

MIDWIFERY DRAFT RULES COMMENTS

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1 What parts of the draft rules do you believe are effective?

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1. EFFECTIVE FOR WHAT? ARE YOU INTERESTED IN BEING "EFFECTIVE" FOR INCREASING THE SCOPE OF PRACTICE FOR THE MIDWIFE? OR ARE YOU TRYING TO BE EFFECTIVE FOR INCREASING THE SAFETY OF THE MOTHER AND THE UNBORN CHILD? THESE ARE DEFINITELY CONFLICTING GOALS	Mon, Jan 14, 2013 9:22 PM	Find..
2. Planned home birth is an example of ideology replacing proven clinical facts. The state has no place in advocating in any way a step backwards in womens health. As a strong supporter of midwife care I feel there is proven benefit in having Midwifery practiced in close affiliation to all services a fully staffed hospital can provide. John W Hesser MD	Mon, Jan 14, 2013 5:07 PM	Find..
3. Midwives being required to inform clients of risks and benefits of any and all procedures, treatments, tests, etc. Home visits prior to 36 weeks to determine the safety of the home There is a definite need for regulation to keep everyone involved safe and healthy, but when the requirements limit a midwife's ability to practice, the consumers/ clients are hurt in the process	Mon, Jan 14, 2013 2:43 PM	Find..
4. Draft rules are conflicting	Mon, Jan 14, 2013 2:42 PM	Find
5. The restrictions of home birth for "normal patients" (singleton, vertex, no medical complications, no prior uterine surgery including cesarean delivery) are sound	Mon, Jan 14, 2013 1:19 PM	Find..
6. I can't believe we're going to let licensed midwives do VBACs. This is wreckless and dangerous. The	Mon, Jan 14, 2013 11:35 AM	Find..

AnsweredQuestion 10

SkippedQuestion 11

1 What parts of the draft rules do you believe are effective?

response to the question, "What do you do when a complication arises?" only to be answered with "Dial 911, and request transport." is amazing. As a non-healthcare related professional, I can dial 911 but it doesnt mean the AZ DHS should allow it?

7.	Distance to hospital is delineated.	Mon, Jan 14, 2013 10:50 AM	Find
8.	The rules are extensive and mirror what is expected in licensed facilities, but can't possibly be achieved in a home environment. Draft rules for licensed midwives at their core should focus on establishing that the patient is LOW RISK, as such suitable for a home birth. These rules suggest that by their creation one can achieve a safe home delivery of a HIGH RISK patient. Do we really want to establish rules that support obstetrical practice at home by providers with uncertain training that we wouldn't expect in our primary obstetrical centers. I don't believe ANY of these rules are effective. I do believe that these rules will lead to unsafe practices with limited to NO enforcement.	Sun, Jan 13, 2013 1:51 PM	Find
9.	R9-16-108 C.6 R9-16-111 A and B R9-16-112 C	Sat, Jan 12, 2013 4:18 PM	Find
10.	Gives more choices to moms of vbac twins and breech Some confusing language is eliminated	Thu, Jan 10, 2013 5:08 PM	Find

AnsweredQuestion 10
SkippedQuestion 11

2 How can the draft rules be improved?

ResponseCount

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AnsweredQuestion 18
SkippedQuestion 3

2. How can the draft rules be improved?

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|---|-----------------------------------|-------------|
| <p>1. AFTER READING "B" 1,2,3 I THINK THINGS SHOULD GO BACK TO THE DRAWING BOARD. DO YOU REALLY THINK THERE ARE MANY OBSTETRICIANS IN PRIVATE PRACTICE THAT WILL AGREE WITH THE RESPONSIBILITIES ... OR HOSPITALS THAT WILL AGREE? MY GUESS IS YOU MIGHT FIND A FEW WHO WILL DO MOST OF THE MONITORING THE LEAST THAT YOU SHOULD DO IS GET THE OPINION OF THE ACOG DISTRICT OF OB/GYN AND THE PHOENIX COUNCIL OF OB/GYN</p> | <p>Mon, Jan 14, 2013 9:22 PM</p> | <p>Find</p> |
| <p>2. for instance: instead of stating 'pitocin' stating any hemoragic drug would enable midwives to provide the best possible care regardless of new scientific discoveries. I believe that there is no need for an OB to sign off on breech/vbac, if the wording was changed so that the women could still make up their mind regardless of the recomendation made rather than leaving that decision in the hands of the OB</p> | <p>Mon, Jan 14, 2013 8:11 PM</p> | <p>Find</p> |
| <p>3. I believe that I should have the right to choose my healthcare provider regardless of certain situations including; vbac, breech position and multiple births.</p> | <p>Mon, Jan 14, 2013 5:54 PM</p> | <p>Find</p> |
| <p>4. By listening to the voices of the midwives and consumers! We should have a right to choose how and where we deliver our babies, not have it dictated to us by the state. The government already has it's hands so far in our pockets and now, under a false banner of "safety regulations" they want to dip even further by taking away our "alternative" birthing options</p> <p>Please consider our basic rights as women to CHOOSE the place and process for our labor and delivery!</p> | <p>Mon, Jan 14, 2013 2:43 PM</p> | <p>Find</p> |
| <p>5. Requiring a physician counsel every potential home birth candidate seems excessive</p> | <p>Mon, Jan 14, 2013 1:19 PM</p> | <p>Find</p> |
| <p>6. get rid of the practice guidelines and create a midwifery board- consult with EMS about the transfers</p> | <p>Mon, Jan 14, 2013 12:52 PM</p> | <p>Find</p> |
| <p>7. More information is needed regarding the dangers of VBACs.</p> | <p>Mon, Jan 14, 2013 11:35 AM</p> | <p>Find</p> |

