

# NURSE

**R**EGULATION **E**DUICATION **P**RACTICE



**DR. RUTH LUBIC, DELORES L. FARR AND  
THE NURSE-MIDWIVES OF THE  
FAMILY HEALTH AND BIRTH CENTER**

★ ★ ★ Government of the  
District of Columbia  
Adrian M. Fenty, Mayor



## **D.C. NURSE:REP SPEAKS WITH CENTER MIDWIVES**

by Nancy Kofie

### **The Vision**

The D.C. Developing Families Center at 801 17<sup>th</sup> Street in northeast Washington offers a comprehensive array of services—gynecological services, the personalized care of nurse-midwives, pregnancy care, ability to give birth with nurse midwives in a birthing room or at a hospital, case management by nurses and family support workers, day care, teen programs, and fatherhood support. Enrolled family members can take classes in obtaining a GED and job-seeking techniques. Families are provided with access to social service assistance, crisis intervention, free immunizations, education in self-care, and home visitation. The staff makes every effort to address as many aspects of family life and wellness as possible.

Establishing this center was no easy task. In 1991, Healthy

Babies Project founder nurse **Delores Farr** reached out to local police officials, barber and beauty shops, and went into drug treatment centers to find those in need of care and counseling. In 1998, **Dr. Ruth Lubic**, a certified nurse midwife, founded Developing Families Center after winning a MacArthur “genius grant.” It took a lot of pounding the pavement, knocking on doors, educating the community about the value of midwifery, rallying residents, coaxing expectant mothers and fathers, and the tenacity to wage a three-year campaign (of gentle persuasion) to convince the Hechinger family to donate the building in which the center is housed. “Ruth Lubic is calling again,” was a refrain often sighed by the administrative staff at the Hechinger offices. When Dr. Lubic founded the Developing Families Center, Healthy Babies Project became one of the three non-profit organizations in this new center.

“We specifically do outreach

in Wards 5 and 6,” they told D.C. NURSE:REP, but they will accept walk-in clients, regardless of the ward of the city they live in. According to Ms. Farr, “The purpose of joining together was to offer collaborative care. All services are free to enrolled families; our goal is to strengthen families.” In 2000, the center’s founder, Ruth Lubic, made her vision into a reality. The center houses three entities: The Family Health and Birth Center (FHBC), the Healthy Babies Project (HBP), and the United Planning Organization Early Childhood Development Center (UPO ECDC). FHBC provides advance practice nursing care in pediatrics, obstetrics, and gynecology. HBP provides nurse case managers and family support workers to at-risk pregnant women. These pregnant women are followed by case managers until their babies are 2 years old. UPO ECDC is a child development center for children 6 weeks old to 3 years old.



Birthing room at FHBC



DC Developing Families Center

### The Midwifery Difference

The value of midwifery is in the stats.

Dr. Lubic says, "The time we spend with clients has made the difference. The midwives make it possible for the women to be expressive of their feelings. We

have significantly reduced the disparities in infant mortality."

D.C. used to have the highest rates of infant mortality in the country, but now the municipality which has this statistic is Memphis, Tennessee.

In the D.C. community, the center has proven that the

availability of midwifery services mean more client control, and lower C-section rates, in addition to the lower rates of infant mortality. The C-section rate of FHBC patients is approximately 9 percent – much lower than the C-section rate citywide.

But what makes the center so magnificent is not the 15-room facility, but the staff. "I have the greatest admiration for these midwives," Dr. Lubic says. "It is not easy to function out of the hospital setting and in the hospital setting. For many people, there is a disconnect. They are not comfortable in both places."

### Career Pathways

The nurse-midwives at the Family Health and Birth Center have come to their profession

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from different career backgrounds.

**Lisa Uncles**, who is director of clinical services at the center, told us, "For a lot of us it is a second or third career." Ms. Uncles started her career as a chemist responsible for testing the public drinking water. She also worked as a bartender. When one of her co-workers invited her to a home birth, that experience was so profound, she decided to become a nurse-midwife. For all nurses considering a career as a nurse-midwife, Ms. Uncles offers encouragement and says, "We need you! And there is a great need for more midwives of color." Although the clients do love all of the midwives—no matter what color—having more minority midwives would help for the purposes of getting reluctant clients to come through the door.

Nurse-midwife **Lisa Ross**

told us that the key to the success of the center is that the nurse-midwives each operate independent practices. "The Center brings cost-savings to the health care system," Ms. Ross says. It is "so much more fulfilling than conventional care. "Working here is incredible," she said. "You get to watch the babies you deliver grow up" as they attend the center's child care program.

Nurse-midwife and self-described "midwife stalker" **Ebony Roebuck** is an ex-teacher who was so enamored with the profession of midwifery that she became a volunteer at the center even before she entered nursing school. "I believe so strongly in the profession—the empowerment of women. Our patients are becoming informed consumers as they are with us." And her enthusiasm is backed up by the

data showing the worth of the midwifery services. Recalling a presentation the midwives did for the medical staff at Washington Hospital Center, Ms. Roebuck notes: "[Our C-section] stats spoke volumes." Because of her youthful look, Ms. Roebuck often meets clients who assume she is also a client. When they find out she is a midwife, they are pleasantly surprised.

