| Presentation, Presenters | NCC Codes | Description | Objectives |
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| **Pre-Convention Sessions** | | | |
| **PC1 - Birth of a Lawsuit: From the Delivery Room to the Courtroom**<br>Jay Goldsmith, MD<br>Alexandria Hill, MD<br>Adam Snyder, JD<br>Suzanne McMurtry Baird, DNP, RN<br>Stephanie Martin, DO<br>Lisa Miller, CNM, JD<br>Dennis Ruth,<br>Shannon Bockelman, Esq<br><br>**8.0 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | The perinatal nurse faces a high risk of involvement in a malpractice suit. The number of cases alleging malpractice in obstetrics may be the result of several factors, including expectations for a "perfect" birth and newborn, accidents, errors in judgment, preventability of maternal injury or death, and increased accountability. This interactive mock trial will provide an interprofessional perspective on general areas of perinatal nursing liability, demonstrate the components of malpractice, and discuss strategies to avoid malpractice claims. | Outline current legal issues in obstetric care related to a case study.<br><br>Determine signs and symptoms of maternal, fetal, and neonatal compromise.<br><br>Discuss communication regarding changes in maternal or fetal status. |
| **PC2 - It Doesn't Have to Hurt: Developing Skills in Finance and Leadership Development for Operational and Strategic Success**<br>Cyndy Krening, MS, CNS, RNC-OB, C-EFM, FAWHONN<br>Bobbie Smith, MSN, NEA-BC, ANLC-P<br>Lori Gunther, MS, CPXP<br>Annie Craig, MSN, RN, RNC-NIC<br><br>**8.0 Contact hours** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Have you ever felt overwhelmed by all the to-dos you have to complete as a leader? Are you looking for an opportunity to attend a learning session with other people who have leadership positions to strategize, learn, and feel empowered? This 8-hour pre-conference session led by operational and leadership experts will explore strengths-based leadership tactics and strategies focused on championing operational changes on units. Topics covered will include but not be limited to: Employee Engagement and Accountability Core Measures, HQIP and AIM Bundles Ways to improve fiscal management How to Debrief effectively Creating a Just culture These insights will empower you to enhance your leadership effectiveness and help you navigate the challenges of nursing leadership. Through case studies, breakout discussions, and role-play activities, you'll refine your skills as a formal or informal nurse leader, | Participants will be able to define three ways to improve employment engagement, performance, and recruitment.<br><br>Participants will be able to identify one strategy to build a just culture environment. |

| | | leveraging your strengths to drive positive outcomes. | |
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| **PC3 - Teambirth Masterclass: Enhancing Teamwork and Patient-Centered Communication in Obstetric Care**<br>Misha Severson, MSN, RNC-OB<br>Trisha Short, BSN, RNC-OB<br><br>**8.0 Contact hours** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-MNN - Professional Practice (Code 4) | Join us for a comprehensive 6-hour TeamBirth Masterclass, designed to delve into evidence-based strategies for enhancing teamwork, communication, and patient-centered care in birthing and postpartum units. Participants will gain hands-on experience with practical tools and techniques that have been successfully implemented in hospitals across the country to improve maternal outcomes and experiences. | Explain the core principles and key behaviors of the TeamBirth approach and its impact on labor and delivery and postpartum units.<br><br>Apply evidence-based strategies to design an actionable implementation plan for integrating TeamBirth into attendees' respective healthcare settings.<br><br>Develop effective strategies for communication, data collection, engagement, and sustainability. |
| **PC4 - Obstetric Patient Safety (OPS): OB Emergencies Workshop**<br>Sally Robertson, MS, BSN, RNC-OB, C-EFM, C-ONQS, NEA-BC<br>Susan Hale, DNP, MSN, RNC-OB, C-EFM, C-ONQS, EBP-C, CHSE<br>Kirstin Guinn, MSN-NE, RNC-OB, C-EFM<br>Susan Drummond, MSN RN C-EFM<br>Carol Payton, DNP, RNC-OB, C-NPD, C-MNN, C-EFM,<br>Justine Carmody, MSN, RNC-OB, C-EFM, C-ONQS<br><br>**10.75 Contact hours (pre-work required)** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Pregnancy and Obstetric Complications (Code 3)<br>RNC-MNN - Pregnancy, Birth Risk Factors and Complications (Code 1) | The OPS: OB Emergencies Workshop is designed to help clinicians identify, assess, and manage the care of patients with an obstetric emergency through simulation and debriefing. The team activities help to strengthen teamwork and communication.<br>You must register by June 17. Attendees are expected to complete 3.5 hours of prerequisites before the workshop and information will be sent shortly after registering. | Identify key factors that place the patient at higher risk for an obstetric emergency.<br><br>Demonstrate effective management for pregnant or postpartum persons during an obstetric emergency.<br><br>Role-play with a multidisciplinary team using simulation-based cognitive, behavioral, and technical learning strategies to practice management of a patient experiencing an obstetric emergency. |
| **PC5 - How to Turn Your Obstetric-Neonatal Nursing Expertise into a Winning Side Hustle - 10 Actionable Approaches**<br>Louise Jakubik, PhD, RN, NPD-BC, CSP, FAAN<br><br>**4.0 Contact hours** | N/A | Nurses are ideally positioned and equipped to start a side hustle. Explore how to leverage your nursing expertise to create a side hustle that advances obstetric-neonatal health and healthcare while generating income to support your lifestyle. In this session, we will explore 10 different ways obstetric-neonatal nurses can translate their expertise into a side hustle to make an impact and income. | Explore 10 ways to translate your obstetric-neonatal nursing expertise into a side hustle.<br><br>Identify business concepts to promote success in a nursing side hustle. |

