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Nurses Influencing Practice at the National Level Through Participation in Professional Organizations; One NP's personal experience making large-scale changes

By: Rebecca Garrett-Brown, CNM MS

I have been involved in the California Nurse Midwives Association (CNMA) since its inception in 1993. In 1994 Senator Lucy Kilea agreed to run a bill in support of nurse midwives to try and eliminate the requirement for physician supervision of Certified Nurse Midwives (CNM) in California. This was our first attempt at physician supervision removal and even though it failed, it was an exciting time. We learned a lot from that effort and when the then State Attorney General made it illegal for CNMs to perform episiotomies, we responded by getting a bill passed. This bill allowed CNMs in the state of California to perform and repair episiotomies. The California Medical Association (CMA) said that because we were creating an incision of the perineum, we were performing surgery, which was illegal for CNMs to do.

The licensed Midwives, Certified Professional Midwives (CPMs) were able to remove the supervision requirement in 2013, as they couldn't obtain physician supervision for home births.

Our team proposed three more bills before being successful in 2020. We worked with the CMA, American College of Obstetricians and Gynecologists (ACOG), and lobbyists (we went through 3 or 4 different lobbyists). At one point, we thought our bill would make

it out of the assembly but then a physician gave a personal testimonial supporting the importance of physician involvement for birth. Needless to say, the bill did not make it out of the Assembly that night.

In 2020, the timing was right. Even though we were in the second year of a two-year bill cycle, we decided to go for it. By drawing attention to access issues, disparities in health care between different races, and stressing that there were only four states that still had supervision of CNMs by obstetrical physicians, we were able to work with a new lobbying group. This allowed us to obtain the full support of many stakeholders including the California Nurse's Association (CNA). We worked tirelessly with CMA to have them remain neutral and we started in the State Senate this time, instead of the Assembly. Assemblywoman Autumn Burke had sponsored three previous bills and this time we used Senator Bill Dodd with Ms. Burke as a co-sponsor. During this session, we had multiple letter-writing campaigns and many individuals called in to support at all the committee hearings and we did it! The President of CNMA, Kathleen Belzer, and Holly Smith, the Chair of the Health Policy Committee were AMAZING. The CNMA Board and the Health Policy Committee often had weekly meetings when things were really busy. Another key to

success this time is that CNMA met directly with CMA; it was not just our lobbyists. There were times when CMA gave us bill language at the last moment and we had to work hard to rewrite it so it accurately reflected our goals. Thankfully, with this bill, we also did NOT have to deal with the bar on the Corporate Practice of Medicine. In previous attempts this had alienated the nurse practitioner groups and had prevented our bills from being successful.

UCSDH has been very supportive in this work. UCSDH obstetrical residents and staff physicians signed letters of support. Physicians agreed to testify at committee hearings, which was a sure sign of progress. The Staff UCSDH CNMs were incredibly supportive of me as I met with CMA, traveled to Committee hearings and strategized with our lobbyists. The California Advanced Practice RN Organizations were also very supportive.

The next step is to implement the law by changing our privileging and policies and protocols to reflect the new independent practice of CNMs and the integrated team based care we will offer to our moderate risk patients. Our Director, Karen Perdion, CNM has been meeting with CNMA leadership to facilitate implementing of the new law and she will continue to do this work in the coming year.



Rebecca Garrett-Brown, CNM MS

Rebecca has been a nurse for over 30 years, and a Certified Nurse-Midwife since 1991 with a degree from UC San Francisco.

Rebecca began her career at Balboa Naval Medical Center, where she not only provided prenatal care and attended births, but also was a preceptor for Nurse-Midwifery and Nurse Practitioner students. She became an instructor for the Advanced Life Support Obstetrics (ALSO) course which she taught to OB providers and residents for 8 years. In 2011, Rebecca joined the UC San Diego Nurse-Midwifery service. She has continued to demonstrate her commitment to education of both APPs and medical trainees. Each rotation of medical students spends a morning with Rebecca learning prenatal and postpartum care, as well as an introduction to the Nurse-Midwifery model and a tour of our unique in-hospital Birth Center. During Covid, she has seamlessly transitioned to providing this education via zoom. Nurse-Midwifery student clinical education is coordinated by Rebecca for our practice, including orientation to UC San Diego Medical Center and working with the Nursing EDR department to ensure policies are followed. She also precepts Nurse-Midwifery students, as well as Nurse Practitioner students, and receives glowing feedback for her teaching. In 2014, she was recognized as the Preceptor of the Year by the American College of Nurse-Midwives for her work with students from San Diego State University.

