paid better?		

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Nancy Beland	Yes.		
Dr. Gatewood	Are you talking to your Representatives about this?		
Nancy Beland	Yes. I'm talking to whoever will listen.		
Dr. Gatewood	Good prenatal care saves a lot of money.		
Debbie Pulley	Are you comfortable with CPM prenatal care?		
Nancy Beland	If their education is good.		
Elizabeth Sharp	What are your teen numbers?		
Nancy Beland	25% are under 19. The teens do real well with the attention.		
Debbie Pulley	Do you practice 'centering'?		
Nancy Beland	Yes, but we don't call it that. Our classes are full.		
Jane Mashburn	How many do you have per class?		
Nancy Beland	About 10 couples per month.		
Irma Works	Why did you relocate to Savannah?		
Nancy Beland	To get in the middle of the population, lower transport time, increase pool of nurses, and clientele.		
Jane Mashburn	It feels good to be just eight (8) minutes from the hospital.		
Nancy Beland	Yes.		
Debbie Pulley	When you are doing out of hospital births, most transports are 'get in the car and go', not emergencies.		
Dr. Gatewood	What are your QA and performance evaluation? Is it required review?		
Nancy Beland	We meet with the doctors once a month, have quarterly statistics, I have a monthly meeting with all of my staff covering various issues, we have an annual outcome summary, equipment reviews, etc.		
Dr. Gatewood	Are these done in conjunction with the hospital?		
Nancy Beland	The hospital has no connection. It is done internally.		
Elizabeth Sharp	Are the deliveries in the hospital reviewed by QA in the hospital so they are looking at problems called in?		
Nancy Beland	No.		

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Elizabeth Sharp	Your hospital QA would fall into the hospital's mixed review?		
Nancy Beland	Yes.		
Dr. Gatewood	If there was a problem, would they review it?		
Nancy Beland	Yes.		
Debbie Pulley	No problem. It falls under outcomes?		
Nancy Beland	Yes.		
Susan Ayers	Do you have an internal QA review that shows outcomes?		
Nancy Beland	Yes.		
Debbie Pulley	Through NARM?		
Nancy Beland	Yes, it's great. You can know the trends, etc.		
Jane Mashburn	Thanks.		
Nancy Beland	That anyone who practices could get a license would be great. The state should have say over licensing. Thanks.		
Debbie Pulley	Facility fees under Medicaid is under 'options'. As the federal contracts are being redone with the states, the birthing center facility fees are not being included.		
Dr. Boss	If there is a birthing center near by, will moms go there?		
Debbie Pulley	You will always have moms giving birth at home.		
Jane Blackwell	Do you have data?		
Debbie Pulley	You can check with AABC (American Association of Birthing Centers)? Birthing centers have to have a collaboration backup plan – an emergency plan.		
Dr. Gatewood	A back up plan without a physician is not acceptable.		
Debbie Pulley	Reality: it is the norm.		
Dr. Gatewood	When you look at the regulations regarding back-up plan, I don't see how you have a plan that is effective. There should be seamless transport with the midwife and family. We need to come up with regulations that we can work with. We can't just make laws that don't work. It would not be the right thing to do. The clever thing would be to come up with a plan before developing any rules, regulations or laws.		
Debbie Pulley	Right now it is a misdemeanor to assist in a home birth. We can't make it worse.		
Dr. Boss	We have illegals coming for prenatal care and having babies so they can't get kicked out of the country.		