| Session | Credentials/Codes | Description | Objectives |
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| **PC6 - From Algorithms to Action: Mastering Fetal Monitoring**<br>Jennifer Atkisson, MSN, RNC-OB, CNL<br><br>**4.0 Contact hours** | C-EFM - Electronic Fetal Monitoring (Code 11)<br>RNC-IAP - Maternal and Fetal Physiology and Assessment (Code 1)<br>RNC-OB - Fetal Assessment (Code 1)<br>WHNP-BC - Normal Physiology and Wellness Management (Code 1) | This 4-hour workshop will examine the effectiveness and value of fetal monitoring in today's clinical settings and challenge the stories that hold us back from getting the most utility out of this tool. Gain insights into its role in improving patient outcomes (including common errors that lead to lawsuits), simplify Category II tracing management, and apply physiologic knowledge to manage the scenarios that challenge us at the bedside. We'll work through lots of real case studies and even a fetal monitoring escape room! | Analyze the role of fetal monitoring in modern clinical settings, evaluating its effectiveness in improving patient outcomes and identifying common misinterpretations that contribute to legal risks.<br><br>Apply physiologic principles to interpret complex fetal monitoring tracings, especially in Category II scenarios, to enhance clinical decision-making.<br><br>Synthesize knowledge gained from case studies by participating in a hands-on "fetal monitoring escape room" activity, working collaboratively to solve real-world challenges at the bedside. |
| **PC7 - The Hidden Journey: Addressing Perinatal Mental Healthcare**<br>Amy Wren, PMHNP, CNM, PMH-C<br>Nancy Prothero, PMHNP, CNM, PMH-C<br><br>**4.0 Contact hours** | RNC-IAP - Maternal and Fetal Physiology and Assessment (Code 1)<br>RNC-OB - Pregnancy and Obstetric Complications (Code 3)<br>RNC-LRN - Physical Assessment and General Management (Code 2)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>RNC-NIC - Physiology and Pathophysiology (Code 2)<br>NNP-BC - General Management (Code 3)<br>WHNP-BC - Gynecology Disorders, Obstetric Complications and Primary Care Management (Code 2) | General overview of Perinatal Mental Health and Anxiety Disorders (PMADs). Identifying symptoms and screening of PMADS. Evidence-based up-to-date clinical "pearls" to utilize in Obstetric, Women's, and Neonatal Health Care. | Define and explain perinatal mental health.<br><br>Apply knowledge obtained to identify, screen, and develop a plan of care.<br><br>Improve maternal mental health outcomes. |

## General Sessions

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| **GS1 - The Current State of Reproductive Health, Rights, and Justice - In Context of Project 2025**<br>Monica McLemore, RN, MPH, PhD, FADLN<br><br>**1.0 Contact hour** | RNC-OB- Professional Practice (Code 5)<br>LRN - Professional Practice (Code 5)<br>MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>RNC-IAP- Professional Practice (Code 4)<br>WHNP-BC - Professional Practice (Code 5) | The purpose of this keynote session is to contextualize reproductive health, rights, and justice within the Project 2025 framework. A secondary purpose is to active participants to think differently about retrofitting, reforming, and reimagining health services provision in the context of this new reality. | Describe Project 2025 and how it relates to reproductive health, rights, and justice. Explore nursing considerations for our current landscape.<br><br>Define reproductive health equity and relate the concept to reproductive justice. Discuss and analyze the theoretical framework of reproductive rights.<br><br>Curate a conversation about the state of reproductive health, rights, and justice in the current moment while analyzing the American Nurses Association's "Code of Ethics for Nurses" and curate space for hard conversations and skill-building. |
| **GS2 - Impacting Maternal Healthcare Via Paternal Preparation**<br>Peter Bullock<br><br>**1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Today, the United States of America holds one of the highest rates of maternal mortality among developed nations. Black Mothers are among the highest in the nation experiencing maternal mortalities. Peter Bullock, The Black Dad Doula, presents ways to combat the current trajectory of our nation's maternal healthcare crisis by preparing and educating fathers to be the best support to their partners. | Adapt a father-inclusive model that can improve paternal engagement in maternal healthcare. |
| **GS3 - Saving Lives! Transforming Maternal Health Care in America's Materno-Toxic Zones**<br>Jennie Joseph, Certified Professional Midwife, Licensed Midwife, Registered Midwife<br><br>**1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5) | This presentation furthers our collective goals of eliminating perinatal disparities and provides readily implemented tools and tweaks that will empower and support providers on the frontlines of this movement. The model is easily adaptable to telehealth with some creativity and a focus on communication and what we call 'gap management', and leads to a deeper understanding of the ways we can | Describe the effect of racial disparities in perinatal outcomes on all members of society, including themselves as providers and community stakeholders, and discuss current approaches to eliminating them.<br><br>Discuss strengths and challenges of their local perinatal resources and systems, and will be able to utilize one |

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| | WHNP-BC - Professional Practice (Code 5) | collaboratively and effectively move towards improved maternal/infant health and better birth outcomes for all communities. | or more techniques to apply this knowledge in their practice, facility, or agency.<br><br>Develop action steps to implement future life-saving projects and programs dedicated to improving the health of vulnerable birthing people and babies in their area of work. |
| **GS4 - Leading Nursing Innovation: Our Blockbuster Moment**<br>Daniel Weberg, PhD, MHI, BSN, RN, FAAN<br><br>**1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Forget the red carpets and flashing cameras – nursing is having its own blockbuster moment, and it's happening right here, right now! This session dives deep into the forces propelling nursing to the forefront of healthcare innovation. We'll explore how nurses are leveraging technology, leading change, and redefining patient care in ways that were once unimaginable. Get ready to: Discover the key trends driving nursing's rise as a powerhouse of change. Explore real-world examples of nurse-led innovation that are transforming healthcare delivery. Uncover the unique skills and perspectives nurses bring to the innovation table. Discuss the challenges and opportunities facing nurse innovators. Leave inspired to take an active role in shaping the future of nursing. | Identify key trends driving nursing innovation.<br><br>Evaluate the role of nurses in shaping the future of healthcare.<br><br>Describe 2 leadership tactics to influence innovation and change. |

