Florida Licensed Midwives

Serving Florida families since 1931
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Florida’s challenging geography

- Florida has two time zones: Eastern and Central
- To drive from Pensacola to Key West takes 13 hours, 835 miles
HISTORY OF DIRECT-ENTRY MIDWIFERY IN FLORIDA

Florida midwives
1934
History of Midwifery in Florida

• 1920: Approximately 4000 midwives were serving Florida families, including Seminole, Miccosukee, African American and poor rural White families (*Fla. Health Dept. estimate*)
• 1931: Florida passed the first state midwifery licensing law, 1400 lay midwives became licensed
• 1933: Florida Midwife’s Manual was written for Licensed Lay Midwives
  ◦ Midwives attended women in labor and birth
  ◦ Public health nurses provided prenatal care
• Licensed Lay Midwives (“granny midwives”) were supported by the state and county Health Departments until the 1960s
Florida midwives 1930s to 1960s

• The Florida Health Department recruited and trained midwives to take care of those women who did not have access to medical care due to poverty and segregation

• They were expected to attend births in their homes when called

• Many were paid in produce, canned foods, eggs, chickens, pigs and livestock, or with barter and trade, whatever the families could afford
Gladys Milton, LM (1924-1999)
Midwife to NW Florida families

- In the 1950s, the Walton County Health Department recruited Gladys Milton to be trained by physicians. Gladys was licensed to practice midwifery in Florida in 1959.
- In 1976, Gladys opened the Milton Memorial Birthing Center, to provide a safe, family-oriented environment for low-risk women who could not afford hospital care.
- In the late 1980s, with help from the Florida midwifery community, Gladys successfully fought off a challenge by the FL DOH to maintain her midwifery license.
- Gladys was inducted into the Florida Women's Hall of Fame in 1994.
- Gladys’ daughter, Maria Milton, also a Florida Licensed Midwife, continues her mother’s work at the Milton Memorial Birthing Center.
Florida MIDWIFERY HISTORY

• 1964: Florida hospitals were desegregated, US Medicaid instituted - women once served by Licensed Lay Midwives became desirable to obstetricians.

• The numbers of Licensed Lay Midwives begin to dwindle as the Florida Dept of Health and Rehabilitative Services notified midwives their services were no longer needed, they were to turn in their licenses and receive a certificate of appreciation from the state.

• 1969: The first Nurse-Midwife was licensed in Florida, under the Board of Nursing.

• Health Department officials moved to replace lay midwives with nurse midwives.

• The majority of Florida Licensed Lay Midwives were retired by 1970.
1960-70s: NATIONAL REFORM MOVEMENTS AND MIDWIFERY

• 1960S: Demand for midwives grows across the nation – “awake & aware” childbirth, Lamaze movement, Women’s Movement, La Leche League, Hippies - Ina May Gaskin and The Farm midwifery

• Interest in natural childbirth began to grow. Many women wanted to be more educated about and more involved in their pregnancies and the births of their children. Fathers wanted to be part of the birth.
Midwifery in Florida
1970s

• 1970s: A law to license Lay Midwives was still on the books. To become licensed, midwives had to attend 15 births with a sponsoring physician and receive the endorsement of their County Health Department supervisor, usually a doctor.

• Most County Health Department supervisors were doctors and refused to license Lay Midwives.

• Several women challenged their refusals in state courts and received their licenses.

• Florida DHRS actively encouraged the remaining Licensed Lay Midwives to retire in favor of Nurse-Midwives.
1979: Midwives Association of Florida (MAF) is formed, to keep direct-entry midwifery licensure available.

Rates of homebirths in Florida delivered by “other” rise to a statistically significant level.

MAF meets with FL DOL (Dept of Labor) people to propose an apprenticeship training program for Licensed Lay Midwives, which is ultimately rejected.