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	<b>15 minute break</b>		
Irma Works	Handouts were placed at each seat. Introduced the Task Force to the Governor's Maternal and Infant Council. Ms. Works introduced Executive Director of M&I Council, Tammy Beard.		
Tammy Beard	Read the M & I Council's position statement. She stated that it was last reviewed on 11/07/08 and found to stand.		
Elizabeth Sharp	Line 6: '...proper certification and licensure in the state of Georgia.' Does certification have to be from Georgia? Do we recognize certification from another state?		
Tammy Beard	Yes, we recognize certification from other states.		
Irma Works	Reviewed pamphlet.		
Rick Ward	How can we get a current roster?		
Irma Works	The handout shows the most current roster; however, about half of the names listed on the pamphlet are up to be replaced. We can provide a current roster.		
Elizabeth Sharp	Is the original document regarding the M & I Council still in effect?		
Irma Works	We are in the process of revising the documents and bringing in new members. It is still in effect.		
Dr. Gatewood	Who does the M & I Council answer to? Where is it administratively attached?		
Tammy Beard	Public Health, Office of Birth Outcomes. It is not on the Governor's priority list.		
Dr. Gatewood	At our last meeting, I was very disappointed that Rep. Benfield did not know about the M & I Council. We need to spread the word. I would hope that the legislators were aware of the M & I Council.		
Irma Works	We need people recruited with a passion for this.		
Dr. Grant	The Governor appoints members.		
Irma Works	We can recommend. The Governor appoints. We have to put ourselves in a position to be heard.		
Dr. Gatewood	The Council was most effective when they had consumers who were also involved in other aspects of legislation.		
Irma Works	We are trying to collaborate to be most effective.		
Rick Ward	Is there a contact person in the Governor's office?		

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Tammy Beard	Emily Campbell. We've had two (2) meetings and communicate by e-mail. The Governor has not yet been able to meet with the council to appoint members.		
Dr. Gatewood	We can make recommendations.		
Susan Ayers	Thank you Ms. Works. If legislation is approved, Public Health will come out of DHR and merge with the Department of Community Health to form the Department of Health.		
	Clarification of Susan Ayers statement by various members of Task Force.		
Dr. Grant	We need to create rules and regulations.....		
Debbie Pulley	Something needs to be done. We need to work on rules, a Vital Records system for birthing centers.		
Jane Mashburn	At the birthing centers, we have a 30 minute time frame if there is an emergency. Is it the same with CPM?		
Debbie Pulley	30 minutes, 30 miles I'm not sure which one it is. When credentialed at a hospital, they require that you have to be within 30 minutes.		
Jane Mashburn	30 minutes for what? To be at the hospital?		
Dr. Grant	30 minutes to be in the ER We need some recommendations of what would be a doable system of care in Georgia – recognizing that DHR may not be the best agency to regulate.		
	<b>Review of Pros &amp; Cons list</b>		
Elizabeth Sharp	With CPMs trained, nationally recognized and certified, there would not be the training as before and therefore obsolete.		
Debbie Pulley	Oversight in other states is by the Department of Health or appointment of a Midwifery Council.		
Rick Ward	Don't confuse certification with licensure. We have a certifying board.		
Jane Mashburn	The state relies on professional organizations to say who is qualified.		
Dr. Gatewood	One may be certified as practitioner but not licensed.		
Debbie Pulley	NARM has their own accountability which is reviewed by practitioners who practice what is being reviewed. Some states have other review processes.		
Dr. Grant	Which states have Midwifery Board oversight?		
Debbie Pulley	Refer to 'State with Direct-Entry Midwifery Regulation' handout. Example: Tennessee has Midwifery Advisory Board who is overseen by the Department of		

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	Health Board of Osteopaths. To be licensed in Tennessee, you have to be a licensed CPM.		
Elizabeth Sharp	Is it set up only for CPMs?		
Debbie Pulley	Yes.		
Rich Ward	When a board exists, does it serve as a licensing body for CNMs and CPMs?		
Debbie Pulley	Not many.		
Elizabeth Sharp	CNMs' license is nursing; the state does not certify her as a midwife. There is very little pre-natal care being offered through the Health Departments in Georgia.		
Debbie Pulley	Do M & I do pre-diem expenses?		
Irma Works	Only travel.		
Dr. Boss	Assuming we decide, who will be the over-sight committee? Public Health, Department of Medical Licensure?		
Elizabeth Sharp	Let's go back to the original charge.		
Dr. Grant	To make a recommendation for rules and regulations. Refer to page 8 of the previous meetings minutes. Whether or not rules need to be revised.		
Debbie Pulley	Here's a broad thought: Midwifery Section under Public Health		
Rick Ward	Who do recommendations go to?		
Meshell McCloud / Carole Jakeway	Dr Ford and then to the DHR Commissioner.		
Dr. Grant	DHR could re-peal the original law as related to lay midwives.		
Dr. Gatewood	Who sets the standards?		
Elizabeth Sharp	Usually the state professionals.		
Debbie Pulley	We have CNMs who are CPMs. NARM can't say 'You have to follow these guidelines'. It's up to your state.		
Elizabeth Sharp	If a person is a CNM & CPM, do they follow both guidelines?		
Debbie Pulley	Yes or under CPM regulations.		
Jane Blackwell	Do you have an idea of what would work best in the State of Georgia?		

