

Midwifery Scope of Practice Advisory Committee

ADHS will be tweeting live updates from this meeting.
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Arizona Department of Health Services
April 3, 2013
4:00-6:00pm



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Agenda

- Call to Order- Welcome and Introductions
- Review/Approve Feb. 11, 2013 Minutes
- Discussion of U of A Literature Review
- Discussion of Draft Midwifery Rules
- Next Steps & Timeline: Recommendations
- Closing Remarks

Call to Order

Welcome & Introductions: Will Humble

4:00-4:05 pm

Name	Position
Will Humble	Director, Co-Chair
Cara Christ	Co-Chair
Wendi Cleckner	Licensed Midwife
Mary Langlois	Licensed Midwife
Allyson Fernstrom	Member of the Public
Julie R. Gunnigle	Member of the Public
Janice Bovee	Certified Nurse Midwife
Maria Manriquez	M.D., OB/Gyn
Susan Hadley	M.D., Family Practice
Jeffrey Northup	D.O., OB/Gyn



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Will Humble

4:05-4:10 pm

REVIEW AND APPROVE MINUTES FEB 11, 2013 MEETING



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Cara Christ

4:10-4:55pm

U OF A LITERATURE REVIEW DISCUSSION



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Outcome of Home vs. Hospital Births by Midwives: A systematic review and Meta- analysis

University of Arizona
Division of Health Promotion Sciences
Mel & Enid Zuckerman College Public Health



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Special Thanks

- John Ehiri, PhD, MPH, MSc (Econ.)
- Ying Li, PhD, MSc
- Cecilia Rosales, MD
- Kristen Haven, MA, MPH
- Juliet Charron, MPH
- Hilary C. Rees, MPH

Background

Studies conducted in the US and other high income countries show that an increasing number of women elect homebirth

- Reasons:
 - Considered safe by consumers
 - Often involves fewer medical interventions
 - Performed in the comfort of their own homes

Objective: To critically assess and summarize evidence on outcome of home versus hospital births attended by midwives.

Methods

- U of A performed a very extensive search of the literature
- 3-4 people searched the following databases (to February, 2013):
 - Medline/PubMed
 - Embase
 - Web of Science
 - EBSCO (PsycINFO and CINAHL)
 - Ovid
 - The Cochrane Fertility Review Group Specialized Register
 - Cochrane Pregnancy and Childbirth Group Specialized Register
 - The Cochrane Central Register of Controlled Trials

Methods (continued)

- Unpublished data from the grey literature through Google and Google Scholar searches
- References in articles were hand searched to find additional resources
- Each identified article was assessed independently by 5 reviewers
- Reviewers came together to decide which articles were relevant
- Analysis done by PhD statistician

Methods (continued)

- Types of studies
 - Case-control studies
 - Randomized controlled studies
 - Cohort studies
 - Time-series studies
- Had to look at outcome of births attended by midwives in hospital/health facilities or in homes

Results: Child Health

- Nine studies were included in the meta-analysis of child health outcome of births attended by midwives in homes or in hospitals.
- Analyzed 7 outcomes of child health:
 - Neonatal deaths
 - Prenatal deaths
 - Apgar<7 at 5 min
 - Intrapartum deaths
 - Low birth weight < 2500g
 - Birth seizures
 - Meconium aspiration

Results: Child Health

Factors	No. of studies	No. of participants	Variance between studies		Pooled OR/RR	95% CI	Test for overall effect (p)
			Q(p)	I ² (%)			
Child health							
1. Neonatal death	2	1323536	0.24	28	3.11	(2.49, 3.89)	<0.00001
2. Prenatal death	3	4400	0.04	68	0.70	(0.09, 5.29)	0.73
3. Apgar <7 at 5 min	2	14807	0.27	16	0.86	(0.60, 1.25)	0.44
4. Intrapartum death	2	485709	0.66	0	0.82	(0.60, 1.12)	0.21
5. Low birth weight <2500g	2	14807	0.43	0	0.71	(0.48, 1.05)	0.09
6. Birth seizures	2	1133575	0.36	3	1.49	(0.86, 2.58)	0.15
7. Meconium aspiration	2	1350153	0.77	0	0.90	(0.68, 1.20)	0.49

Results: Maternal Health

- Eight studies qualified for inclusion in the meta-analysis of the impact of setting (home or hospital) of births attended by midwives.
- 13 outcomes were analyzed:
 - Spontaneous delivery
 - Vacuum extraction
 - Assistant delivery
 - Caesarean delivery
 - Forceps
 - Episiotomy
 - Lacerations/Perineal tear (3-4 degree)
 - Lacerations/Perineal tear (intact)
 - Cervical tear
 - Postpartum hemorrhage (>500 mls)
 - Retained placenta
 - Blood transfusion
 - Prolapsed cord