The midwives of the center also deliver babies at Washington Hospital Center, in addition to within the warm, home-like birthing rooms at the center. No expectant mother is pressured to give birth at the center. If she would like to give birth at Washington Hospital Center she may. They also give referrals to OB/GYNs if the client would like one.

Family Health and Birth Center



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### Midwifery Rumors

***Have you been thinking about a career as a nurse-midwife but have been discouraged by the rumors surrounding the profession?***

Perhaps you have heard midwifery is unsafe or that “you’ll never get a job” or that “you’ll never get malpractice insurance.” All of these assertions are untrue, according to the midwives who spoke to D.C. NURSE:REP.

“Every other country [is accepting of midwifery] except for here,” Ms. Roebuck told us. Traditionally, the medical establishment of the U.S. has been hostile to midwifery, but things are changing slowly but surely. Midwifery is slowly gaining more acceptance, despite the resistance. Dr. Lubic noted that the American College of Obstetricians and Gynecologists gave its endorsement to free-standing birth centers in February of 2008. “That only took 35

years,” Dr. Lubic joked. When Dr. Lubic first became a midwife in 1960, few people were impressed with her choice of nursing practice, she said. Since then, she has dedicated her life to the profession (and garnered a “genius grant” from the MacArthur Foundation for her work).

When they first opened the center, Ms. Farr told us, a physician told her that having midwives deliver babies would lead to lawsuits. To which Ms. Farr replied, “Well, you might be sued, too.” Since then, she says, a lot of the physicians who doubted the center have become friends as opposed to foes.

### Other Staff

**Amy Filmore Nassar** came to the center as a patient and gave birth with the Family Health and Birth Center midwives at Washington Hospital Center. Ms. Nassar, who is vice-chair of the D.C. Board of Nursing, says in the hospital, the birth process can get out of [the patient’s] control. “Midwives,” she says, “empower women and their families to be

more in control of their birth.” Ms. Nassar is a nurse practitioner at the center.

In addition to benefiting from the expertise of nurse-midwives and nurse practitioners, the clients of the center also gain access to breastfeeding peer counselors and child development specialists. For mothers about to deliver, there is a doula on call 24 hours a day. (A doula is “a professional who provides continuous physical, emotional and informational support to the mother before, during and just after birth; or support during the postpartum period.” [Source: [www.dona.org](http://www.dona.org)]) The center also has a graduate-level intern from Catholic University: “I am at the Family Health and Birth Center in the capacity of a graduate nursing student, and Amy Nassar is my preceptor,” says Washington Hospital Center nurse **Chioma Nwachukwu**. “The Developing Families Center has been an excellent site for my clinical rotation as a master’s level graduate nursing student in Community and Public Health at The Catholic University of America. I am learning and seeing first-hand how this center is helping to meet the goals of Healthy People 2010 by addressing the needs of the vulnerable population of women and children in Wards 5, 6, 7, and 8. Having a wealth of inter-connected services and knowledge in one location helps to decrease the barriers to access and increases the continuity of care.” [Healthy People 2010 sets health objectives for the nation for the first decade of the new century. For more info, visit [www.healthypeople.gov](http://www.healthypeople.gov).]

### New Ground: Emotionally and Legislatively

The program structure is flexible, in that clients may gain access to any service offered



Nurse-midwife Ebony Roebuck with Cole, son of Healthy Babies Project Outreach Worker Timeka Murphy (who gave birth to Cole in one of Family Health & Birth Center’s birthing rooms).

regardless of the particular service that initially brought them through the door. "A person can come in from any door," Ms. Farr says. "They might come in from the Birth Center. They might start from the day care and get pregnant and decide to give birth in the Birth Center." When working with the families, the staff seeks to break new ground with the fathers. At first, fathers tended to say that the center's services were "ladies stuff," but as the years have passed, more fathers have gotten involved in prenatal care and delivery. Ms. Roebuck enjoys bringing the fathers into the process: "I have the dads help me measure the belly, check the heart rate. We let dads 'catch'. Even the 'tough' dads. When they catch their babies, they are crying."

As a result of their success, the center has received many inquiries from other jurisdictions seeking to replicate their center in other cities all over the U.S., and in other countries as well. "There is a great deal of interest in replicating the [center model] from all over the country," says Dr. Lubic. "It is putting health care in its social context."

But before a center like this can be established in a jurisdiction, the nurse-midwives in that jurisdiction must be granted the means to operate independently. That autonomy came to District nurse-midwives through the District of Columbia Nurse Practice Act. Speaking with the center midwives, Board of Nursing Executive Director **Karen Scipio Skinner** noted that a major battle in changing the Nurse Practice Act was getting third-party reimbursement for Advanced Practice Registered Nurses without physician supervision. This groundbreaking practice act was enacted in D.C. in 1994. So, although many jurisdictions would like to replicate the center here in D.C., this may not happen unless there are legislative changes regarding nursing practice.

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