



# Midwifery Council Public Session Minutes

Midwifery Council

Feb 22, 2024 at 1:00 PM EST

## Attendance

### Present:

Members: Elizabeth Gaby, Kathryn Hartwell, Heidi Rinehart, Sherry Stevens, Martha Testerman

### Absent:

Members: Mark Carney

- I. Call To Order at 1:02 p.m.
- II. Review of Public Minutes

### Motion to Approve draft 1/25/24 minutes:

Motion moved by KH and motion seconded by SS. roll call vote 4-0-0

### III. Public Appearances

- A. 1:15 p.m. Dr. Ashish Chaudhari, MD and Melissa Devine, Nurse Director both with Concord Hospital

Dr. Chaudhari and Ms. Devine met with the Midwifery Council to explore options and/or ways to collaborate with the Midwifery community. The group is exploring ways to help bring down the barriers and gain a trusting relationship between all the stakeholders to assist with the communication and provide the best of care for clients.

When transferring clients into the hospital, there needs to be a more amicable, smooth process, clear and concise directions/instructions for all stakeholders to eliminate any delay in care, and/or to provide the utmost quality care. Concord Hospital could be a great example of how to bridge the gaps in communication between hospitals, doctors, transferring midwives, and anyone who may participate in this process. Trust is earned, with all stakeholders, having trust would help cultivate the relationships for a smooth and open communication.

When transferring into a hospital, if there isn't enough information provided to the care team at the hospital, it is hard to have a relationship between the providers, the moms the hospital, or the transportation group. Sometimes the process is very smooth, and other times there is an animosity. Sometimes there is a lack of uniform protocols. It would be a step in the right direction if there are uniform protocols throughout all hospitals in NH. A possible solution is to take this conversation to the Nepquid conference that is coming up in the spring (SS will bring to the conference). However, there must be a clear understanding that not every client will fit into the standardized protocols, there are the outliers. Transfer centers are an area that the group would like to bring into this conversation as well.

Concord Hospital would like to eliminate any clients sitting in the emergency room and create more ease of care. The Family Place has been training their nurses and staff with tremendous amounts of training to cultivate the mutual respect between the midwife, the client, the baby and nursing staff. They want to cultivate this whole open process. They just finished their first round of training and are beginning their second round of training. They have trained over 60 nurses so far.

The Midwifery group does not have National Representation like Narm, and there is a feeling like there is a general lack of knowledge about what the midwives do. There are only about 30 +/- NH Certified Midwives.

Dr. Chaudhari and Ms. Devine would like to hold an event, like Grand Rounds, or a Lunch and Learn, or Department meeting, to gather everyone together to have facial recognition and get to know each other in a relaxed setting and talk about the concerns, processes, and how to gain a better understanding of the areas of concern, weaknesses of the process, talk about transports and what went well and what did not go well and how to create a more cohesive outcome for everyone involved. Possibly create a basic uniform transfer form to assist in the transition. They are inviting anyone who is a CPM to join them. The hope is this will help to advocate and cultivate new trust and relationships between all the stakeholders. Inviting people from all areas of NH to join.

Another great topic to have at this event is how to show good outcomes for the stakeholders. And what is the best way to impart this information. Maybe an annual report is an idea to show the success stories, or an annual networking event within different communities to encourage involvement and support of the communities throughout all of NH.

If anyone is interested in becoming a Midwifery Council Member, please look at the Board's website for the application procedure.

#### IV. OPLC and/or Board Administration Updates

##### A. Plc 500 Initial Proposal

##### B. Board Member Travel

Possible fall travel for the Nepquid

#### V. Old Business

#### VI. New Business

#### VII. Licensure

#### VIII. Administrative Rules & Legislative Topics

##### A. Legislative Hearing Schedule

##### B. List of Bills that affect Midwifery Council

HB 1010 no current hearings

HB 1776 the sunset bill, has been referred to interim study and will not pass this season. IT is off the table this legislative season.

SB 483 relative to the office and it has gone to interim study.

HB 1069 disclosure following public meetings.

HB \_\_\_ add a Board attorney to OPLC.

HB 1271 had a subcommittee meeting; they are working to move the midwifery board to an advisory board. The Executive Director who will decide on the Board. The Executive Director will have to talk with the advisory board. She asked for an OB and Pediatrician and 3 midwives. They need additional work sessions, so there may be additional ways to speak about this.

Usually, advisory boards who do not show up, they are not working, and this is not the case with this Board. The Council's issue is that there is no expertise in the executive director. The office helping with the administrative duties, yes, they appreciate the help with this.

As long as the Board has deputized anyone who is available to speak on behalf of the Council.

HB 1095 - late amendment was added which is 195 pages. It brings the Boards in compliance with Plc 300's. There were many items in there about qualifications, and the Executive Director can tell the Council what to do. It was presented as we are just cleaning up language. The bill is not benign, they are going to be able to tell the midwifery qualifications. There are no dates for a hearing currently.

The Council would like to keep this flagged because there are many issues with regards to the Midwifery Council. The theory is that it was meant to be a cleanup bill, but it appears it was written very hastily.

What happens to the M & M reports, is a huge issue. It is inappropriate to have OPLC turn it into a complaint, but that is more than likely what will happen.

Some of the subcommittees are wonderful and great to work with, but others are not.

#### IX. Non-Public Session

Non-Public session conducted for the purpose of discussing investigations of alleged licensee misconduct and other confidential Board business. Such a non-public session is authorized by RSA 91-A:3, II (c) & (e), RSA 91-A:5, IV, *Lodge v. Knowlton*, (1978), and the Board's executive and deliberative privileges.

##### **Motion to move into NP at 2:12 p.m.:**

Motion moved by KH and motion seconded by HR. roll call vote 4-0-1 BG out of the room.

#### X. Resume Public Session at 2:34 p.m.

#### XI. Seal The Minutes of the Non-Public Session

Seal The Minutes of the Non-Public Session

Minutes of the non-public session are sealed to maintain the privacy of the items discussed in non-public session pursuant to RSA 91-A:3, II (c), on the grounds that public disclosure may adversely affect the reputation of a person other than a Board member or render the proposed action ineffective.

##### **Motion to Seal the Mins:**

Motion moved by HR and motion seconded by SS. roll call vote 5-0-0

#### XII. Adjourned at 2:40 p.m.