

Understanding California Birth Options Webinar Series

Part 2: Envisioning Midwifery
Integration, Collaboration and
Expansion

[Whole Child Equity Partnership](#)



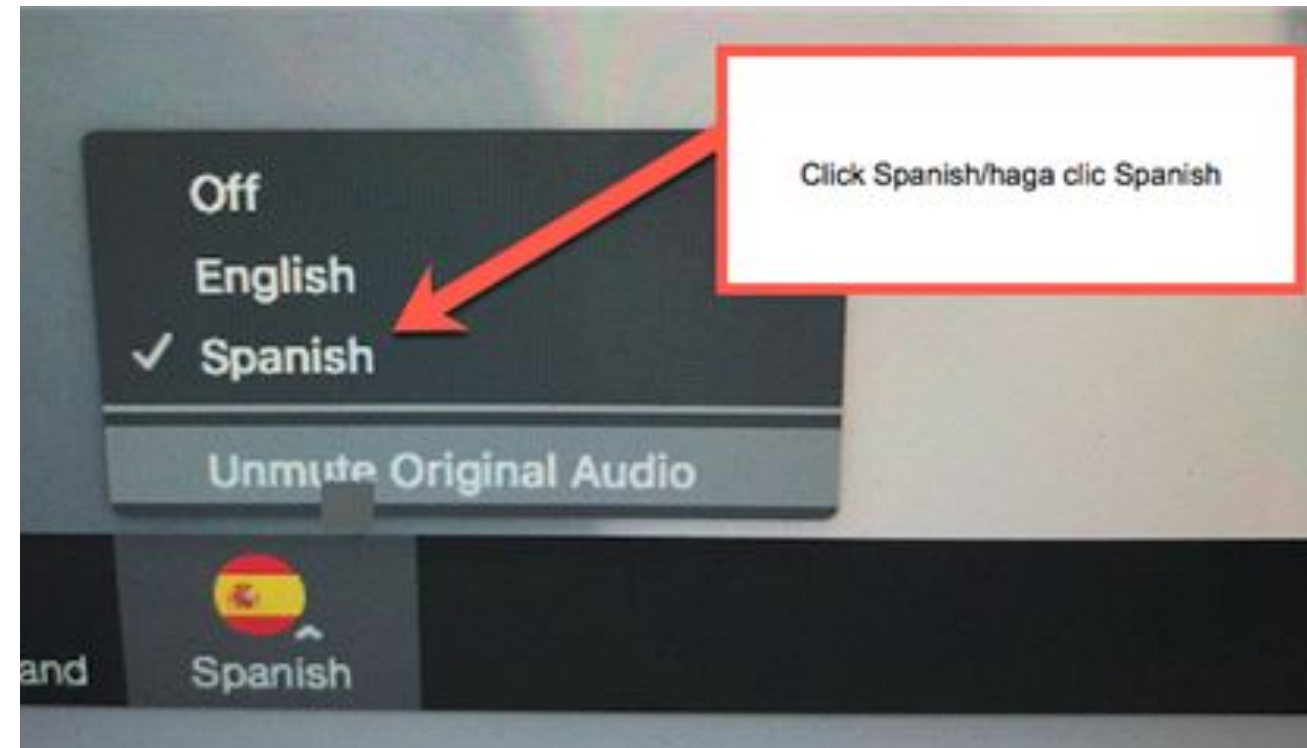
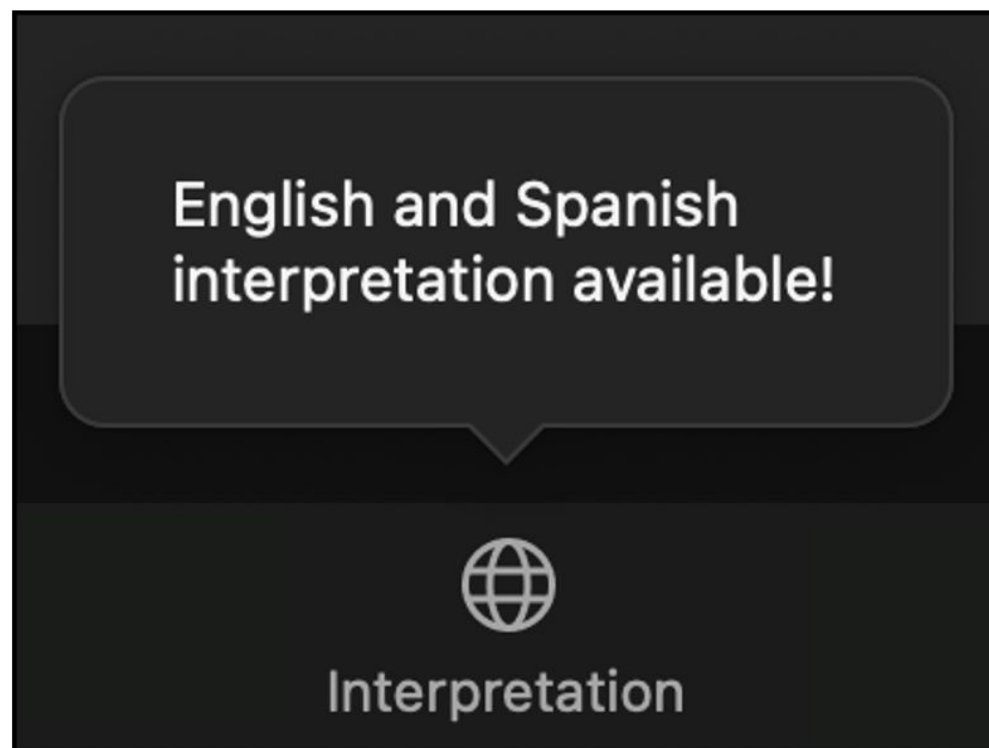
Welcome • Bienvenidos

Select Your Language / Eliga su idioma

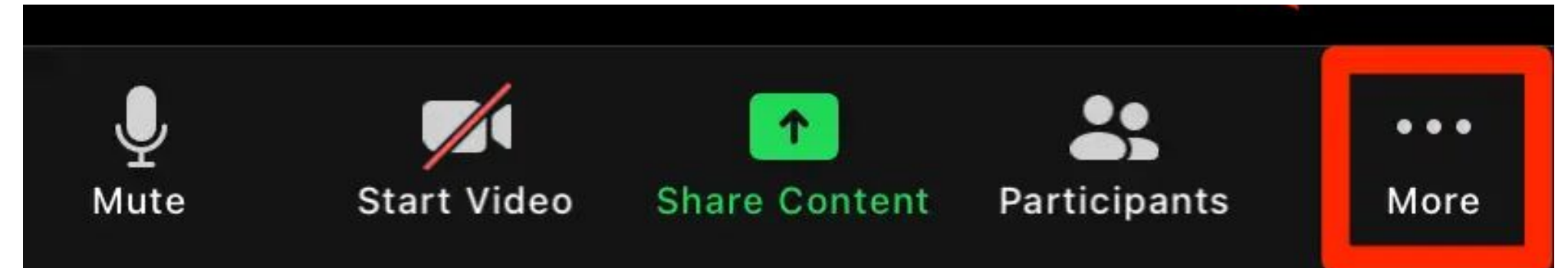


Oprima el botón marcado “Interpretation” (el globo) en la parte bajo de la pantalla. Seleccione “Spanish”.

