Melissa Cheyney: 52:18
So with that, we'll move to our last speaker on systems integration. We have Jenny Joseph, who is a British trained midwife and founder of Common Sense Childbirth, Inc. She created the JJ Way, an evidence based maternal healthcare system that has markedly reduced racial disparities and birth outcomes in Central Florida. She also established the nation's first nationally accredited midwifery school owned by black women. Welcome, Jenny.

Jenny Joseph: 52:42
Thank you very much and welcome everybody. Thank you for this piece. I'd like to talk a little bit about systems integration. And I'm not talking about nice to have. I'm talking about critical patient safety, life and death level safety. So next slide. When I say systems integration, there's nothing about our system that is currently integrated so people get triaged across siloed settings. And without integration, people are falling through the cracks. And so the system actually causes harm instead of healing. So looking through a midwifery lens is simple. One client, many doors, and whichever door they walk through at Any given time has to be the right door. That's what the no wrong door means in real life, the information follows them, the plan follows them, and the respect follows them. So integration is not only an EHR problem, for example, it's a handoff problem. It's whether we treat community care as legitimate care. It's whether a midwife can reach the right clinician or right service quickly and whether the receiving team already knows and understands their role in the continuum of safe care so that we're not starting in a crisis or from drama. And it's accountability across the whole ecosystem, community settings, EMS systems, hospitals, postpartum supports, so that nobody disappears or is shut out between prenatal care and birth, or between birth and postpartum. Next slide, please. Here's where I want to give you a reality check. So we already have two levels of care. We have the medical levels of care and then we have the community. It's one continuum. And I believe with midwifery at the intersections, we will all win. But do you see what I'm talking about here? So on the right you have the American Congress of Obstetricians and Gynecologists along with the Society of Maternal and Fetal Medicine and they created the levels of maternal care. That document came out in 2019. And so these levels four levels move from the level one, which is the accredited birth center, through to level four, which is of course the top of the facility that you could possibly have to deal with maternity in any given region. So that framework is about where's the right place for this person at this moment, based on acuity and what services are available. On the left of the slide you have the four community levels of care. And this is the part that's usually missing from any systems conversations, the community based access and trust infrastructure. We're naming the real entry points when it comes to maternal health, the community ambassadors that are on the ground, perinatal safe spots, such as the collectives and the birth work entrepreneurs and the community based organizations. Then we have public health. Okay, yeah, we have the standalone clinics, we have the federally qualified health clinics, we have OB providers, private providers, community providers who are privileged to have hospital access as well. And then we have our community led birth centers and our home birth providers. These are all actually in the community space. So these are not extra, these are the front door. These are how we get earlier engagement, earlier listening, earlier triage and fewer crises. These levels are the opportunity. So now here's the bridge for midwifery looking at the acog ladder and the community ladder and having those connected and being connected by

predictable consult and transfer pathways. Not the personal personality dependent ones, not the who you know, but the reliable and safe transfer pathways that make the difference for life and death. All of these levels and settings, once integrated, would provide the best possible care. That is the intersection of midwifery. Midwives and the midwifery model of care belong at every level and midwifery practice listen in relationship time navigation, respectful escalation becomes the connective tissue between the community access and the higher acuity capability wherever you live. Next slide. So let me land this with what integration looks like in practice because right now the reality is often just this patchwork of willy nilly ness that we end up doing health systems navigation valiantly trying to minimize the harm that these systems create and these really seemingly intractable challenges persist. So this is how we face these challenges head on. First of all, respect and shared governance. Because you cannot integrate a system that doesn't recognize community based care as essential. Community providers need clear thresholds, clear support so that a community team and a hospital team are speaking the same language. We need direct consult lines so we're not improvising in emergencies or we're not letting early warning signs be left unaddressed because of a lack of access to safety or support for either provider or client. We need data and QI across all settings because integration without measurement is just hope. Okay? And we all need to get paid equitably, reliably and consistently. Bottom line, midwives can be and are the integrators clinically, relationally and operationally across this entire perinatal ecosystem. Midwives are holding up the community and we can overcome these challenges once and for all. Thank you very much. Back to you, Missy.

Melissa Cheyney: 59:06
Jenny, thank you so much.