## Clinical Excellence Sessions

| Session | Codes | Description | Objectives |
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| **CE1 - Navigating Sepsis and Septic Shock in Obstetrics: Early Detection, Management, and Outcomes** <br> Stephanie Martin, DO <br> Suzanne McMurtry Baird, DNP, RN <br><br> **1.5 Contact hours** | C-OBE - Obstetric Emergencies (Code 30) <br> RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2) <br> RNC-OB - Pregnancy and Obstetric Complications (Code 3) <br> RNC-MNN - Postpartum Assessment, Management and Complications (Code 2) | According to the Centers for Disease Control (CDC), infection leading to sepsis and septic shock is currently one of the leading causes of pregnancy-related death in the United States. Many hospital units do not have standardized screening tools and management protocols for maternal sepsis. This session will outline how to define, recognize, and manage maternal sepsis and septic shock according to best practices and current evidence. In addition, team training and a checklist for sepsis will be discussed. | Review sepsis definitions and screening systems Review sepsis definitions and screening systems • Describe pathophysiology and clinical presentation • Outline the Hour-1 Sepsis Bundle. <br><br> Describe pathophysiology and clinical presentation. <br><br> Outline the Hour-1 Sepsis Bundle |
| **CE2 - Strip Tease with Lisa Miller: An Interactive FHR Tracing Practicum** <br> Lisa Miller, CNM, JD <br><br> **1.5 Contact hours** | C-EFM - Electronic Fetal Monitoring (Code 11) <br> RNC-IAP - Maternal and Fetal Physiology and Assessment (Code 1) <br> RNC-OB - Fetal Assessment (Code 1) <br> WHNP-BC - Normal Physiology and Wellness Management (Code 1)) | Hone your FHR interpretation skills during this interactive session combining a panel of nurses with audience response. A variety of FHR tracings as well as case excerpts will be presented, and there will be ample opportunity for discussion and questions. Move beyond "category speak" in EFM and apply critical thinking in FHR interpretation and management! | Identify the limitations of FHR categories. <br><br> Apply an evidence and consensus-based approach to FHR tracing interpretation. <br><br> Discuss a variety of corrective measures for FHR tracings and the appropriate application of these measures. |
| **CE3 - Nurses CAN Change Human Milk and Breastfeeding Outcomes** <br> Diane Spatz, PhD, RN-BC, FAAN, FAWHONN <br><br> **1.5 Contact hours** | RNC-OB - Postpartum (Code 4) <br> RNC-MNN - Postpartum Assessment, Management and Complications (Code 2) <br> WHNP-BC - Normal Physiology and Wellness Management (Code 1) | Implicit bias and structural racism continue to impact human milk and breastfeeding outcomes. The Spatz 10-step model will give you the tools to change outcomes. Informed decision-making (Step 1) for human milk and the initiation and maintenance of milk supply (Step 2) is integral to long-term exclusivity and duration of breastfeeding. This session will teach you how to use the science of human milk and lactation to transform care. | Examine how implicit bias and structural racism have impacted human milk and breastfeeding outcomes. <br><br> Utilize the Spatz 10-Step Model to reframe nursing interventions. <br><br> Translate current research in human milk and the physiology of lactation to implement evidence-based practice. |
| **CE4 - Just Breathe Baby: Exploring Updates in Neonatal Resuscitation** <br> Julie Bacon, MSN-HCSM, NPD-BC, NE-BC, CPN, CPEN, C-NPT | C-ELBW - Care of the Extremely Low Birth Weight Neonate (Code 7) <br> C-NNIC – Neonatal Neuro-Intensive Care (Code 20) | We will explore the critical aspects of newborn resuscitation by reviewing foundational physiology, current recommendations, and the latest advances and updates in newborn resuscitation. This will foster a comprehensive understanding | Examine recent advancements and evolving scientific knowledge related to newborn resuscitation. <br><br> Integrate key concepts of neonatal |

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| Sarah Copple, MSN, RNC-MNN, C-ONQS<br><br>**1.5 Contact hours** | C-NPT - Neonatal Pediatric Transport (Code 27)<br>RNC-OB - Newborn (Code 5)<br>RNC-LRN - Physical Assessment and General Management (Code 2)<br>RNC-MNN - Newborn Assessment, Management and Complications (Code 3)<br>RNC-NIC - General Assessment and Management (Code 1)<br>NNP-BC - General Management (Code 3) | of how to optimize outcomes for newborns needing resuscitation at birth. | resuscitation into the care of a newborn requiring resuscitation at birth. |
| **CE5 - The Mythical Pelvis: Pelvic Health Implications in Adolescence, Childbearing and Beyond**<br>Kristi Kliebert, DPT, MPT, CAPP-OB certified, CPYT, RYT<br><br>**1.5 Contact hours** | C-RHI - Reproductive Health and Infertility (Code 29)<br>WHNP-BC - Gynecology Disorders, Obstetric Complications and Primary Care Management (Code 2) | This presentation will provide attendees with an introduction to pelvic health across a woman's lifespan. Topics covered will include pelvic health considerations in adolescence, childbearing, and beyond. | Define and understand concepts of Pelvic Health.<br><br>Explain proper pelvic floor function and identify causes and symptoms of dysfunction.<br><br>Compare common pelvic floor conditions in adolescence, childbearing age, and perimenopause/menopause and beyond. |
| **CE6 - Birth of a Nurse Corps Leader**<br>Melanie Chichester, BSN, RNC-OB, CPLC, RNC-IAP, FAWHONN<br>Gwendolyn Foster, MSN, CNM, FAANP, FACNM, FAAN<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Through storytelling, this session will guide aspiring nurse leaders through the essential skills and competencies needed to excel in leadership roles within any setting. Participants will explore strategies for effective communication, motivation, and inspiration along with sustaining joy on the journey. | Participants will learn how to inspire and influence teams, balancing administrative duties with direct staff interactions.<br><br>Participants will discuss the importance of ongoing education and mentorship to enhance leadership capabilities.<br><br>Participants will learn leadership styles/techniques to foster a collaborative work environment. |

## AWHONN Symposiums

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| **S1 - Research Symposium**<br>Lauren Hicks, PhD, RN<br>Kandice Perez, DNP, RNC-OB<br>Stacey Iobst, PhD, RNC-OB, CNE, C-EFM<br>Yang Yu, PhD<br>Anna Haas, MSN, CNS, ACCNS-N, CNE, RNC-NIC, C-ELBW<br>Gail Elliott, PhD, MSN, RN, BSN<br>April Messer, PhD, RN, CCRN<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Join us at AWHONN's Research Symposium! Come connect and hear from AWHONN Research Award recipients and Evidence-Based Scholars as they present and discuss their latest findings. This enriching symposium will provide networking opportunities and insights into the Research Advisory Panel and the Evidence-Based Practice Committee. | Elaborate on the latest evidence-based practices in nursing to enhance patient care outcomes.<br><br>Evaluate the effectiveness of current nursing interventions through presented research studies. |
| **S2 - AWHONN Public Policy Symposium**<br><br>**1.5 Contact hours** | N/A | Open to everyone interested in learning more about AWHONN's advocacy and government relations. Learn about opportunities to become involved and meet others. You'll hear about the work of the public policy committee (and how to join) and resources to help you be an advocate. | Participate in discussions regarding the AWHONN Public Policy Committee and explore strategies for influencing public policy at the individual, community, and national levels. |
| **S3 - JOGNN-NWH Joint Session: Writing and Reviewing for Scholarly Publications**<br>Joyce K. Edmonds, PhD, MPH, RN<br>Heidi Collins Fantasia, PhD, RN, WHNP-BC, FNAP, FAAN<br>Kortney Floyd James, PhD, RN<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Nurses contribute to innovation and evidence-based practice by being authors and peer reviewers for scholarly journals. But what makes a good article and a good review? How can your work move the needle? What should authors and reviewers know about diversity, equity, and inclusion? Editors from AWHONN's journals will answer these questions and more. | Identify three key strategies for writing a scholarly nursing manuscript for JOGNN and NWH journals.<br><br>Evaluate the importance of integrating diverse perspectives in nursing scholarship to promote inclusive practices in scholarly writing.<br><br>Apply strategies to successfully write for nursing scholarship including navigating the peer review process. |