MAF secures bill sponsors and submits a bill to license midwives. The bill was introduced in 1979, 1980, & 1982.
History of Midwifery in Florida
1982

- Florida Midwifery Practice Act, F.S. 467 passed
  - Required: 3 yr. “direct entry” midwifery education, 25 birth observes, 25 primary managements under supervision, and passing a state licensing exam
  - Nursing is not a prerequisite
  - 1984 “sunset review” amendment added by opponents at the last minute
- Two licensed midwife educational programs opened in Florida in 1983
  - North Florida School of Midwifery in Gainesville
  - South Florida School of Midwifery in Miami
History of Midwifery in Florida
1984-85

• 1984: Sunset Review Study recommended continuation of licensing – study finds Licensed Midwives provide safe, effective care that meets a public need.

• Despite study findings, opposition from the medical community forced amendment to F.S. 467 that closed off licensing to all non-nurse midwives except those currently licensed and students already enrolled in the two midwifery education programs.

• 1985: Licensed Midwives and families worked to remove restrictions in the law
  ◦ Grassroots consumer groups organized throughout Florida.
  ◦ Passage of law required private insurance companies to reimburse midwives licensed pursuant to 467 for maternity care
History of Midwifery in Florida

1989

• Florida Friends of Midwives was formed, under the leadership of Becky Martin.

• US Senator Lawton Chiles’ son and his wife had an unplanned preterm breech delivery at home. Florida Licensed Lay Midwife who was also a paramedic was called in and successfully delivered the baby. Senator Chiles expressed gratitude that the midwife saved his grandchild’s life.

• Lawton Chiles decided to run for governor as the Democratic candidate. Licensed midwives contributed to and worked in his campaign. Chiles was elected Florida governor in 1989 and re-elected in 1993.
History of Midwifery in Florida

1991

• Passage of “Sunrise Review” by the Florida Legislature - called for reopening F.S. 467 to enable the education and licensure of new midwives.

• Governor Chiles’ daughter Rhea had the first of her 3 children in a birth center owned by a Licensed Midwife.

• Rates of homebirths and birth center births continue to rise

• Senate HRS committee study finds Licensed Midwives’ safety record comparable to Certified Nurse Midwives and Physicians; and that the public could benefit from increasing the number of practicing midwives.
History of Midwifery in Florida
1992

- New Licensed Midwife Law passed, licensure reopened
- Educational and clinical requirements and scope of practice were revised
  - Birth management requirements increased from 25 to 50
  - Medicaid reimbursement mandated for Licensed Midwife services: prenatal and postpartum care, and birth center births. Homebirths excluded.
- Regulation moves from DHRS to DBPR. Midwives regulated by the Council of Licensed Midwifery, an independent council. Efforts to place the Council under the authority of the Florida Board of Nursing were defeated.
- Gov. Lawton Chiles’ Healthy Start Initiative passed and became law
History of Midwifery in Florida
1993

• Council of Licensed Midwifery Began Rules Development
  ◦ Council of Licensed Midwifery comprised 9 members: 4 LMs, 1 CNM, 1 OB, 1 pediatrician, 1 family practice physician and 1 consumer.

• Florida Dept of Education develops Curriculum Framework for state educational programs, levels midwifery at Associate Degree

• Healthy Start Advisory Committee recommends 50% of healthy women deliver with midwives by the year 2000.
History of Midwifery in Florida 1990s

- Education Programs for Licensed Midwives opened in Florida in 1993
- Miami Dade Community College became the only public institution in the U.S. to offer a degree for Licensed Midwives.
- Two private schools/programs opened:
  - National School of Technology started a midwifery program in Miami
  - Florida School of Traditional Midwifery opened in Gainesville
- Jennie Joseph, British midwife, became a Florida Licensed Midwife, started the The JJ Way® Patient-Centered model of care
- 1997: Passage of the law mandating Medicaid Reimbursement for home birth provided by Licensed Midwives, linked with required Malpractice Insurance
Midwifery in Florida 2000s

• 2009: Miami Dade College closes its Midwifery Program to new classes. The last midwifery class graduates from Miami Dade College.

• 2009: Jennie Joseph opens Commonsense Childbirth School of Midwifery in Winter Garden (central) Florida.