Computer / Computadora



Phone / Por Telefono





The Whole Child Equity Partnership

A whole child approach envisions a society rooted in racial and economic justice where all children are embraced, valued and cared for; where every Black, Native American, Asian American, Pacific Islander and Latinx child and their family has access to systems and services that promote their health, well-being, and the life opportunities that enable them to thrive.

The mission is to advance a collective Whole Child Equity agenda that seeks to improve the conditions under which children develop, learn, live and play, celebrate and value the strengths and attributes of their racial/cultural/linguistic identity, and support their sense of belonging.

Yuli Smith (they/she) is a mother of three, a Midwife (LM, CPM) licensed by the Medical Board of California, and an Internationally Board-Certified Lactation Consultant (IBCLC), Co-Founder of Around-Birth Collective and Program Manager at Global Communities Healthy Start with nearly a decade of experience in the perinatal and infant health field. Yuli's work has centered on preserving and expanding access to midwifery care, improving perinatal outcomes, disrupting binaries, and queering midwifery praxis. Her communities of focus include People of the Global Majority, LGBTQ2S+ kin, immigrant communities, and survivors of sexual and domestic violence.



Tristen Orosco is a Payómkawish mother to 2, and wife, basketweaver, and 'aqínnikat (midwife). She lives in part of her traditional Payómkawichum homelands.

- BA in American Indian Studies from San Francisco State University
- BS in Midwifery from Midwives College of Utah
- Certified Professional Midwife North America Registry of Midwives (NARM),
- Licensed Midwife by Medical Board of California
- Owner and 'aqínnikat at Teméeku Midwifery
- Co-founder of Around-Birth Collective



AJ Jordan is a Black Woman, Autistic, Neurospicy, LA Native, Boy Mom, Marvel Fan and a Homeschooler.

She is a Student Midwife in her third and final year at Midwives College of Utah currently apprenticing at Tourmaline Birth and Wellness Collective in San Diego.

AJ will be graduating in April 2025, anticipating licensure by May 2025.

- BA Communications - Prairie View A&M University
- MA Entertainment Business - Full Sail University
- Advocate for Black Infant and Maternal Health
- Founder of Sankofa Baby



Agenda

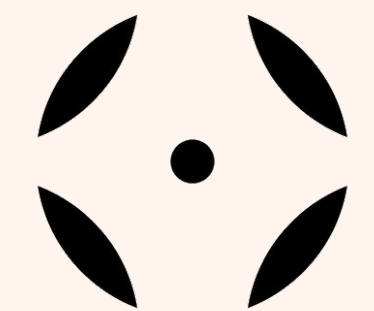
- Presentation by Yuli, Tristen, and AJ
 - Maternal and Infant Mortality crisis in U.S. and California
 - Disparities including: racism, accessibility, closures of L&D
 - Midwives in California
 - CALL TO ACTION - Finding Solutions, Together
- Questions
- Resources
- Raffle/Evaluation

Announcements

- **Recording:** A recording of this webinar will be provided.
- **Q & A:** If you have a question, please drop it in the Zoom Q&A box. There will be an audience Q&A portion at the end of the webinar.
- For closed captioning, click the "**Live Transcript**" button from the in-meeting Zoom toolbar and select one of the options from the menu.

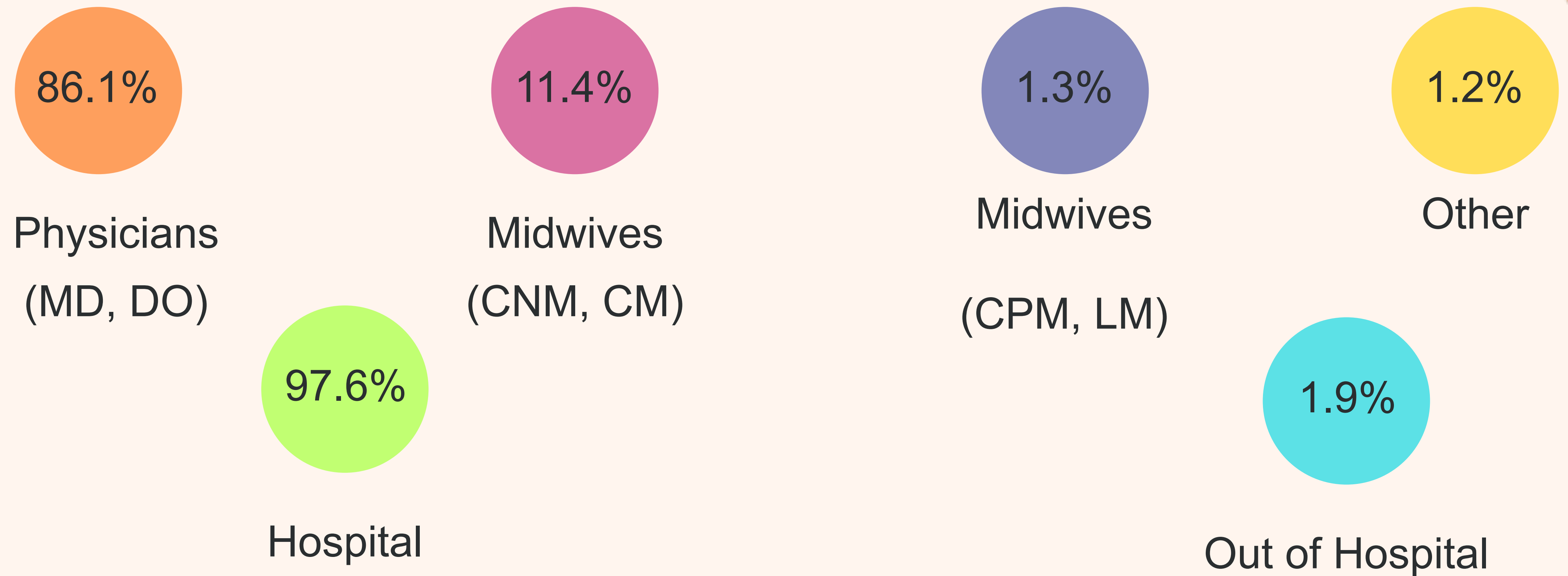
Envisioning Midwifery

Integration, Collaboration & Expansion



AROUND-BIRTH
COLLECTIVE

Birth Attendants in U.S. in 2023



(CDC Wonder 2024)