## Special Session

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| **SE3 - Legal Implications for Nurses That Work in States with Abortion Bans: Panel Discussion and Q&A**<br>Monica McLemore, RN, MPH, PhD, FADLN | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-MNN - Professional Practice (Code 4) | Join AWHONN as we host a panel discussion with nursing and legal experts on reproductive issues, nursing ethics, and legal implications specifically for medical professionals who work in states with abortion bans.  All are encouraged to | Review the theoretical framework of Reproductive Justice.<br><br>Discuss abortion and the legal landscape post-Dobbs decision and the |

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| Brynn Weinstein, J.D.<br>Lauren Paulk, JD<br><br>**1.0 Contact hour** | WHNP-BC - Professional Practice (Code 5) | attend, and ample time will be provided to discuss audience-submitted questions about state-specific legal concerns. | legal implications for nurses working in states with abortion bans. |

## Breakout Sessions

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| **A1 - AFE Simulation: Team Skills and Cognitive Aids That Improve Performance**<br>Julie Arafeh, MSN, RN<br>Cheniqua Morales, BSN, RNC-MNN, C-EFM, C-ONQS<br>Mallorie K. Suffield, MSN, RN, RNC-OB, RNC-IAP, C-EFM<br><br>**1.5 Contact hours** | C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Labor and Birth (Code 2) | Amniotic fluid embolism (AFE) is a rare, complex clinical situation that requires timely intervention. It is challenging to prepare a clinical team to respond effectively and efficiently. This presentation will demonstrate an exemplary response to AFE using team skills and cognitive aids to improve performance and include how to use these skills and aids in your clinical practice. | Describe the key team skills of leadership, role delegation, and communication during an obstetric emergency.<br><br>Demonstrate how team skills and cognitive aids are utilized during AFE to improve team performance.<br><br>Formulate a strategy to utilize team skills and cognitive aids in response to a patient with AFE in your unit. |
| **A2 - Changes in Fetal Movement: A Comprehensive Care Management Model**<br>Angela Lober, PhD, MPH, RN, IBCLC<br>Megan Aucutt, BA in History, Global Health Certificate<br>Mildred Pallanes, MSN, RNC-OB, C-EFM<br><br>**1.5 Contact hours** | C-EFM - Electronic Fetal Monitoring (Code 11)<br>RNC-IAP - Maternal and Fetal Physiology and Assessment (Code 1)<br>RNC-OB - Fetal Assessment (Code 1)<br>WHNP-BC - Normal Physiology and Wellness Management (Code 1) | An evidence-based clinical algorithm and education module were developed to support standardized, effective assessment and management of changes in fetal movement patterns. Based on the tenets of respectful maternity care and current research, the algorithm provides a path for any provider in any care setting. | At the end of this activity, participants will be able to identify characteristics of fetal movement throughout gestation and evidence of changes in fetal movement patterns.<br><br>At the end of this activity, participants will be able to apply the Change in Fetal Movement Algorithm to the clinical setting.<br><br>At the end of this activity, participants will be able to identify how a standardized, evidence-based fetal movement program for pregnant people can support healthy pregnancies. |
| **A3 - Enhancing Respectful Maternal Care in Emergencies: The Power of Standardized Patients**<br>Andra Wilke, DNP, MSN, RNC-OB, C-EFM, CHSE<br>Katherine Epps, MSN, RN, C- | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Labor and Birth (Code 2) | This presentation will explore the role of standardized patient simulations in labor and delivery education, emphasizing the promotion of respectful maternal care. Through immersive, realistic scenarios, healthcare providers can enhance their ability to deliver compassionate, culturally | Analyze the impact of communication and empathy skills on maternal outcomes by reflecting on interactions with standardized patients in simulation exercises in obstetric emergencies.<br><br>Evaluate personal and team |

| Session | Codes | Description | Objectives |
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| EFM, IBCLC<br>Aerial Jones, BSN, RN, C-EFM<br><br>**1.5 Contact hours** | | sensitive care while honing their skills in managing obstetric emergencies. | performance in delivering culturally sensitive care during obstetric simulations, identifying areas for improvement in clinical practice.<br><br>Apply knowledge of respectful maternal care principles to real-life obstetric scenarios through the use of standardized patient simulations. |
| **A4 - Cooling: A Hot Topic**<br>Jay Goldsmith, MD<br><br>**1.5 Contact hours** | C-NNIC – Neonatal Neuro-Intensive Care (Code 20)<br>RNC-OB - Newborn (Code 5)<br>RNC-LRN - Physical Assessment and General Management (Code 2)<br>RNC-NIC - General Assessment and Management (Code 1)<br>NNP-BC - General Management (Code 3) | This presentation will discuss the American Academy of Pediatrics (AAP) updates to the guidelines for therapeutic hypothermia for neonates. Participants will learn how these guidelines are formulated and published, discuss criteria for inclusion for therapeutic hypothermia, and explore some of the controversial areas in the use of therapeutic hypothermia. | Discuss how AAP guidelines are formulated and published.<br><br>Discuss the criteria for inclusion of a depressed neonate on a therapeutic hypothermia protocol.<br><br>Discuss the controversial areas in the use of therapeutic hypothermia. |
| **A5 - Nursing Ethics & Self-Managed Abortion**<br>Jace Anderson, MSN, RN, CNL, RNC-OB, C-EFM<br>Monica McLemore, RN, MPH, PhD, FADLN<br>Lauren Paulk, JD<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-MNN - Professional Practice (Code 4)<br>WHNP-BC - Professional Practice (Code 5) | This presentation will discuss the medical and legal realities of abortion, with a focus on self-managed abortion (SMA). Attendees can expect in-depth discussions of legal protections for referrals and information-sharing about abortion; the ANA code of ethics and how these provisions can guide nursing care in these situations; and a brief discussion of mandatory reporting obligations. | After this session, attendees will be able to explain the legal and medical realities of self-managed abortion, with a focus on patient legal risk.<br><br>After this session, attendees will be able to discuss methods nurses can utilize to best support patients who are considering or who have self-managed their abortion care.<br><br>After this session, attendees will be able to identify the ethical principles in the ANA code of ethics that are pertinent to caring for a patient who has had an abortion or is considering an abortion. |
| **A6 - Ally Vs. Accomplice: How to Call Everyone "in"**<br>Rose Horton, MSM, RN, NEA-BC, FAAN<br>Rebecca Vahle, Med | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5) | There are so many (wonderful) conversations around Diversity, Equity & Inclusion. All are necessary and timely. However, some are left to ask the question 'What can I do?' Explore ways to call everyone 'in', to consider shared | Describe and define an ally and accomplice.<br><br>What are the barriers and fears to being an ally and/or an accomplice? |

