

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, June 30, 2014 4:30:32 PM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Monday, June 30, 2014 4:29 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, June 30, 2014 - 16:28

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Mary

Last Name: Littlefield

Title: Licensed Midwife

Organization you are affiliated with:

City: New Braunfels

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

I agree that DSHS is overworked, and I support an overhaul of the Midwifery Licensing Program that regulates my profession. Using a teams- based, systems-based approach, I believe that the Texas Midwifery Licensing Programs can be restructured for the advancement of midwifery. In accordance with the evidence-based research of the Armstrong Institute for Patient Safety and Quality, Johns Hopkins University, I can foresee problems both with keeping midwifery under DSHS, and with moving midwifery to TDLR. Research has shown that health professions and patient safety suffer when healthcare providers are administrated by overworked, non-objective administrative bodies.

Research has also shown that when actions or regulations are enforced on healthcare professionals without said professionals having a voice, the actions or regulations become ineffective. This is due in part to the omission of teams-based, systems -based processes that foster safety within healthcare professions. Under TDLR, without a Midwifery Board including midwives, midwives will lose their individual and collective voices, and will become more susceptible to unsubstantiated changes within the profession, as brought forward by outside agencies not versed in midwifery. This risk is predictable under Science of Safety in Healthcare Guidelines. Under an overworked, biased Board or Agency, midwives risk bring left behind professionally as midwifery, women's health, and obstetrics grow in other parts of the world grow and expand to become more evidence-based and patient-centered. This is especially important in reflection of recent, groundbreaking position statements issued by ACOG and ACNM regarding frontline labor management issues. Texas midwives may lose their right to keep up with national trends under the two-fold assault of losing our voices on the Board, and by postponing our Sunset due in 2016 to 2019. We may fall further behind national standards if our laws are not updated to reflect nationally evolving changes related to labor management issues. We run this risk under an overworked, non-objective Board as well. I believe that midwifery should remain under DSHS until the Midwifery Licensing Program sunsets in 2016, and is reviewed. Meanwhile, I believe that defects in the way the Midwifery Licensing Program is operating

should be closely examined based on a Learning from Defects model using evidence-based methods.

Any Alternative or New Recommendations on This Agency: I believe that both technical changes (how the work is done) and adaptive changes (changes in beliefs and culture) are needed in order for the Midwifery Licensing Program to work effectively. DSHS, and its Boards found ineffective and/or lacking objectivity, must undergo a massive overhaul in order to meet modern standards for teams-based, systems-based, evidence -based standards. Restructuring and education to address overwork, understaffing, and cultural biases that make health care delivery less safe, must be initiated. This must incorporate an elevation of professional standards and educational requirements within midwifery, fueled by changes within the profession itself. In order to regulate midwifery more effectively, the Board must follow the law when investigating complaints filed against midwives. Additionally, in order to comply with Science of Safety in Healthcare Standards, I encourage the current Board to survey all stakeholders, including midwives, clients/patients, their families, midwifery educators and students, state midwifery organizations, and, medical professionals directly involved with midwifery clients, in order to receive constructive feedback in preparation for the 2016 Sunset of the Midwifery Licensing Program.

My Comment Will Be Made Public: I agree