• 2010: Federal Health Care reform legislation authorizes Medicaid reimbursement for all licensed practitioners in licensed birth centers.
Midwifery in Florida: current status

• For the past 20 years there have been no serious legislative threats to Florida Licensed Midwifery practice – challenges and changes have taken place in rule
  • 2006: Midwifery rules amended to enable LMs to provide HBAC with informed consent [https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B24-7](https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B24-7)
  • 2016: Successful resolution of ~ 20 years of efforts by members of FABC (Florida Association of Birth Centers) to change birth center rules so LM clients no longer require initial risk assessment by an OB or CNM to enter LM care – now finally in agreement with LM homebirth rules
• Midwives in busy home and birth center practices, at far distances from each other, can drift apart when there is no legislative activity, and then have to scramble to come together to respond to an unexpected situation.
Midwifery in Florida today: challenges and strategies

• April 2016: FL ACOG sent a letter to the Florida Council of Licensed Midwifery regarding concerns over reporting adverse outcomes associated with homebirth
• LMs on the Council did not receive this letter until October 2016
• LMs agree to the importance of accountability and adverse incident reporting
  • Wanted this language in rule – a simpler, faster and more direct “fix” than going through the legislative process
  • Believe this language belongs in FS 456 “Health Professions and Occupations: General Provisions” not FS 467 “The Midwifery Practice Act”
    o 20% of out-of-hospital births are attended by CNMs and doctors
    o Concerns about opening our practice act – what other language could be amended potentially damaging to autonomous midwifery practice
FLORIDA ACOG proposed bill

Proposed as an amendment to an existing bill

Licensed midwife or other health care provider requirement to report adverse incidents occurring in out-of-hospital births; The Department of Health to create in rule, including but not limited to:

(a) Maternal deaths that occur during delivery or within 42 days after delivery;
(b) Transfers of maternal patients admitted to a hospital intensive care unit;
(c) Patients who experienced hemorrhagic shock or who required transfusion of more than 4 units of blood or blood products;
(d) Fetal or infant deaths associated with obstetrical deliveries, including stillbirths; or
(e) Transfers of infants admitted to a neonatal intensive care unit, regardless of indication or occurrence of traumatic physical or neurological birth injury, including any degree of a brachial plexus injury.
Florida Licensed Midwives respond to the challenges

- Rebuilding a strong Midwives Association of Florida
  - election of new officers
  - outreach to clarify misunderstandings and heal wounds
- Establishing FLACPM – the Florida chapter of NACPM – to contribute national resources and connections to the state challenges and work collaboratively with the Midwives Association of Florida
- Reaching out to members of FABC (Florida Association of Birth Centers)
- Hired a team of lobbyists who are well connected and experienced in state legislature, formerly lobbied for the Florida Medical Association, personal friends with FL ACOG’s lobbyist
Midwife Day at the Capitol
• 14 midwives from all over the state converged on Tallahassee for Midwife Day March 29th
• Lobbyist set up 19 appointments with different legislators
• Teams of 3-4 midwives visited each legislator
• Sat in on legislative sessions

Visiting a legislator in his office
What we’ve learned

• The importance of having an experienced, well-connected lobbyist representing our interests and protecting our profession

• Traits of a good lobbyist
  • Passion
  • Commitment
  • Empathy
  • Understanding of the issues
  • Connections/influence
  • Experience
  • Respected by the legislators
What we’ve learned

We’ve learned the importance of a well informed, well functioning state professional midwives association to

• Work as a successful, valued organization
  • Strong leadership
  • Effective communication
• Safeguard autonomous midwifery practice
  • Stay on top of things, active and involved with relevant state events
  • Present at Council meetings
• Network with other professional associations
• Interact with state regulatory agencies
• Keep legislators educated and informed
Where we go from here

• Fund raise to pay our lobbyists

• Educate new legislators as they are elected
  • Large percent of turnovers each legislative session due to term limits

• Build collaborative relationships with other stakeholders, including our “opposition” and build on common core beliefs

• Get our house in order
  • Establish productive norms of behavior
  • Enforce respectful social media policies
  • Clarify misunderstandings
  • Build a cohesive midwifery community