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| 1.5 Contact hours | RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | responsibility, and to help create anti-racist conversations, relationships, and workplaces where everyone has a sense of belonging. | List actions to promote an environment for authentic conversations related to the concept of ally vs. accomplice. |
| **B1 - Screening Saves: Implementation of Early GTT to Improve Postpartum GDM Outcomes**<br>Elizabeth Quigley, DNP, RN, NEA-BC, FACHE<br>Delaney Jenkins, BSN, RNC-MNN<br><br>**1.0 Contact hour** | RNC-OB - Postpartum (Code 4)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>WHNP-BC - Gynecology Disorders, Obstetric Complications and Primary Care Management (Code 2) | Postpartum follow-up for patients with gestational diabetes (GDM) is critical to reducing their lifelong morbidity as 40-70% of these patients go on to develop type 2 diabetes. This presentation will review evidence on the barriers to postpartum screening and innovative strategies that can be used to improve health outcomes. Attendees will learn tangible strategies to improve screening outcomes at their organization. | Outline the importance of glucose tolerance screening for patients with gestational diabetes in the postpartum period.<br><br>Compare the screening compliance rates of traditional GTT screening with early GTT screening strategies.<br><br>Define strategies to improve postpartum GDM screening compliance. |
| **B2 - Pregnancy after Loss: How Long Do Women Wait, and How Should We Guide Them?**<br>Carrie Henry, PhD, RN, CNM<br><br>**1.0 Contact hour** | C-RHI - Reproductive Health and Infertility (Code 29)<br>RNC-OB - Postpartum (Code 4)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>WHNP-BC - Gynecology Disorders, Obstetric Complications and Primary Care Management (Code 2) | We will share recent findings about what factors predict the timing of the next pregnancy after a loss and which pregnancies were more likely to result in a live birth. We will then discuss what the literature shows about whether the timing of the next pregnancy after a loss influences the likelihood of a live birth. | Summarize factors that predict interpregnancy interval after pregnancy loss in the United States.<br><br>Explain current evidence about the relationship between interpregnancy interval after loss and the likelihood of a live birth. |
| **B3 - Teaching Postpartum Hemorrhage Interventions with Rapid Cycle Deliberate Practice**<br>Tammy Hall, MSN, RN, RDMS<br>Lisa Anders, PhD, RN, IBCLC<br><br>**1.0 Contact hour** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Labor and Birth (Code 2)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2) | This presentation explores the use of Rapid Cycle Deliberate Practice (RCDP) to teach the sequence of interventions for managing an obstetric hemorrhage. RCDP enhances skill acquisition and retention through practice and response refinement in a controlled, repetitive environment, leading to improved clinical outcomes. | Identify the key components of Rapid Cycle Deliberate Practice (RCDP) and their application in teaching postpartum hemorrhage interventions.<br><br>Demonstrate the sequence of evidence-based interventions for managing postpartum hemorrhage using RCDP techniques.<br><br>Evaluate the effectiveness of RCDP in enhancing clinical proficiency and confidence among healthcare providers |

|  |  |  | in the management of postpartum hemorrhage. |
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| **B4 - Consent at Peri-viability**<br>Adam Snyder, JD<br>Jay Goldsmith, MD<br><br>**1.0 Contact hour** | RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Pregnancy and Obstetric Complications (Code 3)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5) | The challenges of providing informed consent to a family experiencing near-viability birth are profound. This discussion will focus on the age of viability and the medical and legal implications of informed consent during this difficult period. | Communicate openly with patients about bad outcomes.<br><br>Understand the inherent risks of premature birth and the potential for morbidity or mortality.<br><br>Approach premature birth, at or around the age of viability, in a supportive fashion for the family and providers alike. |
| **B5 - Lemons, Linens, and Lysol: The Past, Present, and Future of Contraception**<br>Amy Alise Howe, DNP, CNM, IBCLC, RNC-OB<br><br>**1.0 Contact hour** | WHNP-BC - Normal Physiology and Wellness Management (Code 1) | This presentation will explore the use and development of contraception, starting with ancient Egyptian scrolls and concluding with what's new on the horizon. Many of our modern options are rooted in unethical experimentation and eugenic ideology. Discussing contraceptive options through this historical lens can help the provider have a deeper understanding of the complex relationship many people we care for have with contraceptive conversations. | The attendee will be able to briefly summarize the history of contraception.<br><br>The attendees will understand how the history of contraception influences the decisions our patients make today. |
| **B6 - Trauma Responsive Leader: Implications for Perinatal Quality and Safety**<br>Adriane Burgess, PhD, RNC-OB, CCE, CNE, C-ONQS, CPHQ, FAWHONN<br>Maggie Runyon, MSN, RNC-OB, CYT-200<br><br>**1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Perinatal nurses are regularly exposed to trauma in the workplace. Although leaders cannot eliminate trauma, they can be sensitive to the trauma their staff experiences. Trauma-responsive leadership following severe maternal events can improve the quality and safety of care provided. Leaders can apply the principles of trauma-informed care to realize, recognize, respond, and resist the re-traumatization of nurses on their team. | Identify the impact of trauma on perinatal nurses, quality, safety, and retention.<br><br>Create a trauma-responsive leader toolbox to support perinatal nurses and providers. |
| **C1 - The Importance of Specialized Obstetric Anesthesia as a Vital Part of the Labor Team** | RNC-OB - Labor and Birth (Code 2) | In 2020, specialized obstetric anesthesia providers integrated fully into a women's health unit handling 2,000 births annually. By 2024, this integration led to decreased use of general anesthetics for cesarean | Assess the varying roles of anesthesia providers in women's health.<br><br>Analyze the impact of the integration of a specialized anesthesia obstetric team |