Results: Maternal Health

Factors	No. of studies	No. of participants	Variance between studies		Pooled OR/RR	95% CI	Test for overall effect (p)
			Q(p)	I ² (%)			
Maternal health							
1. Spontaneous delivery	3	21488	0.03	71	1.64	(1.35, 2.00)	<0.00001
2. Vacuum extraction	3	29984	<0.00001	92	0.51	(0.21, 1.23)	0.13
3. Assistant delivery	3	22871	0.0003	88	0.58	(0.40, 0.84)	0.004
4. Caesarean	5	39471	<0.00001	88	0.55	(0.49, 0.60)	0.0006
5. Forceps	4	30972	0.06	60	0.54	(0.33, 0.90)	0.02
6. Episiotomy	5	23750	<0.0001	83	0.56	(0.41, 0.77)	0.0003
7. Lacerations/perineal tear (3-4 degree)	4	23609	0.04	63	0.48	(0.32, 0.72)	0.0005
8. Lacerations/perineal tear (intact)	3	10225	0.0001	89	1.94	(1.25, 3.01)	0.003
9. Cervical tear	2	9084	0.54	0	0.84	(0.21, 3.38)	0.80
10. Postpartum hemorrhage >500ml	5	25445	0.002	77	0.60	(0.44, 0.81)	0.0007
11. Retained placenta	2	9084	0.29	9	0.58	(0.40, 0.86)	0.006
12. Blood transfusion	3	10920	0.08	61	0.33	(0.08, 1.37)	0.13
13. Prolapsed cord	2	9084	0.52	0	0.40	(0.11, 1.48)	0.17

Discussion

- Child health:
 - The risk of neonatal death increased among homebirths (OR=3.11, 95% CI: 2.49-3.89)
 - Otherwise, there were no significant differences in infant health outcomes between home and hospital births attended by midwives

Discussion

- Maternal health:
 - Homebirths were more likely to result in a spontaneous birth with an intact perineum
 - There were fewer surgical interventions among women who elected to deliver with a midwife in the home.
 - Hospital births by midwives were associated with increased risk of assisted delivery, caesarean sections, forceps, episiotomy, lacerations/perineal tear (3-4 degrees)
 - Decreased risk of postpartum hemorrhage >500mL and having a retained placenta among midwife attended homebirths.

Discussion

- The findings of this meta-analysis have implications primarily for women with generally low-risk pregnancies and the midwives who may be their primary perinatal care providers, because low-risk women account for most of the sample analyzed

Discussion

- Findings suggest that homebirths attended by midwives may be equally safe if not safer for women with low-risk pregnancies
- Homebirths should only be recommended to women who are classified as low-risk, as this data demonstrates an increased risk of neonatal mortality among homebirths
 - Access to emergency services, prior consultation, and having a contingency plan with a nearby medical facility with appropriate obstetrical equipment is encouraged, in the case that a medical emergency occurs

Limitations

- Studies reviewed here tended to exclude high-risk pregnancies
 - Tendency for women with high-risk pregnancies to be referred to or to opt for obstetrical care
 - Lack of data and evidence on the safety and efficacy of homebirths for high-risk pregnancies
- Studies were included from several different countries
 - Education and regulation of midwives may differ from that in the United States

Limitations (continued)

- Lack of data on vaginal births after cesarean (VBAC), multiple births, and breech births
 - Not included in the analysis due to the fact that these are high-risk pregnancy conditions and are not typical of women elected for homebirths in attendance by midwives

Limitations

- Exclusion of patients who were transferred from home during labor/delivery
 - May have excluded some of the maternal outcomes

Conclusion

- This review of the literature, as it pertains to births that occur in the home versus a hospital, provides evidence that midwives are effective in assisting with low risk home and hospital deliveries
 - While there appears to be some increased risk for infants among births that occur in the home, there also appears to be fewer surgical interventions among women delivering with a midwife in the home and decreased assisted deliveries, c-sections, use of forceps, episiotomy, lacerations, and perineal tears

Thomas Salow, J.D., Acting Deputy Assistant Director, Division of Licensing and Manager, Office of Administrative Counsel and Rules 4:55-5:40PM

DISCUSSION OF RULES FOR MIDWIFERY SCOPE OF PRACTICE



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Scope of Practice Rules

Administrative

- New reporting requirements and form
 - Electronic submission
 - Required when patient services terminated
 - Within 30 days of termination
- New administrative rules go into effect July 1, 2013

Scope of Practice Rules

Informed Consent

- Informed consent provided by midwife
- Must be maintained in patient record
- Informed consent now combined:
 - General informed consent for all patients
 - Must discuss risk with higher risk conditions specific to the patient (VBAC, breech, multiples)
- General informed consent goes into effect July 1, 2013

Scope of Practice Rules

Emergency Action Plan

- Completed and kept on file for every patient
- Midwife must attest that the delivery place is within 25 miles of the nearest hospital for specified conditions
- Must call ER charge nurse at hospital identified in emergency action plan for all patients
 - When patient goes into labor
 - When patient delivers or requires transport
- Emergency Action Plan goes into effect July 1, 2013

Scope of Practice Rules

Scope of practice

- Must be NARM certified to manage higher risk pregnancies
 - Only NARM certified will be able to expand their scope of practice
- Goes into effect July 1, 2014

Scope of Practice Rules

- Advisory Committee
 - Committee established to
 - Review data from midwife reports
 - Examine evidenced based research
 - Recommend to the director changes in regulatory rules
 - Consist of: 2 licensed midwives, 2 consumers, 1 licensed physician; 1 nurse midwife
 - Advisory Committee goes into effect July 1, 2013

Will Humble

5:40-5:55 pm

NEXT STEPS & TIMELINE: RECOMMENDATIONS



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Will Humble

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CLOSING REMARKS



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