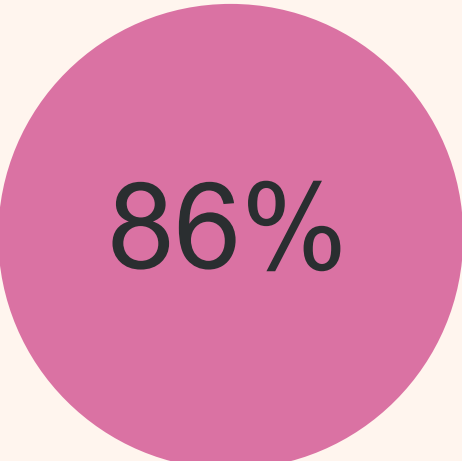
Birth Attendants in California in 2021



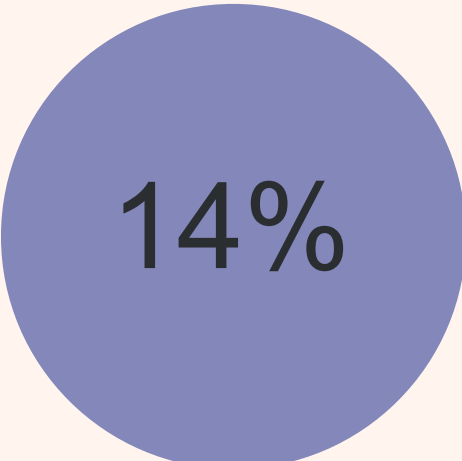
in Hospital



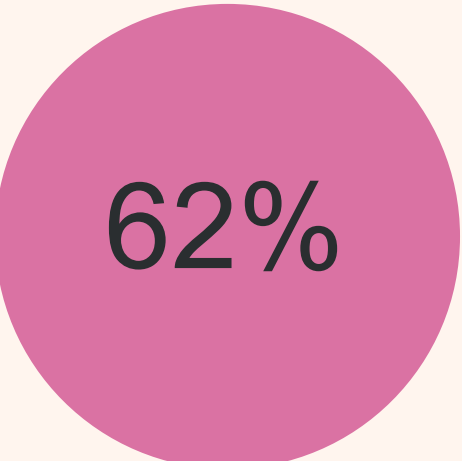
Out of Hospital



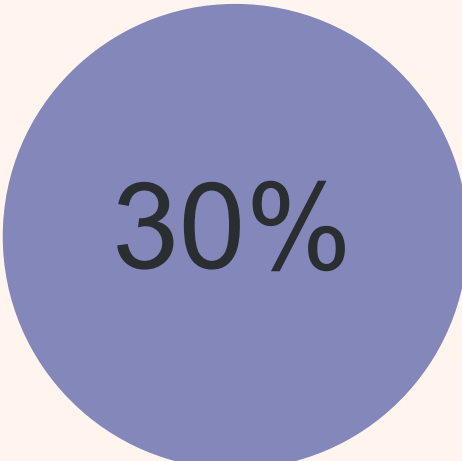
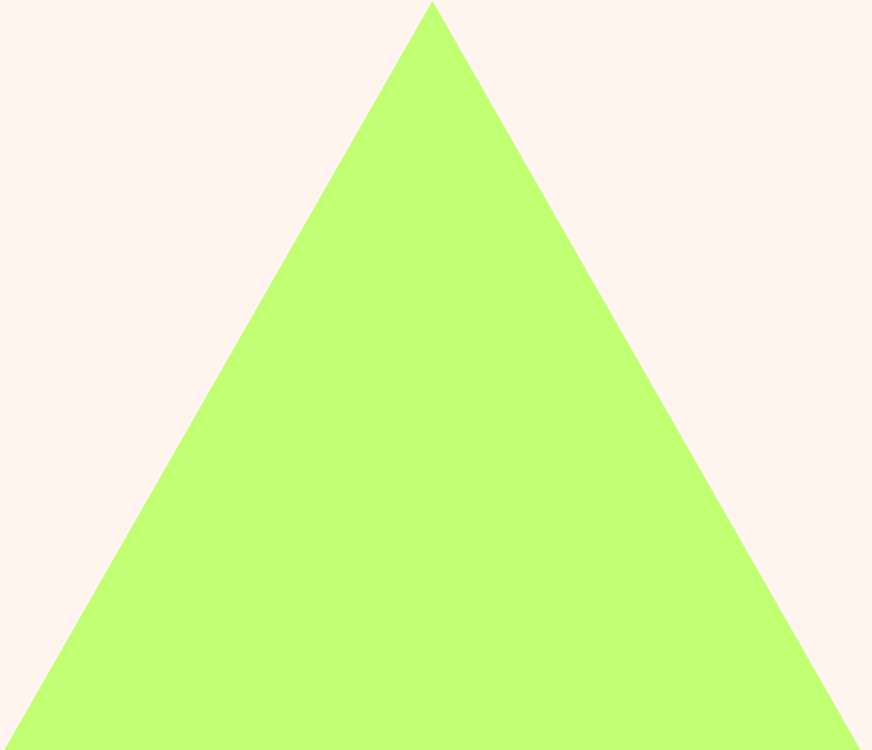
Physicians



CNMs



Home birth



Birthing Center

U.S. Ranks Last

amongst top 10 industrialized countries
for the maternal mortality rate

U.S. Ranks 55th

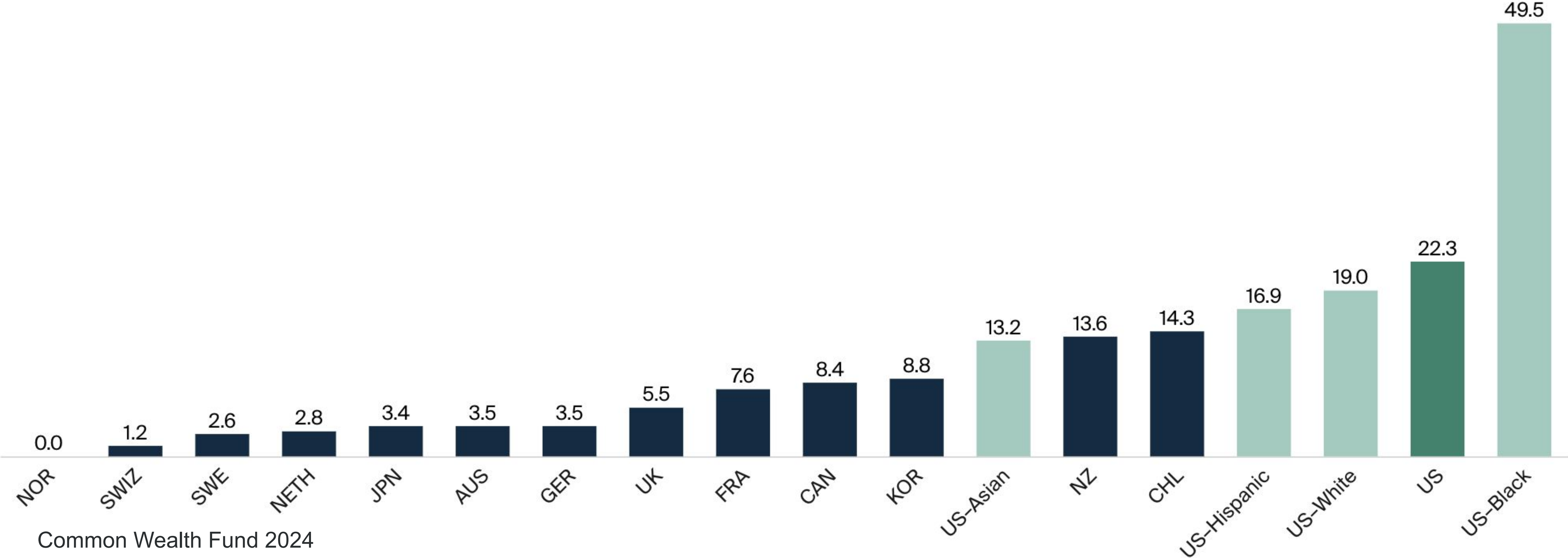
amongst all countries for the
maternal mortality rate

U.S. Ranks 51st

amongst all countries for the infant
mortality rate

The United States continues to have the highest maternal death rate, with the rate for Black women by far the highest of any group.