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| Suzie Newell, DNP, CRNA, FAANA<br><br>**1.0 Contact hour** | | sections and improved safety and satisfaction. This analysis will highlight how the anesthesia provider can be fully integrated into the women's health culture of safety to improve care. | to a women's health unit culture of safety on patient outcomes, patient satisfaction, and provider satisfaction.<br><br>Assess the cultural and operational changes required for the integration of a specialty anesthesia team into a women's health unit. |
| **C2 - Don't Miss a Beat: Maternal Cardiac Complications and How We Miss Them**<br>Angela Jaynes, MSN, RNC-OB, C-EFM, CPLC, NPD-BC<br><br>**1.0 Contact hour** | C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Pregnancy and Obstetric Complications (Code 3)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>WHNP-BC - Gynecology Disorders, Obstetric Complications and Primary Care Management (Code 2) | Cardiac complications are a major contributor to maternal death, and many patients are not diagnosed with underlying cardiac disease until after death. Obstetric nurses need to understand early warning signs of cardiac disease and how they can advocate for their patients. My presentation uses dynamic case-based scenario learning which engages learners to teach physiological and pathophysiological principles and key communication strategies. | Differentiate normal cardiovascular physiologic adaptations of pregnancy and postpartum from signs of cardiovascular compromise.<br><br>Discuss the implication of early warning signs related to cardiomyopathy and cardiac disease during pregnancy.<br><br>Analyze a patient vignette to synthesize knowledge gained. |
| **C3 - Shifting the Pitocin Paradigm**<br>Jennifer Atkisson, MSN, RNC-OB, CNL<br><br>**1.0 Contact hour** | RNC-OB - Labor and Birth (Code 2) | Pitocin misuse is a root cause in 85% of birth injury lawsuits and was listed in 2007 as a High Alert Medication by the ISMP, which cited "*the inability of safeguards, as currently utilized in the US, to consistently prevent patient harm*".  And use has only increased since, with negative implications for nursing care & job satisfaction, patient safety, and legal liability. Let's explore the physiology & research that shows HOW and WHY using less leads to improved outcomes. | Understand current and historical trends in Pitocin use & birth injury malpractice cases.<br><br>Develop an understanding of the physiology and pharmacology of oxytocin.<br><br>Describe nursing practices that improve outcomes and can decrease liability, while increasing patient & nurse satisfaction. |
| **C4 - Volume Targets Locked in, Introducing eMOM (evaluation of Mother's Own Milk)**<br>Christine Wetzel, DNP, RN-NIC, IBCLC<br><br>**1.0 Contact hour** | RNC-OB - Postpartum (Code 4)<br>RNC-LRN - Physical Assessment and General Management (Code 2)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>RNC-NIC - General Assessment and Management (Code 1) | This presentation will provide you with several excellent resources to evaluate maternal volume targets and identify pumping people who are at risk of lactation failure.  A lactation bundle that includes the eMOM (evaluation of the mother's own milk) will be introduced.  eMOM is an easy-to-use guide that both nurses and the pumping | The audience will be able to the expected pumping volume of day 4 of lactation.<br><br>The audience will be able to identify at least one maternal health condition that may place her/them at risk for low milk supply. |

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| | NNP-BC - General Management (Code 3)<br>WHNP-BC - Normal Physiology and Wellness Management (Code 1) | family can use to guide their pumping journey. | The audience will be able to identify a pumping person who needs a referral to a lactation specialist. |
| **C5 - Women, Sexuality, and Intimacy across the Lifespan.**<br>Cheryl Bellamy, DNP, APRN, CNM, CNS-C, C-EFM<br><br>**1.0 Contact hour** | WHNP-BC - Normal Physiology and Wellness Management (Code 1) | The spectrum of sexuality and intimacy varies from one woman to another and throughout a woman's lifespan.  Normal sexual changes occur with puberty, pregnancy and postpartum, menopause, and older age, and are mediated by a complex interplay of psychological, interpersonal, environmental, and biological factors. This presentation will describe the elements of sexuality, intimacy, sexual dysfunction, and the importance of sexual health for women of all ages. | Discuss sexuality and intimacy in women.<br><br>Identify elements of sexual health.<br><br>Discuss sexual dysfunction |
| **C6 - Who's Afraid of Writing Policy? You Shouldn't be!**<br>Krista Jackson, MSN, RNC-OB, C-ONQS, C-EFM, REC<br><br>**1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Don't let policy writing intimidate you. Discover strategies for creating effective, collaborative, and meaningful documents. Explore techniques to ensure ongoing learning to keep policies relevant and impactful. | Discuss how policies contribute to efficient and effective healthcare delivery and improve patient safety and outcomes.<br><br>Explain the steps of policy development, from identification of need to ongoing evaluation.<br><br>Examine opportunities at your organization to engage nursing in continual policy education. |
| **D1 - Healing@Home: Applying Innovation Principles to Redesign & Optimize Postpartum Care**<br>Laura Scalise, MSN RN<br><br>**1.0 Contact hour** | RNC-MNN - Postpartum Assessment, Management and Complications (Code 2)<br>WHNP-BC - Normal Physiology and Wellness Management (Code 1) | At the Hospital of the University of Pennsylvania (HUP) we developed Healing at Home, an innovative holistic digital health program via text message to provide ongoing diagnostic care and monitoring for the postpartum patient and newborn.  Our innovative program provides 24/7 support to patients for six weeks after delivery including specific anticipatory guidance, depression screening, lactation support, and blood pressure monitoring. | Describe the gap in care that an innovative healing at-home program can fill during the early postpartum period.<br><br>Discover how timely, accurate, and accessible contact between the recently discharged post-partum patient and their healthcare team can improve post-partum outcomes.<br><br>Discuss the Healing at Home clinician automated decision tree algorithms that provide anticipatory guidance, |

