| **Form Summary** | |
| --- | --- |
| **Date** | 06/15/2021 |
| **Meeting Chair** | Sanaz Kama |
| **Minute Taker** | Pradheepa Simonpillai |
| **Meeting Attendees** | Sanaz, Freya, Rebecca, Maryam, Tenisha, Tama, Amanda, Linnea, Alexanda, Mojgan, Pradheepa |
| **Minutes of Previous Meeting Approved** | Approved |
| **Minutes approved and seconded by** | Tama & Freya |
| **Meeting Topic** | Land Acknowledgment |
| **Speaker(s) and Narrative** | Linnea: Land acknowledgement is a work in progress, each individual do their own research, review draft LA. include discussion of LA, bring poetry and art to that piece. |
| **Decision Status** | Final Decision |
| **Meeting Topic** | Births |
| **Speaker(s) and Narrative** | Tama; Team A for June and homebirths in July Sanaz; Team B for June and July edds that delivered early. July homebirths listed Freya: Team D for June  Discussion of births planned for SGH instead of Centenery. Earlier client discussions with birth locations at Centenery need an ICD on switch to SGH for birth place. |
| **Decision Status** | Final Decision |
| **Meeting Topic** | Admin Items |
| **Speaker(s) and Narrative** | Jackie: Invoice lists are in lab folders, and will be added to Slack channels Alex: Meeting Minutes on websites have glitches. Entry spot jumps to another paragraph. Errors on multiple minutes during meeting. When you're actively typing in a section, it will jump to another section where you're typing, which makes it difficult when people are recording and speakers are talking quite quickly.  Laurie - can admin staff look into why site glitches during minute taking. |
| **Decision Status** | Create and review a forum to note experiences on DM website |
| **Meeting Topic** | Clients who leave province during care |
| **Speaker(s) and Narrative** | Sanaz: wrote a letter to give to clients leaving the province (or country) during care, with intent to return before birth. Team approval for letter. Sanaz reads letter, which is shared on Slack. Incorporates information from AOM with details to include, and how to communicate with client in regards to expectations.  Maryam & Sanaz: Discussion on the types on testings, screening and importance of MRP while in another jurisdictions to follow up. Also discussion on note being available for pages from clients out of province.  Alex: discusses scenario as to why this letter was produced. Why its important to seek a MRP while out of jurisdictions (gap amongst a clients care when they had gone to US, and called admin to inform last minute, then paged midwives on pregnancy concerns while out of country). Maryam: concerns for liability while clients are out of country. are we still responsible for care? Midwives are concerned for clients, clients assume midwives are still responsible for care, how do we support clients who we cannot contact? Tama: Letter assumed midwives are no longer their MRP, while we have not discharged them from our care. Maryam: We can discharge client, and promise a spot for them when they return to jurisdiction and into our care. During the period of time they are out of province, we are not responsible for their care we have no access to support them. There are many things (beyond tests) that can happen while they are away (ie. preterm labour) and they are encouraged to find care where they are located. Tenisha: recommends leaving a full list of tests (like a requisition) so midwife can check off specific needs per client with the letter. Sanaz: intent of letter is for clients to understand we cannot provide care, review u/s and provide management. intent is for clients to understand that they need more support than to page midwives at DM and go to ER in residing town. We recommend having a primary healthcare provider while they are gone, for liability and ensure adequate support.  Laurie: document clearly the move, pages and needs and continue to support client with answers by phone while they are away, including recommendation to find a MRP Tenisha: not concerned with being able to respond to clients out of country. paging offers an opportunity to tell clients to seek medical support, and give best advice. Tama: agrees with Tenisha, however its still important to inform clients about to leave the country the concern with seeking medical support while they are away. We dont know the resources of other provinces, and how quickly assessment can be possible. Being available by page is important for client to give advice if resources are limited. Freya: Word letter in the way - we shouldnt be the person you're asking for advice when we are not in their jurisdiction. Letter should include they need to seek a medical care provider where they are located. Have a good conversation with client before they leave, and ensure they know they should seek care where they are. So that we are not trying to give clinical advice through telehealth, and we cannot give clinical advice. Is this letter a recommendation from the AOM? Sanaz: Will incorporate all the suggestions to this letter, and find a way to word it with clarity for client, emphasize on each individuals delivery of letter so midwives can be specific with the type of care they are willing to provide for clients out of town. Most midwives are comfortable with pages/calls/emails, however delivery of letter should be specific with the type of support they can provide from telehealth. Conversations may be tailored with clients accordingly. |