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Exemplary Professional Practice

UCSD nurses partner with patients, families and interprofessional teams to positively impact patient care. Nurses have the knowledge, skills and resources needed to practice autonomously and effectively. Nurses manage data to gauge their performance and work across disciplines to make improvements.

We proudly recognize...

Erin Prudoff	Hillcrest PACU	Improving Inpatient Throughput in Preop Holding: A Pilot Project to Reduce Operating Room Delays and Increase Preop Checklist Compliance	CNIII
Sandy Jellen	Moore's Cancer Center	Implementation of a Patient Acuity Tool to Develop an Efficient Infusion Center Nursing Assignment Tool	CNIII
Brittney Sullivan	JMC 6BMT	BMT Specific Trigger Tool to Increase Advance Care Planning and Goals of Care Conversations in Critically Ill Cancer Patients	CNIII
Yvette Greffrath	5 West	Addressing Barriers to Performing Oral Care (Making Oral Care Mindful on a Progressive Care Unit)	CNIII
Michael Hammer	JMC 4FGH	CSI: Reflective Practice by Case Study Investigation	CNIII
Laurena Downing	L&D	Improvement of Nurse to Provider Communication and Patient Treatment Times for Obstetrical Patients Experiencing Hypertensive Emergencies	CNIII
Heather Davis	11th floor	Improving Progressive Mobility in Post Operative Intermediate Care Unit Patients Through the Implementation of a Standardized Communication Tool	CNIII
Breanna Champion-Ybarra	5 West	Abuse Assessment Screen (AAS) Implementation: Improving Domestic Violence and Sexual Assault Management	CNIII
Dennis Gerrits	8th floor	Decreasing HgbA1c: Apply ICE—Improving Confidence through Emmi	CNIII
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Megan Yap	JMC 4FGH	New Grad Launch Pad: Preparing for Take Off!	CNIII
Megan Fung	JMC 4FGH	Onboarding Mentorship Program to Increase Retention Rates on PCU	CNIII
Scott Sniffin	Hillcrest ED	The Modified Valsalva Maneuver (REVERT): Treating Patients Presenting to the ED with Stable Ventricular Tachycardia	CNIII
Jillian Sherman	JMC NICU	Utilizing Bedside Tablets to Improve Parent Education, Confidence, Satisfaction	CNIII
Kelly Wagner	Cardiology	Kansas City Cardiomyopathy Questionnaire (KCCQ) and 5 Meter Walk (5MW) Performance Improvement	CNIII
Elise Groves	CVC ICU	The Ventilation Liberation Protocol	CNIII
Zohra Cincotta	JMC NICU	Improving the Lives of Babies by Empowering Nurses to Initiate and Provide Efficient Neonatal Resuscitation	CNIII
Michaela Rojas	JMC Kidney Transplant	Implementation of a new Kidney Transplant waitlist protocol, thereby increasing the number of transplants and decreasing 801 and 812 codes for donor offers in UNET	CNIII
Marcon Nicdao	5 West	Keep "PIN" it Clean: An Evidence-Based Practice on Pin Site Care	CNIII
Grace Nasi	5 West	National Early Warning Score 2 (NEWS2) Bundle: Enhancing the Identification of Patient Decline in Trauma PCU	CNIII
Paen Smith	L&D	Phase 2: Hand Scrub	CNIII
Mary Ekno	NICU	Use of mobile technology to improve breastfeeding rates among preterm infants: A non-randomized interventional pilot study	CNIV



Development of a Certification Preparation Course

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Through this process of creating a class and obtaining my CNIII, I learned that meeting staff education needs is important for patient outcomes and specialty certification has value. I learned that if something doesn't exist in your organization, you can create it while collaborating with others.

If you are considering taking the next professional step or looking to advance to CNIII, connect with others for support on preparing for the specialty certification for your

area. There may be an in-house prep course or support for obtaining preparation outside of UCSDH. Look at the Nursing Resource Hub for more information. You won't regret it! (<https://health.ucsd.edu/medinfo/nursing/professional-development/Pages/calendar.aspx>).

Rebecca Garrett-Brown, CNM MS

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Rebecca is known for being thorough and for attention to detail. It is no surprise that she works on the Quality Assurance team for our practice. She has been integral in getting a chart review system in place to improve midwifery care and documentation. She also functions as the lead midwife at one of our prenatal offices. She participates in operations meetings and provides a CNM perspective.

Rebecca is active in the California Nurse-Midwives Association (CNMA). In 2016, she was elected President, and worked tirelessly to promote legislation for independent practice. As immediate past president, she has been an active member of the CNMA Health Policy committee which this year successfully got a bill passed, now signed into law, removing physician supervision for Nurse-Midwives in California.