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| | | | depression screening, lactation support, and biometric screening with the use of Memora Health natural language processing (a sub-form of AI). |
| **D2 - Increasing Situational Awareness during Postpartum Hemorrhages**<br>Vanessa Hale, MSN, RNC-OB, C-EFM, C-ONQS<br><br>**1.0 Contact hour** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>C-OBE - Obstetric Emergencies (Code 30)<br>RNC-IAP - Obstetric and Medical Complications in Pregnancy (Code 2)<br>RNC-OB - Labor and Birth (Code 2)<br>RNC-MNN - Postpartum Assessment, Management and Complications (Code 2) | Even with the implementation of quantitative blood loss and stage-based postpartum hemorrhage protocols, gaps in response times and situational awareness still exist. This presentation explores the use of regular call-outs and check-backs during a postpartum hemorrhage to develop an appreciation for a deteriorating patient experiencing a postpartum hemorrhage. | The learner will prioritize the importance of vital signs as an objective measurement of postpartum hemorrhage.<br><br>The learner will identify the need for situational awareness in postpartum hemorrhages.<br><br>The learner will examine the use of call-outs and check-backs during a postpartum hemorrhage. |
| **D3 - Escaping Maternal Sepsis: Validating the Role of Education in Clinical Nursing**<br>Megan Kalka, MSN, RN, RNC-OB, RNC-IAP, C-EFM<br><br>**1.0 Contact hour** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-MNN - Professional Practice (Code 4)<br>WHNP-BC - Professional Practice (Code 5) | Gamification and escape rooms are an innovative and fun approach to adult learning and nursing education in the clinical setting. This presentation will go beyond integrating gamification within a nursing obstetrical escape room and dive further into evaluation and return on investment. Explore and connect implemented education with quantitative results and nursing care, validating the role of the Nursing Professional Development Practitioner. | Construct a maternal sepsis escape room utilizing gamification and evidence-based practice.<br><br>Apply two evaluation methods with Kirkpatrick's model of evaluation to assess the effectiveness of education implementation.<br><br>Define return on investment within nursing education. |
| **D4 - Nourishing Bonds: Boosting Maternal-Infant SUD Outcomes with Optimal Nutrition**<br>Dixie Weber, MSN, RN<br>Dawn Forbes, MD, MS, FAAP<br><br>**1.0 Contact hour** | C-NNIC – Neonatal Neuro-Intensive Care (Code 20)<br>RNC-OB - Newborn (Code 5)<br>RNC-LRN - Assessment and Management of Pathophysiological Conditions and Neonatal Complications (Code 3)<br>RNC-MNN - Newborn Assessment, Management and Complications (Code 3))<br>RNC-NIC - Physiology and Pathophysiology (Code 2) | In this session, we'll examine gastrointestinal withdrawal in opioid-exposed infants, and its effects on feeding, nutrition, and growth. We'll discuss strategies for improving nutritional outcomes and develop skills to reflect on personal biases towards parents with substance use disorder, aiming to enhance empathy and person-centered care. | Review gastrointestinal withdrawal in opioid-exposed infants, understanding its direct impact on feeding challenges, nutrition, and overall growth.<br><br>Explore recommendations and strategies for optimizing nutritional outcomes.<br><br>Develop reflective skills to examine personal biases and attitudes towards parents with substance use disorder, fostering empathy and understanding to better deliver person-centered care. |

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| | NNP-BC - Embryology, Physiology, Pathophysiology and Systems Management (Code 2) | | |
| **D5 - Using Medicaid Incentives to Improve Chlamydia Screening in Rural Healthcare** Denise Cummins, DNP, RN, WHNP-BC, CPHQ Lydia Jorgensen, RN, MSN(c), FNP(c) **1.0 Contact hour** | WHNP-BC - Professional Practice (Code 5) | Medicaid managed care programs offer pay-for-performance incentives for increasing chlamydia screening among eligible enrollees. Such programs may be particularly beneficial among rural populations. This presentation describes the implementation of a pay-for-performance project to improve chlamydia screening in two rural health clinics and explores the perspectives of the clinics' staff and nurse practitioners on the project. | Describe factors affecting early chlamydia detection and treatment in rural communities.<br><br>Explain the benefits and challenges of participating in Medicaid pay-for-performance improvement projects.<br><br>Identify pearls from rural health clinic staff and nurse practitioner perspectives on participating in a pay-for-performance improvement project to increase chlamydia screening. |
| **E1 - The Challenges of Uterine Tachysystole Recognition & Response- A Multiphase Study** Carol Lawrence, PhD, MS, BSN, RNC-OB, CBC Joyce Arand, PhD APRN MS CNS NEA-BC CFHP CPHQ Roseann Civil, MSN, RNC-OB **1.5 Contact hours** | C-EFM - Electronic Fetal Monitoring (Code 11) RNC-IAP - Maternal and Fetal Physiology and Assessment (Code 1) RNC-OB - Fetal Assessment (Code 1) WHNP-BC - Normal Physiology and Wellness Management (Code 1) | This presentation provides the results of a multiphase, multisite study before/after implementing a perinatal clinical decision support software which includes artificial intelligence color-coded notification for uterine tachysystole (UT). Phase 1 of the study evaluated the incidence and response to UT before and after implementation. Phase 2 of the study examined the impact of an educational intervention to improve nurse's knowledge and management of UT. | Describe and appraise the methods and results from Phase 1 and Phase 2 of this multisite research study.<br><br>Examine the use of interactive education combined with AI software to identify and manage uterine tachysystole.<br><br>Discuss the challenges of recognizing and management of uterine tachysystole in the clinical setting. |
| **E2 - So You Wanna be an Expert?** Adam Snyder, JD Suzanne McMurtry Baird, DNP, RN Lisa Miller, CNM, JD **1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4) RNC-OB - Professional Practice (Code 6) RNC-LRN - Professional Practice (Code 5) RNC-MNN - Professional Practice (Code 4) RNC-NIC - Professional Practice (Code 4) NNP-BC - Professional Practice (Code 5) WHNP-BC - Professional Practice (Code 5) | Testifying in a medical malpractice case is not for the faint of heart. It is also not for everyone. As an expert, you have dual obligations to your client and the science that underlies the issues involved. | Understand the responsibilities of being a testifying or reviewing expert witness.<br><br>Appreciate the difference between opinion and science, and the overlap, in the context of advocacy and expert testimony.<br><br>Recognize the obstacles to fair and impartial testimony and the challenges to being a qualified expert. |

