



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES

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April 20, 2020

The Board of Certified Direct Entry Midwives offer this guidance to help midwives navigate this Covid-19 pandemic. We trust that our Alaska Direct Entry Midwives and the families they serve, have the strength and flexibility to adapt to the changes this pandemic requires.

The Alaska Board of Certified Direct Entry Midwives advises licensed providers to adhere to the published health mandates and CDC guidance regarding COVID-19 during the provision of midwife care.

The Alaska Health Mandates can be found here:

<https://gov.alaska.gov/home/covid19-healthmandates/>

CDC guidance regarding Covid-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Additional Resources for Telemedicine Delivery can be found:

NACPM webinar, Telehealth for midwives, including Kaiser Family Foundation presenters.

<https://vimeo.com/403817356>

Keiser Family Foundation

<https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>

American Academy of Family Physicians: specific to telehealth during Covid-19

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>

American Academy of Family Physicians: general telehealth toolkit

<https://www.aafp.org/dam/AAFP/documents/advocacy/prevention/crisis/CMSGeneralTelemedicineToolkit.pdf>

CMS factsheet (Centers for Medicare/Medicaid Services)

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

ACOG Covid-19 FAQs for telehealth

<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-telehealth>

We further trust that midwives have the ability to act in good faith to follow the intent of the mandates. These mandates are put in place to protect the health of families, to prevent the spread of disease, and to protect the midwives so that they do not get sick and thus reduce health care capacity.

Direct entry midwives should not be caring for or having direct contact with Covid-19 positive persons or suspected Covid-19 positive persons. If illness with Covid-19 is suspected, the client will be referred for testing and advised to isolate. Care for pregnancy can continue via Telehealth or client may be referred for treatment of Covid-19 if necessary. Midwives can collaborate with a hospital provider to arrange for necessary treatments of pregnancy as required. (RhoGam, Lab work) If a client is suspected to have had Covid-19, care may be continued once client has been symptom free for 3 days and at least 7 days have passed since onset of symptoms. Any client exhibiting s/s of Covid-19 at onset of labor or in the three days leading up to labor should be referred for hospital delivery, with notice to the receiving provider of suspected PUI.

It is critical that all in-person care is conducted in an environment that minimizes the potential risk of exposure to the COVID-19 virus. Meticulous screening before in person care with symptom history prior to care, entry screening, social distancing within the visit, and hygiene/PPE during the visit. (this includes gloves for hands on care, surgical mask, and environmental cleaning)

Prenatal care schedule: an alternate prenatal care schedule can be adopted so that in the case of a healthy low risk pregnant woman, prenatal visits would be reduced to essential visits such as an initial visit to establish care, following an anatomy scan, and in person 3rd trimester visits. Telehealth visits may be performed during first and second trimester in between essential in person visits if the client has the ability to connect via telehealth. Utilizing alternative care such as drive up vital signs, out-door prenatal visits may be considered to comply with current health mandates.

Urgent/emergent care would include care to ensure fetal/newborn and maternal physical, emotional, and mental health wellbeing. Examples of urgent/emergent visits would include but are not limited to: bleeding/spotting at any point in pregnancy, non-reassuring fetal movement patterns, non-reassuring fetal growth, suspected elevated blood pressure, clients who need visits for gestational diabetes, and all intrapartum care.

The midwife is responsible for charting the reason for in person visits as it relates to the health mandates.

In home visits and birth should be done with extra precautions including. Prescreening as described above. The family should be asked to clean an area of the home where the visit/birth will take place and should be asked to have only the mother and a support person present in that space. Proper PPE must be worn at all times. The midwife should only bring essential equipment into the space and place items on a clean surface in a plastic container or washable bag. All equipment and containers should be sanitized. Consider having the same midwife who attended the birth also attend the 24-hour home visit to limit exposure.

A recent ECHO meeting (April 16, 2020) & the State of Alaska Division of Professional Licensing gave some guidance on following the 015 Health Mandate regarding testing for Covid-19 for all clients prior to birth to the effect of “test or have PPE” So while direct entry midwives are making an effort to follow the mandate and acquire a source for testing before birth, we can use appropriate PPE during birth and follow the mandates for reduction of transmission. Midwives are recommended to make the best decisions for their practice and seek out avenues for testing and appropriate PPE.

In the event of a transfer of care during birth, postpartum, or newborn care, the midwife may not be able to accompany the client into the hospital. Every effort should be made to ensure the receiving provider has records and that you are available for a warm handoff at the entrance to hospital and available by phone for further report and follow up.

We have the opportunity to strengthen our professional relationships through collaboration and communication. Please don't hesitate to reach out to your local hospital providers for collaboration of care or to reach out to your fellow midwives to establish back up in case of illness.

It is recommended that in advertising midwifery services, we avoid stoking the flames of fear regarding hospital care. Midwifery stands on its own merits. We need the collaboration of our hospital providers and one of the things that keeps birth in the community setting safe is a birthing person who is willing to go to the hospital for care if the need arises. So, let's set the tone for respectful collaboration and communication. We know that our hospital providers are doing all they can as well to keep families healthy.

Thank you for providing excellence in midwifery care and for keeping Alaskan families safe.

Sincerely,

Alaska Board of Direct-Entry Midwives
Manga Penwell, CDM, Board Chair
Bethel Belisle, CDM
Dianna Kristeller, DNP, ANP, CNM
Dr. Dana Espindola, MD
Hannah St. George, Public Member

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