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2 How can the draft rules be improved?

legal counsel; however, it is our understanding that the professional liability insurance companies who provide obstetricians and gynecologists with professional liability insurance ask that their insureds not form formal, written consultation agreements with licensed midwives, which might be interpreted as the "loaning" of the physician's liability policy limits to the licensed midwife. It is our further understanding that these companies do cover their insureds when their insureds are assigned to emergency obstetrical call as a condition of hospital privileges, and are then asked to care for any woman brought into the hospital for obstetrical care, including those women being transported who have been under the care of a licensed midwife "

Regardless of what rules or statutes say/imply regarding liability, doctors are not going to do consultation because their liability insurance companies are advising against such things. ACOG's position is that ALL births are safest in the hospital. That being said, finding an OB/GYN willing to consult when their liability insurance and their professional organization advise against homebirth, will be virtually impossible. Assuming a physician is willing to do a consult, it is very likely that the consulting physician will be opposed to VBAC, multiples or breech at home.

From a consumer standpoint, a physician consultation is just another road block to achieving our desired birth experience in a setting and with a provider that we believe is the safest option. As a consumer, I am unable to see the benefit of the consultation. The consultation document the physician is supposed to fill out will not detect information about the patient that the midwife and client do not already know. The consultation document states that the OB/Gyn will "explain the potential risks, adverse outcomes, and alternatives to a home birth associated with their specific condition ." I, as a consumer, do NOT understand why I have to have a go to a care provider to gather information that I am MORE than capable of gathering myself and discussing with the care provider of MY choice, a Licensed Midwife. Attaining

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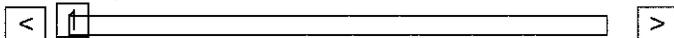
Answered Question 18

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2. How can the draft rules be improved?

information and providing my consent or refusal is something that should be done with MY health care provider, not with a physician who will not be part of my care.

In R9-16-108 (3)h it states that "the client may decide to proceed with an at-home deliver, regardless of the physician consultation" This does not state whether or not the client will be able to continue on with the care of their licensed midwife. The proposed rules suggest that the midwife would be able to continue care even the physician does not recommend homebirth. Although this will make homebirth an accessible option, it makes the consultation pointless. As consumers of homebirth, we know that physicians who support homebirth are few and far between. We recognize that if this proposed rule becomes part of the rules, we will be forced to meet with physicians, who fundamentally disagree with our choices. This will lead to feelings of patronizing superiority. Many women seeking a VBAC at home do so because of poor experiences with their hospital birth that ended in a Cesarean Section. For some, this consultation can be far beyond their comfort level. Also, the consultation is an increased cost for the client in the way of co-pays or out of pocket expenses for those without insurance. The bottom line is that this consultation does NOTHING. Licensed Midwives are more than capable of accessing and discussing EVERY piece of the consultation document. I do not need and do not want the opinion of a physician who, I know, will not agree with my course of action.



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3 Has anything been left out that should be in the rules?