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| **E3 - Decreasing NTSV C-Section Rates by Introducing an RN Birth Navigator Role**<br>Jenna Ogborn, BSN, RNC – OB<br><br>**1.5 Contact hours** | RNC-OB - Labor and Birth (Code 2) | Unnecessary cesarean deliveries have been identified as an area for safety and quality improvement. Miller Children's & Women's Hospital RNs completed the Bundle Birth Physiologic Birth Training Course and developed an RN Birth Navigator role. L&D RNs were empowered with evidence-based physiologic birth practices that facilitate vaginal birth and manage expectations of patients undergoing induction of labor to reduce our NTSV and overall cesarean birth rates. | Examine the cause and effect of rising cesarean birth rates.<br><br>Explain the importance of preparing patients for labor induction through the identification of labor milestones and applying them consistently.<br><br>Apply evidence-based physiologic birth techniques to empower nurses and patients to achieve a vaginal delivery. |
| **E4 - Improving Outcomes and Experiences in an LDRP/NICU Model of Care**<br>Amy J. Dagestad, MBA, MSN, RN, NE-BC, RNC-OB, FAWHONN<br>Stacy Peterson, BSN, RNC-OB<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5) | The speakers will showcase an innovative model of care in the Labor, Delivery, Recovery, and Postpartum unit that keeps moms and babies together in the same room, even if the baby requires NICU care. This approach has significantly increased patient, staff, and provider satisfaction, improved care transition scores, and boosted unit volumes. Join us to learn more about this transformative care model. | Describe how an LDRP/NICU suite model provides family-integrated care and improves staff, provider, and patient satisfaction.<br><br>Explain how the LDRP/NICU suite concept keeps mothers and neonates together regardless of the level of care they need. |
| **E6 - Real Stories, Real Change: Transforming Care through Mothers' Personal Narratives**<br>Jamie Agunsday, MA, MSN, RNC-OB<br>Miranda Klassen, BS, Biology<br>Bekah Elrod, BS, Elementary Education<br><br>**1.5 Contact hours** | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | In this compelling and impactful presentation, 3 experts delve into the transformative power of incorporating real-life narratives from mothers who have experienced pregnancy complications into our healthcare practices. These personal stories are not just anecdotes—they are critical sources of insight that can drive significant improvements in maternal and neonatal care. | Explore methods for effectively integrating mothers' stories to improve clinical outcomes and patient engagement.<br><br>Develop skills for leveraging personal narratives in advocacy efforts to drive policy improvements and support resources for affected families. |
| **F1 - Speaking up for Safety: Nursing Electronic Fetal Monitor Observer**<br>Theresa Hyland, BSN, BS, C-EFM, Donna Diers Award<br>Cori VanHouten, MSN, RN, C-EFM | RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>WHNP-BC - Professional Practice (Code 5) | Welcome to our journey. Let our team take you through the development and implementation of the Electronic Fetal Monitor Observer role. This dynamic nurse solely focuses on supporting our obstetrical teams through fetal heart rate assessment and interpretation to promote maternal-fetal | Relate to the subjective nature of EFM interpretation based on intra- and interobserver variability.<br><br>Model an enhanced nursing safety culture focused on maternal-newborn safety strategies. |

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| **1.0 Contact hour** | | safety. Utilizing experience, expertise, and strong communication skills they champion accuracy in assessment and practice for timely and appropriate interventions. | Create a nursing EFM Observer role as a support expert for the primary obstetrical team. |
| **F2 - Weeding out the Myths: How to Support Breastfeeding Equity Amid Cannabis Use** Stacey Iobst, PhD, RNC-OB, C-EFM, CNE Kara Skelton, PhD, MaED **1.0 Contact hour** | RNC-IAP - Professional Practice (Code 4) RNC-OB - Professional Practice (Code 6) RNC-LRN - Professional Practice (Code 5) RNC-MNN - Professional Practice (Code 4) RNC-NIC - Professional Practice (Code 4) NNP-BC - Professional Practice (Code 5) WHNP-BC - Professional Practice (Code 5) | First, we will review current clinical guidelines for the use of cannabis while breastfeeding. Next, we will discuss how existing guidelines may exacerbate disparities in health outcomes related to breastfeeding. Finally, we will Identify strategies for perinatal nurses to support patients who use cannabis and wish to breastfeed. | Examine disparities in breastfeeding outcomes in the United States Examine disparities in breastfeeding outcomes in the United States. Explain how current clinical guidelines might exacerbate disparities in health outcomes Explain how current clinical guidelines might exacerbate disparities in health outcomes. Identify strategies for perinatal nurses to support patients who use cannabis and wish to breastfeed Identify strategies for perinatal nurses to support patients who use cannabis and wish to breastfeed |
| **F3 - Escape Room: Navigating a Maternal Hypertensive Crisis** Cheryl Bellamy, DNP, APRN, CNM, CNS-C, C-EFM Katherine Balten, MSN, APRN, AGCNS-BC **1.0 Contact hour** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28) RNC-IAP - Professional Practice (Code 4) RNC-OB - Professional Practice (Code 6) RNC-MNN - Professional Practice (Code 4) WHNP-BC - Professional Practice (Code 5) | The purpose of this program is to improve skills in the identification and management of hypertension in pregnancy via the incorporation of scenario-based learning in an escape room format using clinical clues. As the scenario unfolds, the overall goal is for the participants to achieve bridging of contextual (mind) and kinesthetic (hand-body) learning to positively impact clinical outcomes when hypertension presents in the pregnant or postpartum patient. | Define Maternal Deaths in the US. Discuss hypertension in pregnancy. Participate in a hypertensive crisis escape room. |
| **F4 - The Initiation of Delivery Room Skin to Skin for the NICU Population** Christine Wetzel, DNP, RN-NIC, IBCLC Lisa Tucker, NNP, NICCAP **1.0 Contact hour** | RNC-OB - Professional Practice (Code 6) RNC-LRN - Professional Practice (Code 5) RNC-MNN - Professional Practice (Code 4) RNC-NIC - Professional Practice (Code 4) NNP-BC - Professional Practice (Code 5) | Skin-to-skin contact post-delivery has become a standard of care for full-term and late preterm infants. Preterm infants and any other infant who are direct NICU admits historically miss out on this sacred practice. This project is the wonderful story of how a Level III NICU initiated skin-to-skin in the NICU population. | The audience will identify safe situations in which preterm or sick infants can be placed skin-to-skin or have cuddle time in the delivery room. The audience will recall at least one World Health Organization recommendation for preterm infant care. |

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| **F6 - A Culture of Debriefing: Building Teamwork through Trust and Transparency**<br>Jennifer Harlos, MPH, RN, RNC-OB, C-EFM<br><br>**1.0 Contact hour** | C-ONQS – Obstetric and Neonatal Quality and Safety (Code 28)<br>RNC-IAP - Professional Practice (Code 4)<br>RNC-OB - Professional Practice (Code 6)<br>RNC-LRN - Professional Practice (Code 5)<br>RNC-MNN - Professional Practice (Code 4)<br>RNC-NIC - Professional Practice (Code 4)<br>NNP-BC - Professional Practice (Code 5)<br>WHNP-BC - Professional Practice (Code 5) | Debriefing after emergent events is an important way to foster trust and become a high-performing team while identifying opportunities for system improvements. This session will explore how to build a culture of debriefing on your unit that leaves staff feeling empowered, not punished. We'll then show how to easily track and share the system changes you've made thanks to your teams' feedback. | Explain how debriefing is beneficial for adult learners and high-performing teams.<br><br>Create a culture where staff find debriefs useful and empowering.<br><br>Build a dashboard to track and share system changes made from debriefs. |