Maternal deaths per 100,000 live births



Common Wealth Fund 2024
Data from OECD and CDC 2023

U.S. Stats

Pregnancy-Related Mortality Ratio:
24.9 per 100,000 in 2023

Top causes: Infection/sepsis, cardiovascular condition, thrombotic pulmonary or other embolisms

Infant Mortality Ratio:
5.6 per 1,000 live births in 2022

Top causes: Birth defects, ptb/lbw, SUID, unintentional injury, maternal complications

California's Stats

Pregnancy-Related Mortality Ratio: 21.6
per 100,000 in 2021

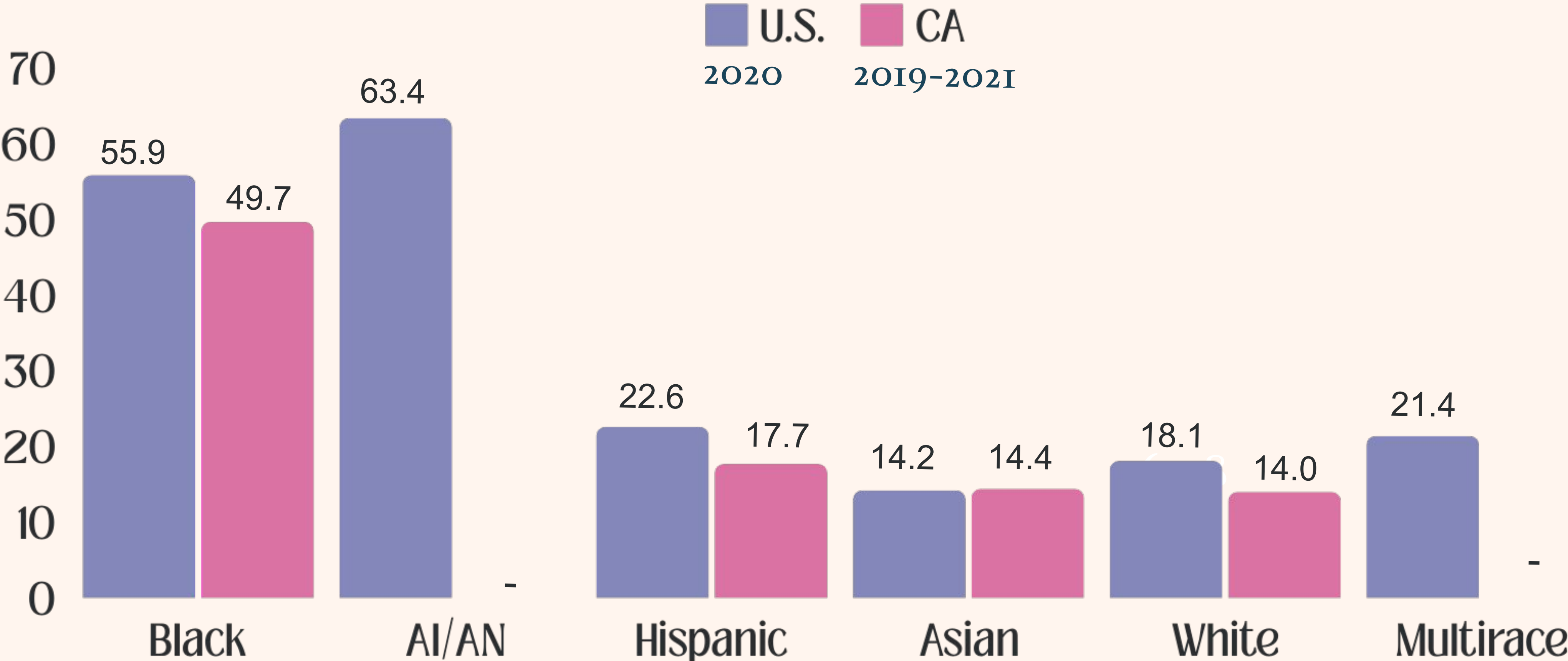
Top causes: Infection/sepsis, cardiovascular disease, hemorrhage

Infant Mortality Ratio:
4.13 per 1,000 live births in 2021

Top causes: Birth defects, ptb/lbw, SUID, maternal complications

Pregnancy-Related Mortality Ratio by Race/Ethnicity

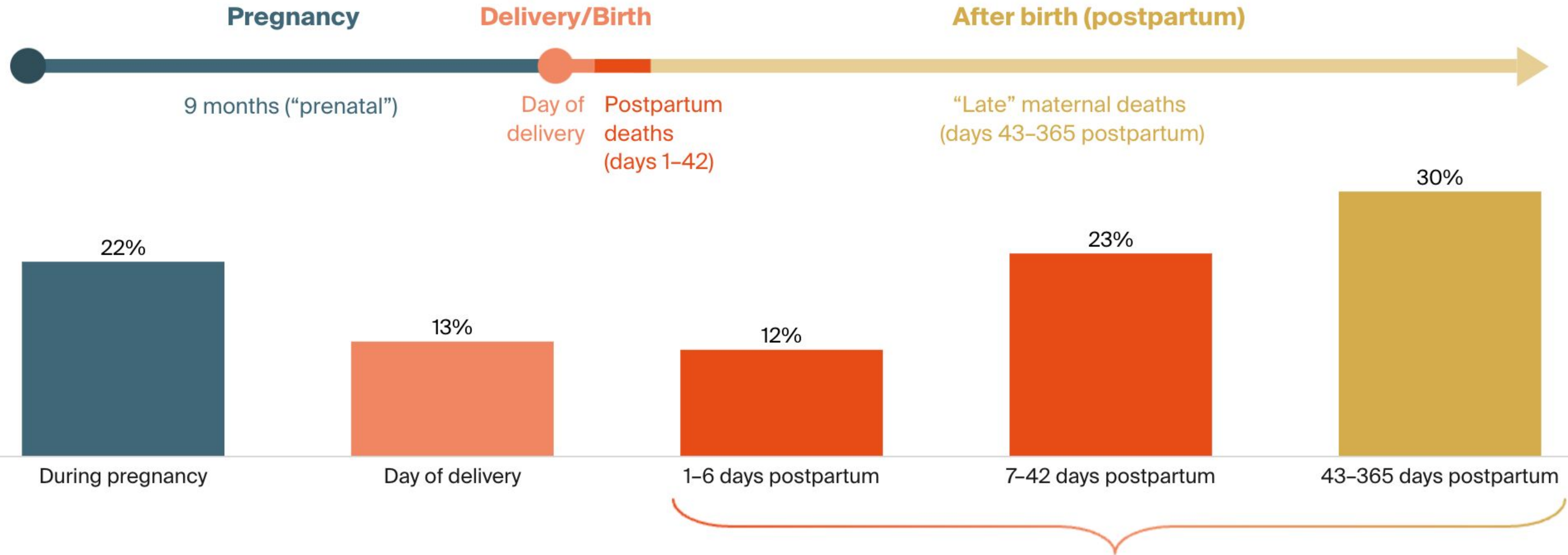
per 100,000 live births



(CDC 2024)
(CDPH 2023)

Two-thirds of U.S. pregnancy-related deaths occur during the postpartum period.