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Debbie Pulley	Certification based on CPM, Neo-natal resuscitation, ability to follow through with transfer of care and be a team member in the making of decisions. Mom has a right to choose where and with whom to have her baby. There are certain risks that should not be happening at home. I would like to see an informed consent.		
Dr. Boss	Do we agree with legislation to try to bring people out from under the table? How do you put this into action?		
Elizabeth Sharp	I agree. Risk factors really do matter.		
Rick Ward	The question is rhetorical. We can take all of the other states and combine the best parts of them, but at a policy level, how do we regulate if we legislate this? Does the state wish to regulate?		
Elizabeth Sharp	Is the practice truly autonomous throughout? You have to have avenues for collaborations.		
Jane Blackwell	Is this truly going to be safe for women to deliver and how is this going to fit in the system?		
Elizabeth Sharp	It's some of these basic, fundamental issues we have to define. What practice is safe? Need to start with the nature of the practice before answering policy question. We have little knowledge of CPM practice.		
Jane Mashburn	How do we assure a safe midwife practice?		
Debbie Pulley	First, certification. Second, rules and regulations.		
Irma Works	This is too important to make a decision on in just two (2) meetings. There are too many lives impacted.		
	<b>Lunch break until 1:00.</b>		
Jane Blackwell	Under policy, what would be the best way to use CPMs? Is there anything we can adopt?		
Elizabeth Sharp	We need a better understanding of what is the practice of CPMs and how does it relate to other professionals. What are the risk factors? What would be desirable in terms of communication, collaboration and consultation?		
Dr. Gatewood	It would help us to proceed if we understood the practice of CPM.		
Susan Ayers	These are the 'nuts and bolts' of regulating. We've met the charge by the Study Committee with the exception of written recommendation of regulations.		
Rick Ward	At this point we need to decide just to what extent we need to understand practice but also other facets.		

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Dr. Grant	What is it CPMs want in terms of practice? We need to know this to move on.		
Debbie Pulley	We want regulations for licensure for CPM, neo-natal resuscitation. (see 'Comparison of CPM & CNM' doc) Pregnancy, birth, post partum – all basically the same.		
Dr. Gatewood	CNMs practice by protocol. I trust what they're doing. That's what the regulations should say. We need to trust that the CPMs will follow protocol.		
Elizabeth Sharp	There were rules and regulations for nurse midwives and Direct Entry Midwives. Dr Houser changed it.		
Debbie Pulley	I submitted three (3) states worth of rules and regulations. That is more what it should look like.		
Elizabeth Sharp	If we by-pass licensure and revise rules and regulations, it effects what happens in hospitals.		
Debbie Pulley	As I look at the laws as they are now, it seems it should be pretty easy to strike what needs to be removed and address what needs to be addressed.		
Elizabeth Sharp	The CPMs would not be licensed by the state but their certification by NARM would be recognized under rules and regulations that are written specifically for the CPMs..		
Debbie Pulley	Midwives should have access to formularies and medications for safety. It varies in different states.		
Dr. Grant	What level of collaboration would midwives advocate for CPMs?		
Debbie Pulley	A list of some situations that can be done solo and others that should be done with a physician.		
Dr. Grant	In a hospital setting, nurse midwives always work with a physician. This isn't happening with CPMs. How close is the collaboration with CPMs and physicians? It is critical to have this piece. With one "bad baby" the whole system collapses.		
Dr. Gatewood	If you don't have a system of collaboration, I will oppose on that alone.		
Dr. Grant	CPMs don't necessarily know what they want.		
Elizabeth Sharp	# 7 on the Pros/Cons list says 'Create opportunities to develop (require) partnerships with physicians and hospitals.' Physicians need to know the nature of the practice clearly <i>before</i> they will work with CPMs. This requires collaboration.		
Debbie Pulley	What we are seeing is that states requiring written collaboration are ignoring the issue. Physicians are not willing to back up. Where states do regulate collaboration, it's being ignored – it's just on paper.		
Dr. Grant	We will pass the list of Pros and Cons on to Dr. Ford.		

