Why Smooth Transitions Works in Washington State
And how it could work in other places

West Virginia Perinatal Summit – November 14, 2016
Presented by Melissa Denmark, LM CPM and Bob Palmer, MD
What makes Washington State unique?

- Licensure
- Strong and well-established midwifery association – MAWS 1983
- Availability of liability insurance
- Insurance reimbursement and Medicaid
- Community-based birth is popular and growing
- Lots of midwives – 168 and counting
- Bastyr University Department of Midwifery – 3 year master’s degree program (formerly Seattle Midwifery School – 1981 - 2010)
- Well-developed relationships between midwifery leaders and the medical community (Perinatal Advisory Committee, MD/LM Workgroup)
- Smooth Transitions - 2009
Three Pathways to Licensure:

- Complete a 3-year, Washington State approved school of midwifery
  
  *OR*

- Complete a 3-year, MEAC-approved school of midwifery in another state, or equivalent education/training in another country
  
  *OR*

- Complete a Portfolio Evaluation Process (PEP) – apprenticeship

  *AND*

- Pass the North American Registry of Midwives (NARM) Examination plus the WA State-specific examination

http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Midwife
LM Scope of Practice

RCW 18.50

- Midwives provide care during the prenatal, intrapartum, and postpartum stages, or to her newborn up to two weeks of age.

- “It shall be the duty of a midwife to consult with a physician whenever there are significant deviations from normal in either the mother or the newborn.”
Legend Drugs and Devices

LMs do not have prescriptive authority but are authorized to obtain and administer:

- Prophylactic ophthalmic medication
- Postpartum uterotonics
- Vitamin K
- Rho immune globulin
- Local anesthetic
- IV fluids
- MMR, Hepatitis vaccine & HBIG
- IV Antibiotics for GBS prophylaxis
In addition:

- Epinephrine for use in allergic reactions
- Magnesium Sulfate in cases of preeclampsia
- Terbutaline for non-reassuring FHR

*ALL PENDING TRANSPORT*

- LMs may also “administer such other drugs or medications as prescribed by a physician”
LM Practice in Washington

- LMs are trained in both neonatal resuscitation and CPR and are required to renew every 2 years
- LMs carry oxygen to births and are trained in the use of laryngeal mask airways and pulse oximeters
- LMs conduct newborn metabolic screening and screening for critical congenital heart defects (CCHD)
LM Practice in Washington

- LMs contract with a variety of health insurance plans, including Medicaid
- Liability insurance
  - Although not mandatory, the majority of LMs in Washington have liability coverage through a state-mandated Joint Underwriting Association (JUA); malpractice insurance is also now available through an out-of-state company which covers about 25 LMs
  - All 17 of the licensed freestanding birth centers in the state have liability coverage, all but one through the JUA
Professional Association

Midwives’ Association of Washington State (MAWS)

www.washingtonmidwives.org
Risk Assessment Document:

INDICATIONS FOR DISCUSSION, CONSULTATION, AND TRANSFER OF CARE IN A HOME OR BIRTH CENTER MIDWIFERY PRACTICE
MAWS maintains a Quality Management Program (QMP) with state-protected, confidential peer review and incident review; all professional MAWS members are required to participate in the QMP.

Midwives who are MAWS members are required to self-report sentinel events within 14 days.

Anyone may submit a report (patient, family members, other healthcare providers).

Review includes recommendations and may include a report to the Department of Health, pursuant to state law.
Licensed Midwives

In 2014, MAWS leadership successfully lobbied for mandatory:

- Peer Review
- Continuing Education
- Data Collection for all licensed midwives in WA State
Melissa’s Story

- Providence Regional Medical Center
- Strong CNM program
- Leadership is open-minded and supportive
- A history of positive experiences-good track record
- Meetings and data collection
- Ongoing outreach (local EMS)
Bob’s Story

- Experiences with transfers as an OB Hospitalist at Swedish
Can this work in other places?

- Willing participants on both sides - buy in
- A working system and protocol - both sides
- Regular communication and meetings
Smooth Transitions in West Virginia

Opportunities
- Learning about Smooth Transitions and models that work
- Willing participants/leadership
- Few midwives - easier to organize
- Public health needs could be well-addressed by midwives

Challenges
- Few midwives - is it worth it?
- Lack of infrastructure: no licensure; no in-state midwifery educational program; no insurance reimbursement
- Others?
Next steps...

- Decide about forming a midwife-physician workgroup and replicate a model of your own like the Smooth Transitions Project or simply choose 1-2 hospitals and set up meetings.
- Identify key people on both sides and review the Smooth Transition material and MAWS documents (Transfer Guideline and Indications).
- Customize to meet your state’s needs.
Thank you for listening and being open-minded about collaboration!