Distribution of pregnancy-related deaths by timing of death in relation to pregnancy, 2017-2019



Clinician care priorities and practices in the fourth trimester: perspective from a California survey

- OB/GYNs and midwives differ in their approach to postpartum care, with OB/GYNs more likely to limit patients to one postpartum visit (46.4% vs. 16.4%, $p < 0.01$).
- Midwives spend significantly more time in the initial postpartum visit (60 minutes vs. 20 minutes for OB/GYNs) but do not prioritize addressing social drivers of health more than OB/GYNs in that visit.


32

- Despite longer initial visits, midwives' care models, which typically include multiple postpartum visits and emphasize relationship-centered care, may allow them to address social health components in later visits.


11.1

11.6

12.8



The variation in care priorities suggests that a collaborative approach, integrating the strengths of both OB/GYNs and midwives, could close gaps in postpartum care and better address comprehensive health needs.



The background features decorative wavy lines in shades of pink, blue, and orange, framing the central text.

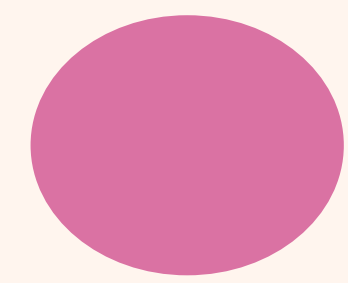
What is a midwife?

”

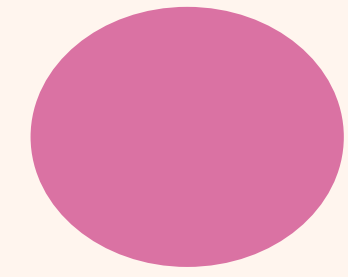
The midwife is recognised as a responsible and accountable professional, who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the women and gender diverse people they serve, but also within families and communities. This work should involve antenatal education and preparation for parenthood and may extend to sexual and reproductive health care, and care for infants and young children

-International Confederation of Midwives

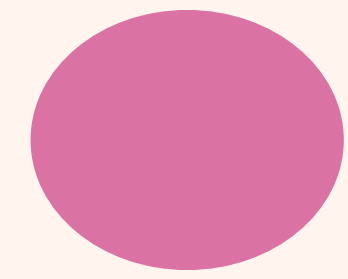
Midwifery Model of Care



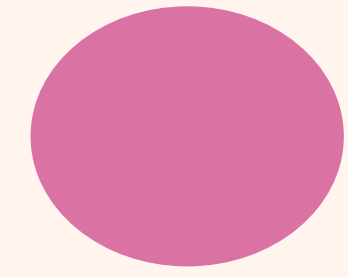
Continuity of care



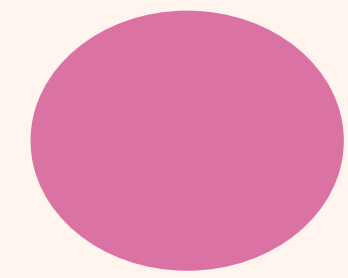
Informed choice



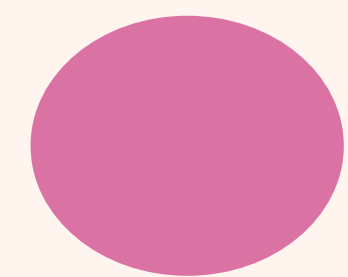
Minimal intervention



Holistic care

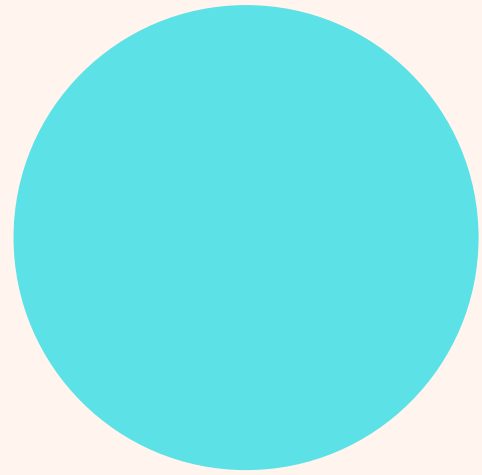


Individualized care

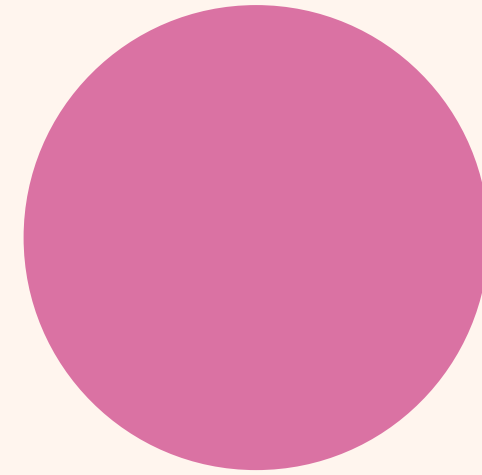


Respect for physiological birth

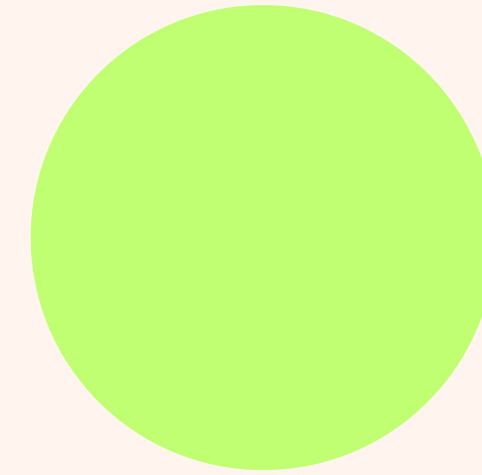
Types of Midwives in California



Licensed
Midwives



Certified Nurse
Midwives



Lay Midwives
Birth Keepers

Scope of Practice

Licensed Midwives

DIVISION 2. HEALING ARTS [500 - 4999.129]

CHAPTER 5. Medicine [2000 - 2529.6]

ARTICLE 24. Licensed Midwives [2505 - 2523]

(Article 24 repealed and added by Stats. 1993, Ch. 1280, Sec. 3.)

2507

(a) The license to practice midwifery authorizes the holder to attend cases of normal pregnancy and childbirth, as defined in paragraph (1) of subdivision (b), and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

(b) 1 (1) Except as provided in paragraph (2), a licensed midwife shall only assist a woman in normal pregnancy and childbirth, which is defined as meeting all of the following conditions:

(A) There is an absence of both of the following:

(i) Any pre existing maternal disease or condition likely to affect the pregnancy.

(ii) Significant disease arising from the pregnancy.

(B) There is a singleton fetus.

(C) There is a cephalic presentation.

(D) The gestational age of the fetus is greater than 37⁰/₇ weeks and less than 42 ⁰/₇ completed weeks of pregnancy.

(E) Labor is spontaneous or induced in an outpatient setting.

Evidence on Midwives

1

Outcomes of care for 16,924 planned home births in the United States: the Midwives Alliance of North America Statistics Project, 2004 to 2009.