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	Recommendations: We need to delineate what the scope is and what is outside scope. Not just a plan but something concrete. No one wants to see deliveries done underground. In order to do this we need to know more of what is expected or wanted. We need to know that we can live with what we decide.		
Debbie Pulley	The only issue of disagreement is the requirement of physician supervision.		
Dr. Gatewood	The question is: How can we protect the midwife to deliver in the home. People don't know home births are legal. The system is not working. What can we do to help CNMs? The law is not hurting. We are not going to accomplish anything if we just recognize CPMs.		
Elizabeth Sharp	Except that CNMs are not delivering in home.		
Debbie Pulley	Once the process is there, it will be easier to collaborate but first, you have to mandate. CNMs cannot provide for the demand.		
Elizabeth Sharp	There are lots of CNMs that would like to practice with physician backing.		
Dr. Gatewood	We cannot do it until it's safe. It is not safe without a system in place.		
Elizabeth Sharp	It is a reality that CPMs are here. How can we make it safe?		
Dr. Gatewood	I have a solution. Federal Response Programs. Phoebe Putney is hiring physicians to back midwives. Bring in a Federal unit.		
Elizabeth Sharp	Are CPMs employed in Federal programs?		
Debbie Pulley	I don't have enough information to answer that. I'll have to see how the collaboration is working in hospitals in other states.		
Dr. Gatewood	The small practice in small communities is gone. Medicaid doesn't pay and doctors have stopped delivering Medicaid. Home delivery could help this situation. I would love to see CNMs help fill that need. But to have CPMs certified and regulated and in collaboration.		
Debbie Pulley	In Tennessee, you have to have a collaboration on file with an OB.		
Dr. Gatewood	You should be regulated to go over the patient's records with the OB.		
Debbie Pulley	I don't do that. We do chart reviews with the Midwife Committee.		
Dr. Gatewood	It needs to be a physician.		
Susan Ayers	Do you have a collaborative care plan with physicians for all patients?		
Debbie Pulley	We have to have an emergency collaborative care plan.		

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Dr. Gatewood	So, the first sentence is correct? (referring to 'States with Direct-Entry Midwifery Regulation' Tennessee, 'Physician Involvement' column)		
Elizabeth Sharp	There has to be an emergency care plan on file with an OB, not a care plan?		
Debbie Pulley	We have to have an <i>emergency</i> plan. The first sentence is incorrect.		
Elizabeth Sharp	When you have a patient under your care, does a physician know?		
Debbie Pulley	The only way they know is through the emergency care plan on file.		
Jane Blackwell	Do you sit with the state board and go over every patient?		
Debbie Pulley	It's random. Any morbidity or mortality has to be reported and reviewed.		
Dr. Boss	If they gave physicians a portion of the saved hospital money, Medicaid would still come out ahead. You'd have to change the bill/law.		
Rick Ward	#10 (of the Pros & Cons list – 'DHR already licenses and monitors EMTs) What do EMTs have to do with this discussion?		
Dr. Grant	It's based on the comment made at the last meeting that EMTs are licensed and regulated through DHR. If DHR wanted to do this with Midwives, they could.		
Rick Ward	Debbie, is there anything on the Pros and Cons list you would like to dispute?		
Debbie Pulley	I'm sure, I'll have to look.		
Rick Ward	On the Pro side?		
Debbie Pulley	#6 ('Midwives fear of litigation deters them from accompanying mother and baby to hospital if complications occur) Some midwives fear of prosecution, if you have to take mom & baby to the hospital. There are a variety of midwives; there is no regulation of midwives.		
Dr. Gatewood	You have to take the responsibility of what happens.		
Debbie Pulley	You cannot do a randomized study. What is out there is a reasonable study. You are not going to find any randomized study of birth place. Only if you had 100 moms who wanted to give birth at home and send 50 of them to the hospital.		
Dr. Boss	We could give you a list of medications but we think it should require physician collaboration.		
Elizabeth Sharp	We would need data generated. It is not just how mom and baby fare, but what happened in the interim. There are lots of tales without any data. Coming out from underground would give better data. We need to have a demonstration project.		
Dr. Boss	I like the idea of a demonstration project. We could get good data.		

