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IP Address: 140 198 150 101

Response Started: Wednesday, May 8, 2013 1:11:45 PM

Response Modified: Wednesday, May 8, 2013 1:41:59 PM

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

No Response

2. How can the draft rules be improved?

Requiring midwives to call the hospital whenever a client goes into labor or gives birth is an unnecessary burden on both hospital staff and midwives. Unless there is an indication that transfer might be imminent, midwives should not be required to do so. Requiring this also is a clear indication that midwives are still not considered to be licensed and able healthcare providers, despite their training and knowledge. Do hospitals have an OR and staff ready and waiting for every single low-risk birth occurring within their walls? Requiring constant vaginal exams is an unnecessary rule, as many women are more comfortable not having these exams, and they are not the only way to judge how far into labor a woman is. Requiring eye ointment to be administered is also something that ought to be left up to the parents' judgement. As for the VBAC rules: I'm so happy legalizing home birth VBACS are being considered, however the rules accompanying them are ridiculous. Many women VBACing have had more than one C-section, and even more common is that the reason for the previous C-section was a "failure to dilate." Often that failure is due to interventions such as inducing labor or the use of an epidural. This failure can generally be avoided in home birth because there is a lack of medical intervention in the natural labor process. Also, not allowing home birth VBAC when accompanied by breech or multiples is unnecessary. If VBAC, breech births and multiples births are being allowed in the new law, why should they be separated? It is common for twin pregnancies to have one or more baby breech. The number of hospitals that allow for VBAC, breech births, and vaginal births of multiples is slim in AZ, let alone the hospitals that actually staff doctors who will assist in these births. Where are these women to turn to? Birth is a natural process, not a medical procedure. For twin home births, requiring the pregnancy to be past 37 weeks is another unnecessary rule. Some doctors consider twins born as low as 32 weeks gestation to be full-term, while most concede that between 35 weeks and 37 weeks is ideal. Why can't full term twins be born at home? Again, in the rules for multiples births, the rule that women who have had a previous breech birth are unable to home birth is an unnecessary rule. Every pregnancy is different. Why should she be unable to have her children at home because of a past non-high-risk birth? The same goes for the provisions for breech births. Requiring that women having a breech home birth cannot have had previous multiples is a ridiculous rule. Why on earth not? Please keep in mind that these rules are not here to protect hospitals from lawsuits, or anyone for that matter. Women who chose to home birth with a midwife are responsible for their own healthcare decisions. ACOG and the state should not have the power to take that responsibility and right away from them.

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

No Response

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The rules such as having to be licensed, no prior criminal charges, etc etc. seem sufficient as well as having to keep tools clean, assess pregnancy, labor, etc. And of course reporting and registering the birth, reporting still born seem effective as well.

2. How can the draft rules be improved?

The draft rules can be improved by actually taking midwives' collective knowledge and experience and histories into consideration. Rules such as no VBACs due to the two situations presented as well as limiting labor times to a 24 hour period, etc. might be adjusted as in many cases they are not applicable. Meaning- listen to the midwives! According to some sources I have perused (Ina May's guide to childbirth with all her cited sources) midwives, when left to their own and the mother's devices, have far less need for C section and inducement which can cause even greater harm to mother and child. Meet with the midwives please! Don't put undue burdens on them and on the state. Everyone has enough paperwork/red tape as it is and it most likely will hinder progress instead of help. Birth is not a medical condition- it is a natural physiological process and very few women seem to actually need interventions. It seems that is more a convenience to the medical providers and not to the women.

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

Not that I can tell
