

All Hazards Preparedness

Not long after 9/11, when there was a focus on preparing for a terrorist attack and “sheltering in place,” ACNM published “Giving Birth in Place,” instructions for family-attended home births in emergency situations, designed to provide reassurance and advice for childbearing families. Post Katrina, ACNM documented the work of midwives in relief efforts, activated the Blankets for BabiesSM Campaign and stepped up information for members on disaster preparedness and first responders. As the number of avian influenza cases has risen around the world, ACNM has joined the Pandemic Flu Working Group here in Washington, DC and is getting information to members about state and local influenza planning. The lingo inside the beltway now reflects the realization that we cannot have one plan for bioterrorism, one for hurricanes and natural disasters and another for pandemic flu – we speak now of “all hazards” preparedness.

Throughout these discussions, ACNM is asking the question, “How are the special needs of women – especially pregnant and childbearing women – and newborns being met?” Until very recently, the answer typically was, “That’s a really good question,” or “We hadn’t thought about that.”

In May, I attended a Hill briefing sponsored by the National Association of County and City Health Officers (NACCHO), where two health officers presented detailed plans that are underway for responding to pandemic influenza. They are planning for three levels of care: there are pamphlets to educate the public about how to provide appropriate *home care* that will meet the needs of most flu victims (hydration, isolation, comfort measures); they are working with local *hospitals* to assess surge capacity and their ability to meet the needs of the sickest (perhaps ventilator dependent) victims; and they are designating places such as hotel ballrooms and convention centers

(places with adequate bathroom and food facilities) to be used as “*influenza care centers*” for those too sick for home care, but not in need of (or who cannot be accommodated in) limited hospital beds.

When I came to the microphone to ask the “usual” question on behalf of ACNM, I started with a few brief facts: “There are 4 millions births each year in this country. Childbirth is the second most frequent discharge diagnosis for hospitalization in the US because, unlike in many other countries, 99 percent of births in this country occur in hospitals. We know from previous flu epidemics that pregnant

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women die disproportionately and we are concerned that pregnant women are not unnecessarily exposed. What plans are being made to determine the best level of care for childbearing women? Will the influenza care centers be appropriate places for women to give birth?”

These discussions are a golden opportunity to educate health officials about midwives. The fact that midwives are experts in normal birth – that we are comfortable and skilled at attending a birth outside of a standard delivery room and without an OR down the hall – makes us uniquely well prepared to care for childbearing women in a disaster situation (a fact clearly demonstrated by the stories from midwives in the weeks following Katrina). The other important skill that midwives have honed well is that of *triage* of childbearing women; knowing which women are likely to safely give birth without medical intervention, and which women *need* IVs and an OR. It is a unique opportunity to educate

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the public and health care providers about the safety of planned home birth for healthy women and it is a time to assess the surge capacity of birth centers.

As a follow-up to the NACCHO briefing, their staff organized a call that brought together health officers working on disaster preparedness and maternal child health (MCH). ACNM had the opportunity to raise these questions with hundreds of health officers throughout the country. They are ready to hear from you!

The ACNM national office staff are thrilled to be working with Robbie Prepas, CNM and the newly formed Ad Hoc Committee on Disaster Preparedness (see the President’s Pen on page 3 for more about the formation of this committee). The committee will help you connect with officials responsible for disaster planning at the local and regional levels. They will be organizing programs for education and teaching out-of-hospital births. They will be working closely with policy staff and the Chapter Legislative Contacts to monitor important policy issues such as the EASR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals). They will be encouraging midwives to join Disaster Medical Assistance Teams (find out more about DMATs on the QuickInfo page of www.midwife.org) and their local emergency response groups. As Robbie say, “We need to have a presence in all these groups!” As committee chair, Robbie has pledged to personally interface with all the regional representatives and chapter chairs about goals and plans for the committee. Check the ACNM Web site, www.midwife.org, regularly for news on this group and their work, as well as links to critical information. Now more than ever, childbearing families need the special skills and expertise of midwives.

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