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Jane Blackwell	It is a good idea. Ongoing collaboration is the key. It would be beneficial for the medical community to be involved.		
Debbie Pulley	Midwives are now doing Grand Rounds in some states.		
Irma Works	The idea of a pilot program in the state is a good idea.		
Debbie Pulley	We can say: This is what we have for this period and then re-evaluate.		
Dr. Boss	You are not going to find a random physician to volunteer.		
Irma Works	The Teenage Parenting Program began as a pilot program.		
Dr. Grant	We need to come up with a model.		
Debbie Pulley	It cannot be area specific.		
Dr. Grant	<p>We're going to pass the Pros and Cons list to Dr. Ford.</p> <p>Develop a DHR funded pilot program (demonstration project) that would include the following:</p> <ul style="list-style-type: none"> <li>-Physicians who would agree to collaborate with CPMs.</li> <li>-Ongoing collaboration with physicians and hospitals.</li> <li>-Volume of patients served by CPMs.</li> <li>-Include all CPMs in the program.</li> <li>-A protocol for how this collaborative model involving CPMs, physicians and hospitals would work.</li> </ul>		
Debbie Pulley	Numbers are low. It's not like in the birthing centers.		
Elizabeth Sharp	How many midwives are practicing?		
Debbie Pulley	The majority is metro Atlanta with 30 – 40 births a year.		
Dr. Grant	<p>That's ideal in my mind, in metro. Maybe you, Debbie, can pitch this and get the CPMs involved.</p> <p>The purpose of this project is to decide if rules need to be changed and provide a model that works.</p>		
Dr. Gatewood	To put a structure in place and a network of collaboration.		
Debbie Pulley	To make CPMs able to file birth certificates.		
Dr. Gatewood	If you are working in collaboration, the physician could do it.		
Jennifer Fargár	Dr. Grant, can you make an emergency ruling for now – until the Task Force makes its decisions?		
Dr. Grant	Anytime you are talking about revising laws, you have to abide by the laws that are in existence. It's not my decision to make; it's up to a higher power.		

ISSUE	DISCUSSION/ACTION	RESPONSIBILITY/ FOLLOW UP	TARGET DATE
Jennifer Fargár	Who is this 'higher power'?		
Dr. Grant	Dr. Ford will take it to the Commissioner.		
Elizabeth Sharp	If I understand correctly, there are less than 10 CPMs practicing in Georgia? How many are trained and prepared to practice?		
Debbie Pulley	There are at least 7 CPMs actively practicing and between 3 and 5 students doing primaries under supervision.		
Elizabeth Sharp	You can use the few you have that are certified and require collaboration to work as a group for a project program.		
Debbie Pulley	There are a number of midwives who are not certified and are practicing.		
Elizabeth Sharp	How many are out there that are not certified and are practicing? Do they outnumber CPMs?		
Debbie Pulley	We want clarification that if something goes wrong, that it was not a CPM.		
Dr. Gatewood	Are these cultural differences?		
Debbie Pulley	Yes, cultural.		
Dr. Boss	If someone charges for their services, they can be sued.		
Debbie Pulley	If the state had an avenue to recognize CPMs, more are likely to get certified.		
Dr. Boss	Can you get together enough people to have a demonstration program?		
Debbie Pulley	Yes, how many do we need?		
Dr. Boss	Anything above five (5) is a demo.		
Elizabeth Sharp	Do you think they would be available for demonstration?		
Debbie Pulley	As long as they are not put into a certain area and others not. I would rather provide 100% midwifery care to 90% of patients, than less for emergency care with fear of prosecution.		
Rick Ward	We will get the final draft to the Commissioner. Does this committee want to grant licensure to CPMs? Not yet, we want a pilot program.		
Dr. Gatewood	Without some physician collaboration, we cannot expect to get to rules and regulations. If there are people out there not following rules, this will not help the chances of changing the system. So the answer is no.		
<b>NOTE</b>	Direct Entry Midwives describe Certified Professional Midwives (CPM) ONLY.		

