

## Midwifery Scope of Practice Comments April 24 through April 30 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>It is in the best interest of women and babies to allow midwives to have unrestricted access to emergency medication. This is well within the scope of what a midwife does - emergency medication keeps everything stable until a transport can be completed. Also, regulations about backup doctors and a pre-planned hospital to transfer to are overly restrictive. In many situations it is safer for a midwife to decide which hospital or doctor would be best for the specific situation. Hospitals expect to have unplanned patients - why is the small number of homebirth clients that transfer a big deal?</p>	<p>Sun Apr 28 2013</p> <p>3:30PM</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>As a woman, I feel that the ability to grow life and birth babies into this world is a magical and natural gift. This is a organic process that generally can be done without complications. As so, it is important to allow home births to support women who would rather be in a home setting. I am a very introverted person and having the comfort of our home to birth our baby made giving birth naturally (vaginally) possible. I feel that if I had been in a hospital that I would not have been able to "relax", meaning being in a comfort zone to allow my body to progress as it needed to, and therefore probably would have had a cesarean section. Of course this is pure speculation, but my labor did stall for awhile and might have prompted a doctor to suggest other options. I have no doubt that if I or the baby was in danger that our midwife would have sent us to the hospital and I am thankful that we have them for emergencies, but in my opinion birth is not an emergency and therefore I appreciate and advocate continuing midwifery practices.</p>	<p>Sun Apr 28 2013</p> <p>9:48AM</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>It is ridiculous that the department is trying to regulate birth in such a restrictive manner. Birth has always belonged to women, and it should be our choice how we birth, where we birth, and whom we have in attendance. ACOG has recently come out with new guidelines pertaining to vbac, and they are now encouraging a trial of labor even for women who have had two cesareans. Women are smart enough to make their own choices, and midwives are quite capable of explaining the risks vs benefits of vbac, twins, and breech births. To require so much involvement from a physician is insulting and impractical. Most women who choose homebirth do so because they WANT to make their own healthcare decisions. It is not right to force a woman to have a hospital birth she does not want just because there are no midwives who can "legally" care for her. What happened to "my body, my choice?"</p>	<p>Fri Apr 26 2013</p> <p>9:46AM</p>

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As a nurse of 23 years and a midwife of 3, both LM and CPM, I have some concerns that the proposed rules are not reflecting evidence based practice. One area is the use of the time frames for the progression of labor and length of pushing, called the Friedman's Curve. In 1989, Grand Canyon University was teaching us that this must be phased out as it did not reflect the normal labor pattern and resulted in unnecessary cesarean deliveries. This is so important to correct, as many states are looking to AZ. Secondly, the ability to purchase, carry, and administer a range of medicines is critical to keeping home birth safe. These would include newborn medications, maternal anti hemorrhagic drugs, and oxygen which is also considered a drug. It is better thinking long term to name the class or purpose of the drug rather than a specific agent as new pharmaceuticals will become available, Third, I have a wide and respectful web of relationships with colleagues, CNMs, and MDs because of my years in the birth community. I can say that even with that history and trust, it is very hard to get something in writing. Most of my sister midwives would find this rule very challenging. Perhaps it could be kept in for the expanded scope of practice issues if any of those become a reality, and include ND approval. Finally, from the beginning it has been my premise that mixing the scope of practice issues which are expanded and controversial in nature (VBACm twins, breech) with the rules update is unwise. NOT because I am opposed categorically to these possibilities. Particularly in the case of VBAC, which we did out of hospital with great stats for 10 years at Bethany Birth Center. And as long as new doctors are not trained and comfortable in vaginal twin and breech deliveries this will create unassisted deliveries, which I am concerned about. But combining these higher risk pregnancies with the request for safe and wise updates to our rules has muddied the issue, generating sensational press, position statements against home birth from influential professional organizations, and may result in the process closing before the rules are complete. Please review carefully the proposal that we as midwives worked on for many months. Will Humble has generated several creative compromise ideas, like creating a teaching video for VBAC. These are the kind of solutions we must think of as we endeavor to hear each perspective well. Please do not hesitate to contact me with questions. With respect, Joanna Wilder RN, BSN, LM, CPM

Fri Apr 26  
2013

8:12AM