



Arizona Nurses

A S S O C I A T I O N

1850 E. Southern Avenue, Suite 1, Tempe, Arizona 85282

January 10, 2013

Cara Christ, M.D., M.S.
Assistant Director, Division of Licensing Services
Chief Medical Officer Tuberculosis Control Officer
Arizona Department of Health Services
150 N. 18th Avenue, Suite 510
Phoenix, AZ 85007

Re: Midwifery Scope of Practice

Dear Dr. Christ,

The Arizona Nurses Association (AzNA), as the professional organization representing the largest number of registered nurses in Arizona, supports public policy that promotes inpatient, outpatient and community-based health and safety. AzNA is aware of and strongly opposed to the licensed midwives proposed scope of practice expansion.

AzNA is particularly concerned that the scope of practice expansion would enable licensed midwives to perform high-risk deliveries in a home setting, including births of multiple fetuses, vaginal births after cesarean, and delivery of malpositioned fetuses, such as breech presentation. The rationale cited for this requested scope of practice expansion states (a) the consumer should be able to choose home delivery with informed consent, (b) a licensed midwife is better than no provider in providing these home-based deliveries, and (c) physicians have not kept up their practice skills to deliver the type of care that consumers want. This rationale is insufficient to support such an extreme and unsafe scope of practice expansion and is not founded in sound, evidence-based research.

The research presented by the licensed midwives did not fully support their conclusions. While research does show a high number of unnecessary subsequent cesarean sections for breech presentations and previous cesarean delivery, and there are calls by the medical community to increase trials of labor (TOL) for breech presentations and vaginal births after cesarean (VBAC), the research presented does not advocate home delivery in such situations. Specifically, the research regarding vaginal delivery in breech births states that "Careful case selection and labour management *in a modern obstetrical setting* may achieve a level of safety similar to elective Caesarean section." ¹ (emphasis added) This research does not advocate home deliveries. Additional research by the National Institutes of Health (NIH) referenced in this scope of practice expansion request recommended only *further study* into vaginal births for higher risk pregnancies². (emphasis added) It did not recommend home births or trials of labor by midwives outside a fully equipped modern obstetrical setting.

The risk of uterine rupture for VBAC is twice as likely as for a routine vaginal birth and VBAC is only considered for women with low transverse uterine incisions from the previous cesarean section. This is a significant complication that was not addressed in this request, but must be carefully managed in a fully-equipped setting, rather than allowing a licensed midwife to assess for a uterine rupture after the fact. Additionally, while it is true that certain hospitals ban VBAC in their facilities, the VBAC bans referenced in the argument do not accurately reflect that the reason for many such bans are because the hospitals in



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question do not have adequate resources in place to provide emergency anesthesia or other emergency services for such patients³. Home delivery complications requiring a reasonably skilled licensed midwife to transfer a patient to a hospital with a VBAC ban would not increase patient safety or positive outcomes because the receiving hospital does not have the resources to provide the necessary care.

AzNA is further concerned that the scope of practice expansion would include removal of the licensed midwife scope of practice from the rules in order to create a guideline allowing each midwife to expand her or his own practice based on an international standard of care, the midwife's education and experience, and the client's situation. While there is a request to create a Midwife Advisory Committee to oversee the scope of practice as a living document to be kept up to date with the US Midwifery Model, it is not fully consistent with the provision of sound evidence-based practice. AzNA fully supports professional practice expansion when there is evidence to do so. However, AzNA is extremely concerned that there is not sufficient evidence of licensed midwife training and demonstrated safe outcomes to support the requested changes. Therefore, AzNA strongly opposes the referenced licensed midwife scope of practice expansion.

Thank you for the opportunity to provide feedback on this proposed scope of practice expansion. AzNA appreciates the opportunity to participate in the process of the development of DHS rules and thanks DHS for their commendable work in safeguarding the health and safety of Arizona residents.

References:

1. Kofsaka, A., et al., 2009, June, Society of Obstetricians and Gynaecologists of Canada clinical practice guideline: Vaginal delivery of breech presentation. Retrieved from: http://www.sogc.org/media/pdf/advisories/CpgBreechJune09_e.pdf
2. Cunningham FG, et al., National Institutes of Health Consensus Development Conference Statement: Vaginal Birth After Cesarean: New Insights. March 8—10, 2010. *Obstetrics & Gynecology*. 2010; 115(6):1279–1295.
3. Cunningham FG, et al., National Institutes of Health Consensus Development Conference Statement: Vaginal Birth After Cesarean: New Insights. March 8—10, 2010. *Obstetrics & Gynecology*. 2010; 115(6):1279–1295.

Respectfully,

Robin Schaeffer, MSN, RN, CNE
Executive Director
Arizona Nurses Association

Amy Franciscus, JD, RN
Director of Governmental Affairs
Arizona Nurses Association