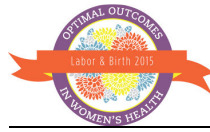


MN Affiliate of ACNM's 4<sup>th</sup> Annual Conference

*Schedule and Session Objectives*

7:15-8:00am	Registration and Check-In
8:00-8:10am	Opening Comments
8:10-9:05am	<p><b>Keynote Address: Engaging the Inlet: Labor Onset Beyond Cervical Ripeness Supporting a smooth start of labor through the Spinning Babies model</b>  <i>Gail Tully, CPM</i>            List two signs of non-engagement that may enhance assessment of the internal exam to determine engagement. Identify soft tissue anatomy that may encourage or inhibit engagement and improved fetal position. Demonstrate two techniques to encourage engagement that can be done with the mother in bed.</p>
9:10-10:05am	<p><b>Induction of Labor: Indications, Methods, Challenges and Outcomes</b>  <i>Sarah L. Hutto, MD, MPH</i>            List common indications and contraindications for induction of labor. Describe methods available for labor induction. Understand appropriate use of each method of induction. Discuss challenges faced with labor induction. Identify outcomes associated with induction of labor. Comprehend recommendations for induction of labor of specific groups including women with post-term pregnancy, diabetes and hypertension.</p>
10:05-10:30am	Break
10:30-11:15am	<p><b>Family-Centered Cesarean Birth</b>  <i>Dr. Mark A. Eggen, MD; Kris Flahaven, RNC; Lynne M Gibeau, MD; Nicole Stecker LCCE, CD(DONA), CLC</i>            Recognize the benefits and importance of providing family-centered cesarean sections for families. Describe how staff can support the elements of a family centered cesarean while providing evidence-based care (i.e. skin-to-skin, delayed cord clamping, etc.). Explain elements of a collaborative care plan between all players in the care team supporting a family during a surgical birth.</p>
11:20-12:30pm	<p><b>Optimal Births and Good Births: One and the Same?</b>  <i>Anne Drapkin Lyerly, MD</i>            Describe childbearing women's common values in the context of maternity care, including five major themes identified by the Good Birth Project. Explore the ways in which women's values comport with values and priorities of the midwifery and obstetrics communities. Describe implications of advancing a robust notion of a good birth for health policy and clinical care.</p>
12:30-1:30pm	Lunch
1:30-2:15pm Break-out Session I	<p><b>Management of Category 2 Tracings: A Guideline</b>  <i>Becky Gams, MS, APRN, CNP; Jane Sublette, MS, APRN, CNP, CNM</i>            Identify characteristics of category I and category III tracings per NICHD guidelines. Identify the characteristics of significant decelerations per this guideline. Describe the management of fetal heart rate strips based on following the <u>Management of Second Stage Guideline</u> by Clark, et al, AJOG Aug 2013.</p>
	<p><b>Waterbirth</b>  <i>Cheryl Anderson Heitkamp, CNM</i>            Review best practices in hospital water birth. Discuss differences between in-hospital and out-of-hospital waterbirth practices. Promote emphasis on environment by reducing noise and promoting labor with supportive team. Promote maternal-led second stage. Discuss the design/goals of the multi-institution waterbirth study. Review of the 'hot topics' surrounding water birth: in and out of the tub, short cord, the next contraction, maternal led pushing.</p>
	<p><b>Outside the Box: Supporting the Pelvic Outlet</b>  <i>Gail Tully, CPM</i>            Identify station of baby's descent. Choose a protocol to match fetal station during 2nd stage. Demonstrate two maternal positions to open the outlet.</p>



