

## G Concurrent Sessions

Tuesday, June 11

8-9 am

### G1 - Clinical Integration of a Birth Doula Team: Learning to Listen as a Nurse Leader

#### Interest Areas:

- Advocacy
- Intrapartum Care/Issues
- Diversity, Equity, Inclusion, Justice & Belonging
- Trauma-Informed Care

Doula support during pregnancy has been shown to improve clinical outcomes for pregnant persons. It has been identified as an intervention to address disparities in health outcomes for women of color during pregnancy. Integrating support to a clinical program allows for focus in patient experience, satisfaction and improved outcomes as well as building a workforce pipeline.

**Speakers:** **Beth Quinn, MSN, RNC-MNN**, Women's Health Service Line, UPMC Magee- Women's Hospital, Pittsburgh, PA and **Melissa Young, MSN, RNC-OB**, Women's Health Service Line, UPMC Magee-Women's Hospital, Pittsburgh, PA

### G2 - Hats Off for Full-Term Healthy Newborns

#### Interest Areas:

- Patient Safety
- Health Education and Literacy
- Neonatal Morbidity & Mortality
- Newborn Care

Historically, hats have been placed on newborns after birth to prevent hypothermia. This quality improvement project eliminated hat use in full term newborns in the setting of modeling safe sleep behaviors in the hospital. There were no significant differences in temperatures between infants with and without hats.

**Speakers:** **Jessica Lazzeri, MSN, RN, NEA-BC**, Hospital of the University of Pennsylvania, Philadelphia, PA and **Marilyn Stringer, PhD, WHNP, FAAN**, University of Pennsylvania School of Nursing, Philadelphia, PA

### G3 - Revive: Using Trauma-Informed Care to Fight Bias and Improve Women's Health Outcomes

#### Interest Areas:

- Implicit Bias
- Respectful Maternity Care
- Diversity, Equity, Inclusion, Justice & Belonging
- Trauma-Informed Care

Maternal and neonatal outcomes are impacted by implicit bias in healthcare during labor and delivery and postpartum periods. This presentation will present a new model of care applying trauma-informed principles to the maternity setting. Participants will learn the REVIVE model of care that outlines steps to redistribute power, promote shared decision-making, and empower patients, nurses, and providers at the bedside.

**Speaker:** **Katherine Endres, DNP, FNP-BC, RNC-OB, C-EFM**, School of Nursing, University of Pittsburgh, Pittsburgh, PA

## **G5 - Disrupting Power Paradigms: Intersectionality at the Bedside**

### **Interest Areas:**

- Patient Safety
- Implicit Bias
- Professional Development
- Diversity, Equity, Inclusion, Justice & Belonging

DEI work is integral to health equity; but in the absence of intersectionality, DEI spaces can perpetuate the structural oppression they seek to dismantle. Intersectionality acknowledges lived experience and helps us understand how systemic violence reinforces itself. Join four nurses for a heartfelt, evidence-based deep dive into power, privilege and compassion; walk away ready to disrupt the status quo by bringing an intersectional practice to the bedside.

**Speakers:** **Joshua Womack, MSN, CNS, RNC-OB**, Military Women's Health Community, Department of Health Agencies, Falls Church, VA, **Kris Lindeman, MSN, RN, PNP-AC**, Professional Organization, PeaceHealth, Eugene, OR, **Elena Jenkins, BSN, RN**, Labor and Delivery, SSM Health, St Louis, MO, and **Jacquiline Blanco, BSN, RNC**, Evergreen Health, Kirkland, WA

## **G6 - An Update on Reproductive Health, Rights and Justice in the Era of Dobbs**

The purpose of this session is to update AWHONN members on significant changes to reproductive health, rights, and justice in the context of the Supreme Court of the United States Dobbs Decision. Information about ethical issues surrounding practice, research, and education will be covered as well as review of the American Nurses Association Code of Ethics and Interpretive Statements.

**Speaker:** **Monica R. McLemore PhD, MPH, RN**