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<p>1. I APPOLOGIZE FOR MY STATEMENT ABOUT QUALIFICATIONS. I DID NOT SEE THE NEW AND IMPROVED FORM IT CERTAINLY IS AN IMPROVEMENT AND I CONGRATULATE THE AUTHORS FOR THAT. IT CONTINUES, HOWEVER, TO BE INADEQUATE TRAINING FOR THE SCOPE OF PRACTICE THAT IS BEING REQUESTED. ESPECIALLY "B1,2,3 .. THESE ARE DELIVERIES DONE UNDER THE MOST CAREFULLY MANAGED CONDITIONS BY THE VERY QUALIFIED OBSTETRICIANS. AND FOR THE SAFETY OF THE MOTHER AND CHILD I WOULD ESTIMATE THAT AT LEAST 75% OF EACH OF THOSE DELIVERIES ARE BY CSECTION . . BECAUSE STATISTICS INDICATE IT IS THE SAFEST FOR THE BABY AND MOTHER.</p>	<p>Mon, Jan 14, 2013 9:39 PM Find</p>
<p>2. THIS DRAFT IS SO FLAWED IT SHOULD BE RE WRITTEN. THERE ARE SO MANY CONTRADICTIONS AND CONFUSING RULES I DON'T SEE HOW ANYONE WILL QUALIFY FROM BRIEFLY READING THE REQUIREMENTS TO BE A CERTIFIED MIDWIFE I AM AMAZED HOW FEW QUALIFICATIONS ARE NECESSARY I AM EMBARRASSED TO ADMIT IT TOOK ME COLLEGE, MEDICAL SCHOOL, INTERNSHIP AND RESIDENCY TO DO WHAT A HIGH SCHOOL GRADUATE IS ALLOWED TO DO WITH A LITTLE ON THE JOB TRAINING AND A COUPLE OF LETTERS OF RECOMMENDATION</p>	<p>Mon, Jan 14, 2013 9:22 PM Find</p>
<p>3. regardless of breech reasons the women should still be able to use a midwife at home along with women who have had more than 5 births prior.</p>	<p>Mon, Jan 14, 2013 8:11 PM Find</p>
<p>4. A licensed midwife SHOULD NOT be penalized if a client makes and informed decision to refuse any and all recommendations, tests, or treatments This</p>	<p>Mon, Jan 14, 2013 2:43 PM Find</p>

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AnsweredQuestion 13

SkippedQuestion 8

3. Has anything been left out that should be in the rules?

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- is the RIGHT of the client, and not the FAULT of a midwife
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- 5. I would suggest changing "transfer for thick meconium" to "presence of any meconium" as what is seen in labor does not always reflect the degree of meconium at birth Presence of a neonatal attendant who can intubate/ aspirate meconium below cords/ directly observe that neonate may be the safest route to achieve what everyone wants, which is a healthy baby

Mon, Jan 14, 2013 1:19 PM

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 - 6. administration of vitamin K to newborns- not just documentation
administration of Rh immune globulin in need be- not just documentation
pitocin if administered for a hemorrhage should be given as needed not 30 min apart- hemorrhage is a time sensitive thing a second shot 30 minutes later is not supported by evidence.
the lab tests allowed do not meet current standard pregnancy panels and there has been a problem in the past when the labs changed ownership they would not process midwife client labs because they were not allowed to do all the labs they ran- there may be a write up or a letter to the lab companies in your files that show what was done by the office to allow labs to be done

Mon, Jan 14, 2013 12:52 PM

Find
 - 7. More should be left out

Mon, Jan 14, 2013 11:35 AM

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 - 8. Licensed midwives should have BLS certification and neonatal resuscitation skills and these skills need to be documented through current certification. What are the consequences of violating the rules?

Mon, Jan 14, 2013 10:50 AM

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 - 9. There was NO mention of informed consent or refusal with regards to VBAC, multiples or breech Texas' Informed choice and disclosure and VBAC waiver form are wonderful templates we can work from I should be able to, with my licensed midwife, go over these forms and make an informed decision regarding my health care

Sun, Jan 13, 2013 4:02 PM

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All procedures in the rules should provide the consumer the opportunity to refuse A general

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3 Has anything been left out that should be in the rules?

statement of "the midwife shall document refusal" would suffice.

- 10. The rules as they are written demand that these patients and their licensed midwives consult with Obstetrical physicians who in essence will back them up. I urge DHS to determine if there are ANY such providers. A combination of medical liability insurance and fundamental concerns about such practice will preclude any such role. There is also no mechanism for physician compensation for such incredible risk taking. Finally, where and what are the sanctions, consequences for those licensed midwives that proceed without the emergency action plan For those of us in the Obstetrical community who have been the recipients of these disasters, what are our options when these patients are emergently brought to our institutions. Invariably we are forced to rescue unwilling and unappreciative patients/providers from their own poor decision making and then subject to the medical legal liability when things don't work out as they desire

Sun, Jan 13, 2013 1:51 PM Find

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