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	<p><b>If Laughter is the Best Medicine... Then it's Time to Utilize Nitrous Oxide as Self-Administered Analgesia in Childbirth</b>  <i>Kerry Dixon, APRN, CNM, CPM, LM, RM-New Zealand</i>            Define what element is combined with nitrous oxide and dosages for both when using for medicinal purposes. List one historical fact about nitrous oxide. Contrast an advantage/disadvantage between nitrous analgesia and one other labor medication. Summarize knowledge about nitrous analgesia's effect on newborns. Compose one client teaching point about nitrous analgesia and be able to apply this knowledge to clinical practice. Formulate a justification for why nitrous analgesia should become mainstream in American maternity practices.</p>
2:25-3:10pm Break-out Session II	<p><b>Management of Category 2 Tracings: A Guideline</b> (repeat presentation)  <i>Becky Gams, MS, APRN, CNP &amp; Jane Sublette, MS, APRN, CNP, CNM</i>            Identify characteristics of category I and category III tracings per NICHD guidelines. Identify the characteristics of significant decelerations per this guideline. Describe the management of fetal heart rate strips based on following the <u>Management of Second Stage Guideline</u> by Clark, et al, AJOG Aug 2013.</p>
	<p><b>Working with LGBTQ Families During Pregnancy: A Panel Discussion</b>  <i>Erin Wilkins; cheré suzette bergeron, CD(DONA), BA; Damion Mendez</i>            This presentation will address the unique needs and concerns that LGBTQ (lesbian, gay, bisexual, transgender, queer) families may have during pregnancy and birth. Panelists will discuss ways that health care professionals and birth workers can better serve the LGBTQ families that they work with and offer concrete actions that will help you improve your practice and create a more inclusive environment for all of your clients.  <i>Objectives include the following:</i> Increase knowledge and comfort level using LGBTQ terminology. Increase awareness of pregnancy and intrapartum issues surrounding LGBTQ families. Promote the creation of a safe, affirming &amp; inclusive environment for LGBTQ individuals.</p>
	<p><b>Second Stage Labor: Understanding Uterine Physiology and Best Pushing Efforts for Better Outcomes for Mom &amp; Baby</b>  <i>Samantha A. Sommerness, DNP, APRN, CNM</i>            Describe the overall physiology of a uterine contraction and how the three p's: the powers, the passenger and the passage work together to achieve complete dilation and expulsion. List two physiologic benefits of open glottis pushing for both mom and baby. State two ways to improve second stage labor support and initial steps to moving away from directed pushing on your labor and delivery unit.</p>
	<p><b>Implementing Patient-Administered Inhaled Nitrous Oxide into a Hospital Obstetrical Unit</b>  <i>Katherine Todd, DNP, RNC, PHN</i>            Discuss the purpose of utilizing mild analgesic via self-administered inhaled nitrous oxide delivery system for women in the intrapartum/immediate postpartum period. Recognize the uses of patient controlled nitrous oxide as an analgesic/antiemetic and the current practices and guidelines to providing safe and consistent administration. Identify and discuss steps and approaches to acquiring organizational support and partnership in order to implement patient-administered nitrous oxide into a hospital obstetrical setting</p>
3:10-3:30pm	Break
3:30-4:15pm	<p><b>Policy Decisions that Shape Maternity Care: Doula and Midwives</b>  <i>Katy B. Kozhimannil, PhD, MPA</i>            Review trends and costs in US maternity care. Describe the role of a doula in childbirth and to review relevant research findings about doula-supported births. Discuss Minnesota's current law about Medicaid payment for doula services. Provide a broad overview of state laws regarding autonomous midwifery practice and the association between these laws and maternity care.</p>
4:15-5:00pm	<p><b>Hormonal Physiology of Childbearing: From Evidence to Action</b>  <i>Melissa D. Avery, PhD, CNM, FACNM, FAAN &amp; Carrie Neerland, MS, APRN, CNM</i>            Describe the key findings of the report: Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care. Describe opportunities to apply those principles for pregnancy and birth from the Hormonal Physiology of Childbearing Report. Describe strategies to implement change on birthing units and in institutions based on evidence and recommendations from the Hormonal Physiology of Childbearing Report.</p>
5:00pm	Conference Wrap-Up and Evaluations