

## Midwifery Scope of Practice Comments March 27 through April 2 2013

<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>There are people who live, work, and go about daily activities and are sometimes more than 30 miles away from a hospital. When traveling we can be quite a distance from a hospital and most of us don't worry about it. Home births have been happening for hundreds if not thousands of years at peoples own discretion and free will. It does not seem fair that the state can take away this right to bring my child into the world the way I want to. I don't depend on any state funding to pay any of my medical expenses, I pay out of my own pocket. So I should be able to birth my child the way that I feel is right for me and my family.</p>	<p>Mon, Apr 1 2013</p> <p>9:56 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>In case this has not been sent to the committee, here is the link to the ACNM statement on written agreements between CNMs and Physicians. Although LMs are not CNMs often there are shared issues, their statement recommends against formal agreements most importantly because it can cause a delay in transfer during emergencies, if the doctor is not available when the emergency occurs time will be wasted trying to locate that physician...And that is even if malpractice carriers would allow for such an agreement.  <a href="http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000057/Collaborative%20Agreement%20between%20Physicians%20and%20CNMs.CMs%20Dec%20%202011.pdf">http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000057/Collaborative%20Agreement%20between%20Physicians%20and%20CNMs.CMs%20Dec%20%202011.pdf</a></p>	<p>Sat, Mar 30 2013</p> <p>11:15 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Saw this requirement in the current draft: "Notification to the emergency room charge nurse of the hospital identified" when a homebirth mom begins labor and after labor ends. Not sure why this would be required or what purpose it would serve. I am quite sure nurses are incredibly busy attending to many more important issues. Why would we need to interrupt their duties with this information? The majority of homebirths are smooth and uneventful, and the most of the births that do require transfer are not necessarily emergent. Wouldn't it only make sense to call the charge nurse in the event of a transfer? Otherwise, what will they really do with that information anyway? I believe it will only serve to annoy the charge nurses and cause more tension between midwives and hospital staff.</p>	<p>Thur, Mar 28 2013</p> <p>4:04 PM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Incredibly happy to see that the current draft still contains provisions for allowing midwives to attend VBACs, breech, and multiples. I'd like to thank the department for continuing to work with the homebirth community to make this happen. There are still some changes that need to be made before the new rules are finalized, but I am thankful that things seem to be headed in the right direction.</p>	<p>Thur, Mar 28 2013</p> <p>3:54 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>What is the dealine for comment submissions before rules are finalized? Please reply to Jamie.Robin@azahcccs.gov Thank you.</p>	<p>Wed, Mar 27 2013</p> <p>12:02 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>so I have several concerns about the new draft, but it is a place to start. My biggest concern about calling the charge nurse at the start and finish of every labor is that they will start ignoring our calls- and then when we have an emergency and actually need to speak to the nurse she will be blowing us off not quite the boy who calls wolf but similar- now if in a remote area the informal discussion with the doc and nurses comes up with that they do want all those calls then so be it but I live where we have several hospitals and 2 are high level centers and they are taking calls from all over the region- usually calls connected to transfer and they already have someone in house 24/7 . I realize this is a hope for some type of improvement, maybe recommending it but not legislating it would be a better idea- or even facilitating discussion in hospitals that deliver babies and may be receiving transfers. I know that there is atleast one smaller hospital that the doctors will not even enter the mothers room unless the midwife has left the building- the complain about every transfer and if they got calls about births that they are doing they will make complaints about them some how... please reconsider this idea</p>	<p>Wed, Mar 27 2013</p> <p>10:07 PM</p>