2

Ten years of a publicly funded home birth service in Victoria: Maternal and neonatal outcomes (2022)

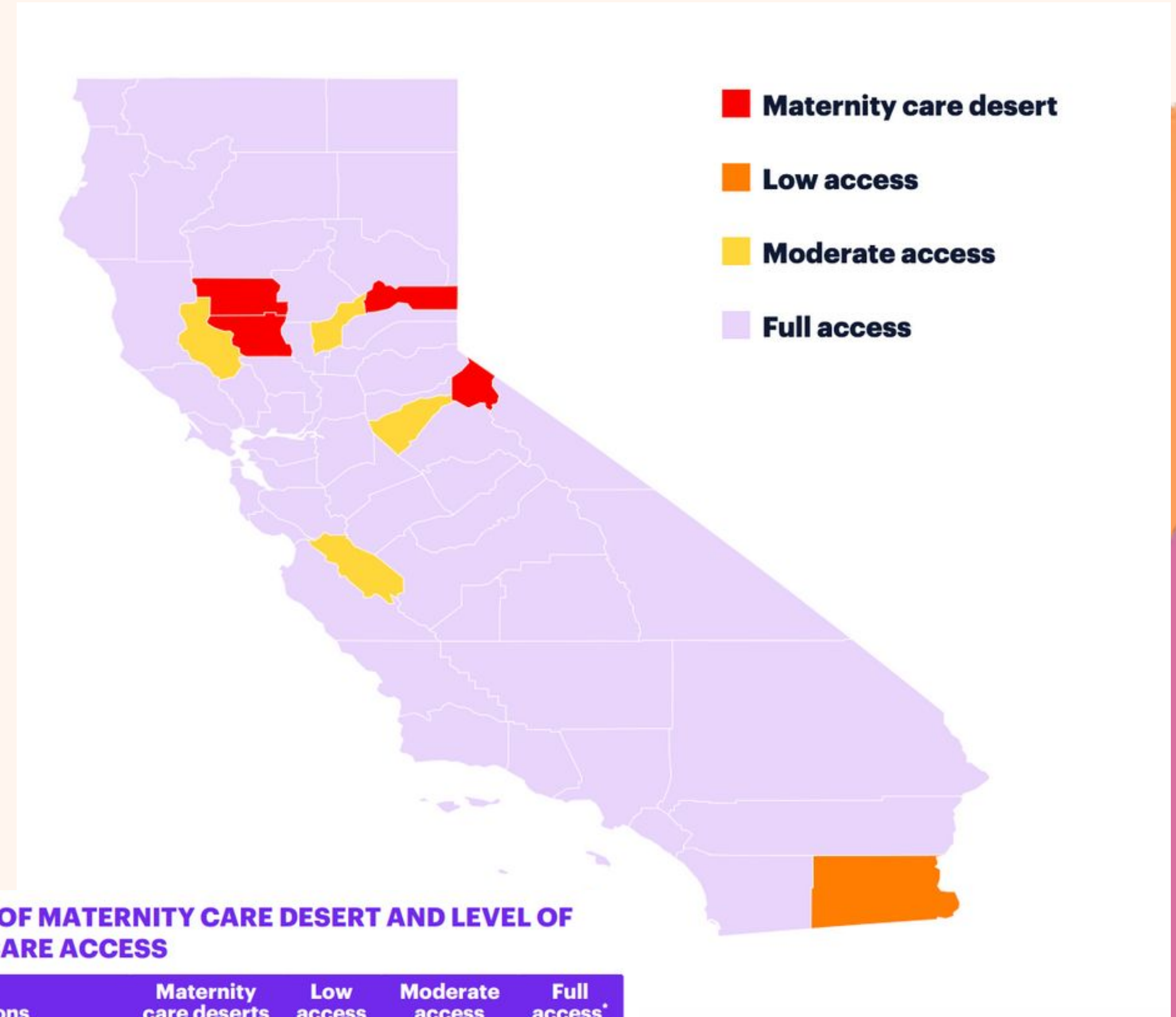
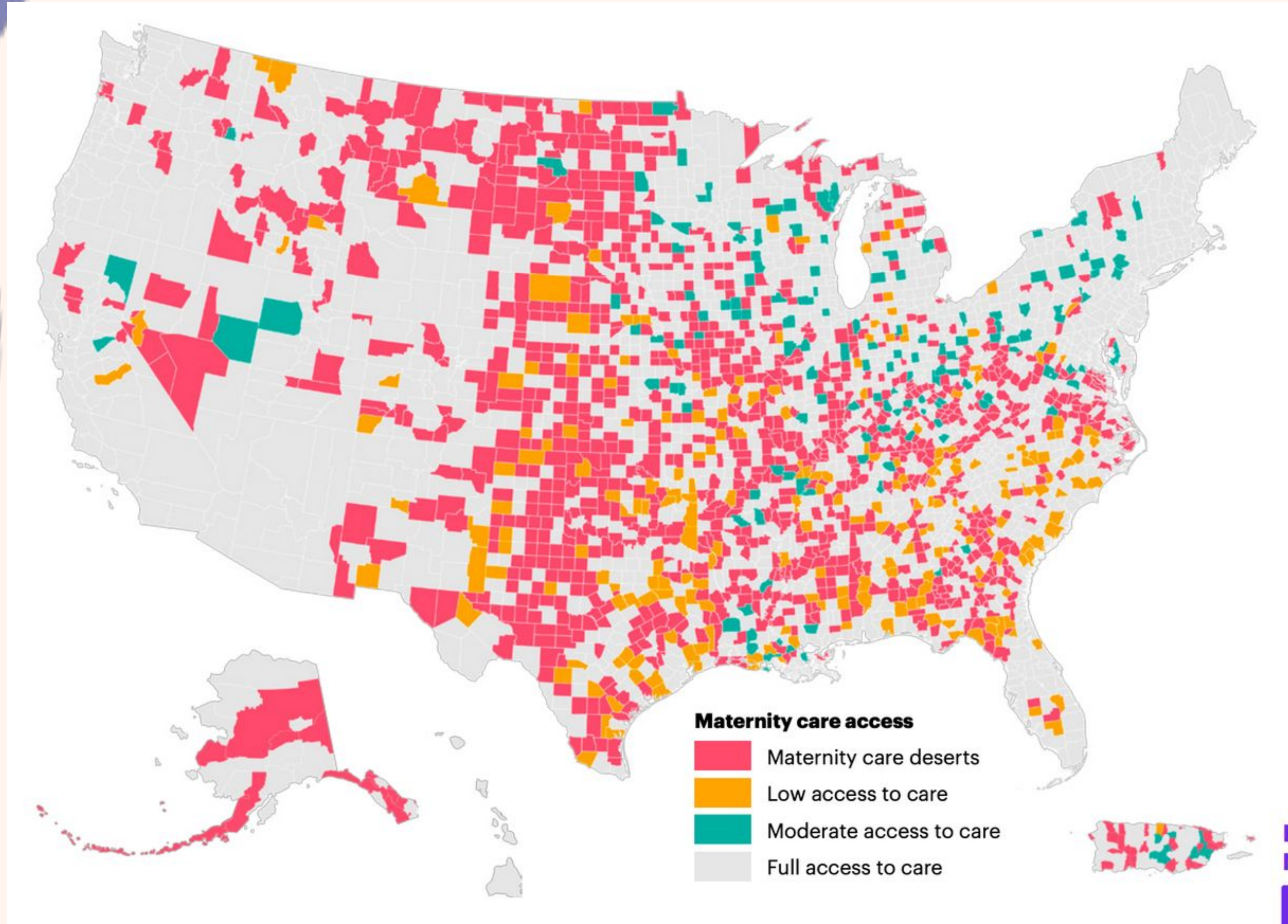
3

Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study (2021)

4

Are midwife continuity of care models versus other models of care for childbearing women better for women and their babies? (May 2024)

Maternity Care Deserts



DEFINITIONS OF MATERNITY CARE DESERT AND LEVEL OF MATERNITY CARE ACCESS

Definitions	Maternity care deserts	Low access	Moderate access	Full access*
Hospitals and birth centers offering obstetric care	zero	<2	<2	≥2
Obstetric providers (obstetrician, family physician, CNM/CM per 10,000 births)	zero	<60	<60	≥60
Proportion of women 18-64 without health insurance	any	≥10%	<10%	any

(March of Dimes 2024)

(March of Dimes 2023)

Addressing Maternity Care Deserts



1

Home visits



2

Larger practice
area



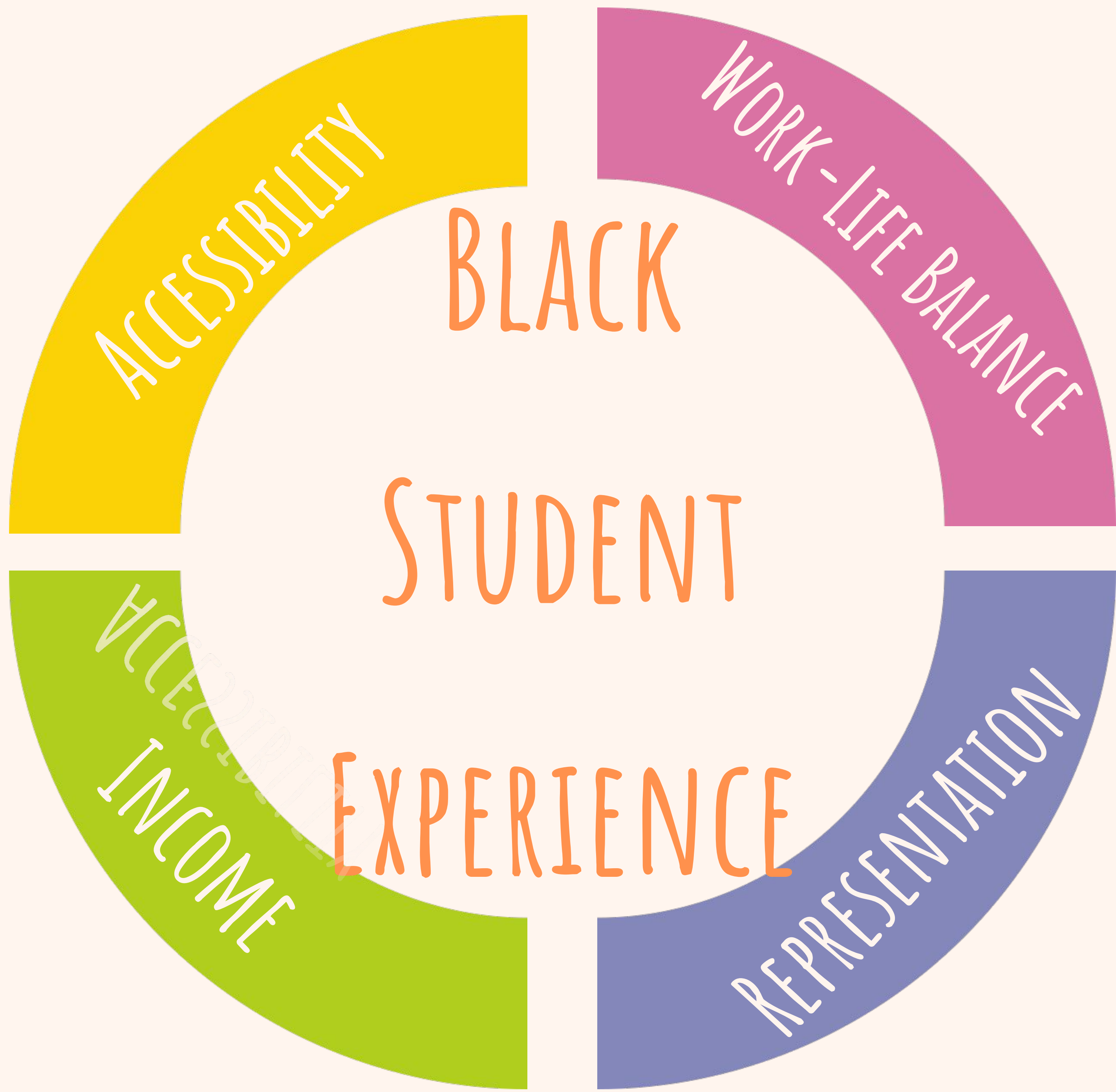
3

Cost



4

Creating more midwives,
especially midwives of color



ACCESSIBILITY

WORK-LIFE BALANCE

BLACK

STUDENT

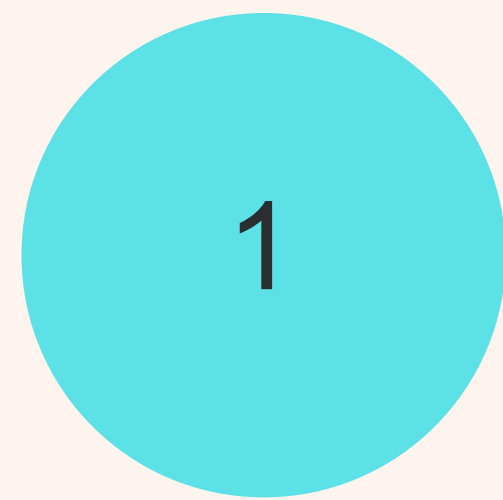
REPRESENTATION

INCOME

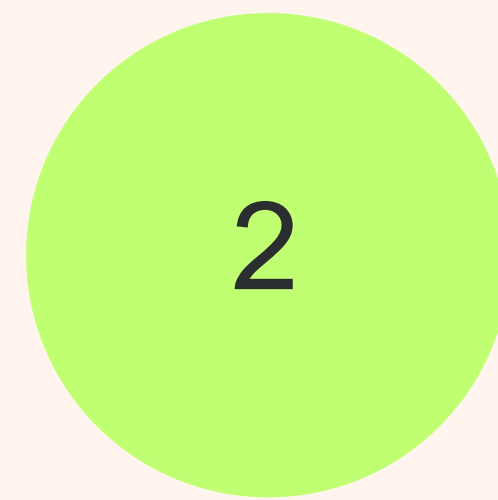
EXPERIENCE

Recap

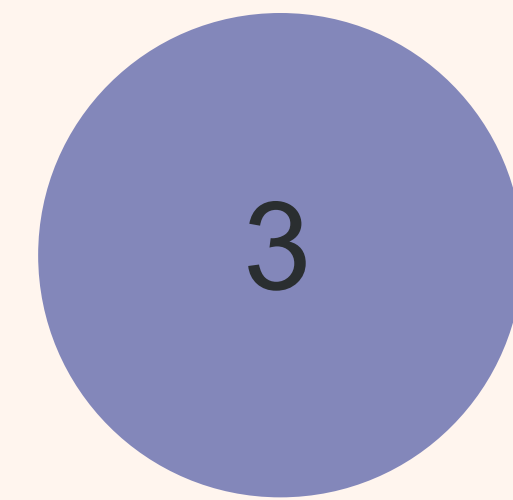
The maternity care crisis is directly due in part to systems related to:



Racism



Inaccessibility



Overburdened Systems



Solutions?!