| **Decision Status** | Everyone agrees that we have a letter, but make it clear that there needs to be another care provider where you a moving to, since we cannot provide clinical care. Everyone should read the letter. AOM recommends a list of tests/screens to include (perhaps on a separate page). Sanaz will revise letter and include in next meeting. |
| **Meeting Topic** | Meconium at birth / Early Discharge |
| **Speaker(s) and Narrative** | Tama: wants feedback on a few issues - case review with recommendations coming soon (no specifics included). Seeking recommendations for hospital experiences with NRP provided on babies who are born well. What recommendations/research do midwives know for babies born with meconium at birth? Maryam: O2 stats in unit are difficult to attach. Is it possible to find older attachment? Newer ones are more difficult to use for assessment.  Tama: will speak to management at hospital around the O2 stat monitoring and equipment to use.  Sanaz: primary client delivered at SGH (transfer from homebirth due to meconium). two doses of PenG given, well baby born with gurgling. Baby taken to NICU, suctioned, tests given. Xray was given and antibiotics, on assumption of respiratory difficulty. O2 stat at birth was borderline/low. Pediatrician took baby to nursery based on this, provided full antibiotics and almost xray. Questioning whether O2 stats are accurate, leading to drastic management of pediatricians. Does not feel it was necessary for baby to have so much intervention. it prevented parents wish to skin-to-skin and breastfeed. Alex: xray could be provided in the room. Tama: Peds called early when there is meconium, and baby may be born vigorous and well. however is it necessary to have peds come in for assessment if baby is born vigorous?and Peds is not available at time of birth.  Freya: We wouldnt need peds if baby is vigorous, and peds has not arrived yet. what does the policy indicate? Tama: its not policy for further management if baby is well.  Freya: I would decline Peds if they had not been attending birth, and if baby is vigorous and well, it would not be necessary. Peds doesnt always promote skin-to-skin. Tama: medically speaking, questioning whether early discharge is allowed if there was meconium. these recommendations are not evidence based. Recommendations from hospital are not evidence based, as they are trying to ensure baby stays in hospital for observation. Freya: ALARM would be a good tool, to promote baby stimulation before clamp/cut.  Alex: 30s of stimulation can be done (by NRP) before clamp/cut. These arent practiced, and hospital is promoting more conservative actions not based on research. This is important before early discharge can be promoted.  Tama: early discharge hasnt been prevented due to meconium. Peds have said no consult is required, however 24hrs is recommended. However midwives are MRP and should allow us to support ICD on early discharge Amanda: why does peds want 24hrs stay at hospital? Tama: Peds promotes observation for 24hrs stay because of higher risk of complications. Vitals will be checked every 4 hours. MAS has risks that occur within 24hrs. Sanaz: not to speak negatively about Peds, however there are particular Peds who do not trust midwives. They do not appreciate or respect midwifery care when it comes to babies. Is this topic coming up now because of a few individuals who do not want to educate themselves on midwives ability to provide competent care. Its the same Peds who try to scoop babies, and keep midwives away from care for babies. Notes personal experiences of specific peds who try to push midwife away from "warmer/birth site". Why are peds trying to be involved in care when they are not called into room? Tama: this pushback is coming from early discharge. Pediatrics are uncomfortable from early discharge. they are creating more barriers rom early discharge. Freya: Had experience with Peds at a birth with thick meconium. Peds encouraged vigorous baby to stay under midwifery care, and early discharge. Midwives provided huge ICD on potential difficulties, and parents were able to page and stay in contact with midwives, before 24hr visit. Tama: going to show benefits of early discharge (cost-benefit analysis), a presentation for school intended to show hospital. we have a wonderful program with early discharge and need to promote amongst hospitals. |
| **Decision Status** | Tama will follow up on research and meeting with hospital tomorrow |
| **Meeting Topic** | case review |
| **Speaker(s) and Narrative** | Maryam: discussion on consult due to placenta function and risk of anemia with baby. hemoglobin levels are low. will this cause anemia for baby in pregnancy? need for more ultrasounds? should we just wait after delivery to make sure baby doesnt have hemoglobin. no research indicates this issue that will affect baby in pregnancy. debating on whether to wait until after birth to consult Alex: not sure what you can do now while they are pregnant. |
| **Decision Status** |  |
| **Meeting Topic** |  |
| **Speaker(s) and Narrative** |  |
| **Decision Status** |  |
| **Meeting Topic** |  |
| **Speaker(s) and Narrative** |  |
| **Decision Status** |  |

The message has been sent from 99.238.80.220 ca at 2021-06-15 on Chrome 89.0.4389.128  
Entry ID: 24  
Referrer: <https://www.google.com/>  
Form Host: <https://www.diversitymidwives.com/meeting-minutes>

[View Submission](https://app.123formbuilder.com/redirectTo.php?to=L2luZGV4LnBocD9wPXN1Ym1pc3Npb25zJmlkPTU3MjIyMjQmeG1pZD14NjBjOGU2MTk5MTE0ZjguNDQ2NDY1NTImY2xpY2tfZnJvbT1ub3RpZmljYXRpb25FbWFpbA%3D%3D&set=5)