**In what ways do you
believe midwives could
help address the
maternity care crisis?**

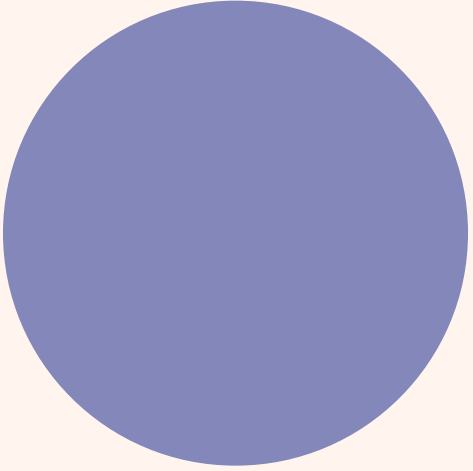


CALL TO

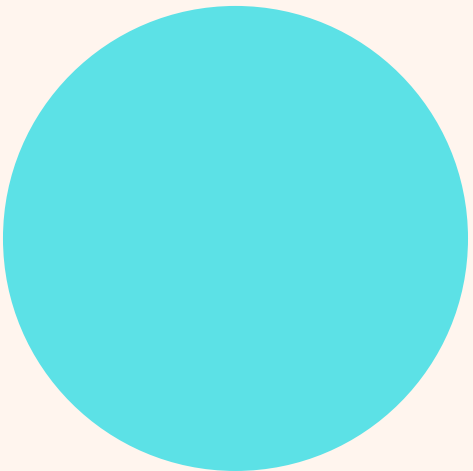
ACTION:

We need integration of, access to, collaboration
with, and expansion of midwives in all
birth/reproductive health settings.

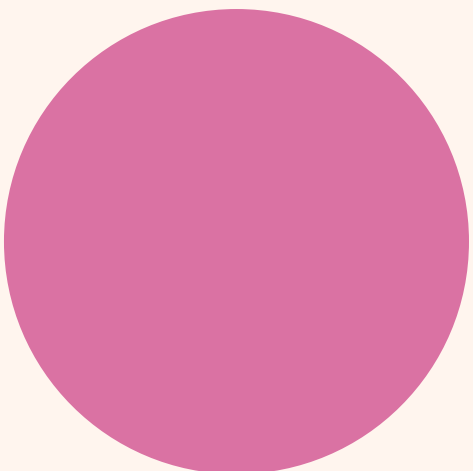
Collaboration/ Integration

- 
- Better communication
 - Seamless transfers
 - Accessible referrals
 - Using models from other countries

Expansion of Midwifery

- 
- Accessible midwifery education
 - BIPOC scholarships for midwifery
 - Reduction in maternity care deserts

Insurance Coverage

- 
- Recognition of midwifery credentials
 - Adequate reimbursement for home births, birth centers and midwifery care

Resources

1. **Around Birth Collective:** <https://www.aroundbirthcollective.com/>
2. **CA Department of Health:**
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Topics/Pregnancy-and-Reproductive-Health.aspx>
3. **Center for Disease Control Prevention:** <https://www.cdc.gov/pregnancy/>
4. **Community Birth Transfer Resource Kit:**
<https://saferbirth.org/community-birth-transfer-resource-kit/>



Questions?

Raffle! and Evaluation

Understanding California's Birth Options Webinar

Know Your Rights!

We'll discuss birthing rights, FAQs on birth justice, and overcoming barriers to birth equity for birthing families of color

Date: Thursday, October 17, 2024

Time: 3:30–5 p.m.

The Whole Child Equity Partnership Presents:
Understanding California's Birth Options Webinar Series

Envisioning Midwifery Integration, Collaboration and Expansion **10/3 @11am**

We'll discuss the national maternal/infant mortality crisis and its impacts in California, birth disparities, the Midwifery Model of Care™, and more

Speakers

Yuli Smith - Licensed Midwife and Lactation Consultant
Tristen Orosco - LM, CPM, IBCLC, Co-Founder Around Birth Collective



bit.ly/MidwifeOptions

Know Your Rights **10/17 @3:30pm**

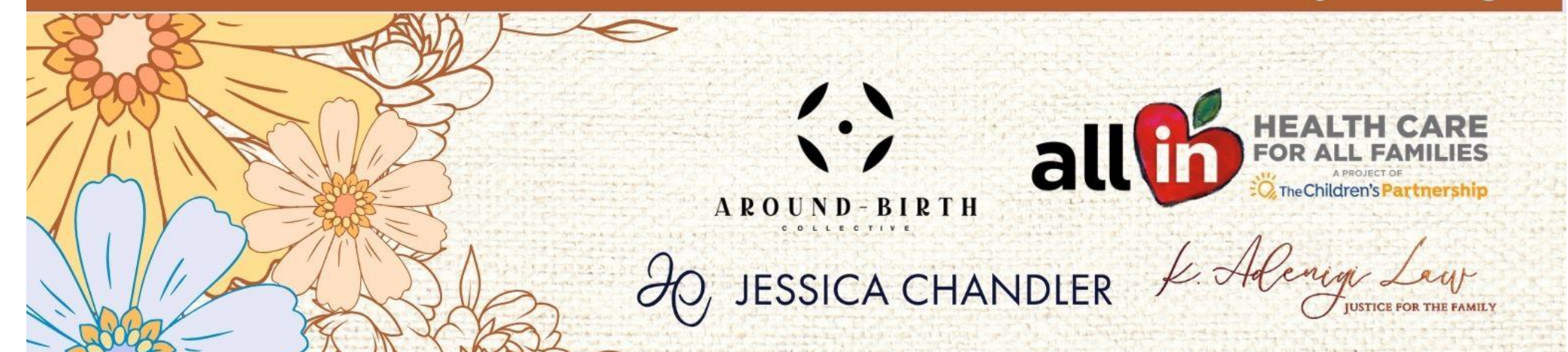
We'll discuss birthing rights, FAQs on birth justice, and overcoming barriers to birth equity for birthing families of color

Speakers

Keshia Adeniyi-Dorsey, ESQ - Family Defender
Jessica Chandler - Social Worker Investigator



bit.ly/BirthingCA



California Reparations: How Does Prenatal To 3 Fit In?

Date: Tuesday October 8 2024

Time: 10:00–11:00 am

We will be discussing the following:

- The history of reparations and current context setting (ex. CA reparations report, things to build upon).
- The historical context of racial injustice, systemic racism, reparations efforts and strategies.

This webinar will be presented in English with live Spanish translation available.

CALIFORNIA REPARATIONS WEBINAR

This webinar will bring together stakeholders from across CA to discuss the importance of including children prenatal-to-age 3 and their families in reparations policy.

How Does Prenatal to Age 3 Fit In?

A discussion on reparations actualization, challenges, history and context setting

Dr. John Dobard, VP of Policy & Programs at Catalyst CA
Dr. Cheryl Grills, CA Reparations Task Force
Lisa Holder, President of Equal Justice Society

TUE 10/8 @ 10AM

[Bit.ly/RepConvo](https://bit.ly/RepConvo)

This webinar is created with the support of the Whole Child Equity Partnership



THANK YOU!



Contact Us

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AJ Jordan

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