

Midwifery Scope of Practice Comments  
February 13 through 19, 2013

<p>My name is Kelli Crawford. My first baby was a stalled, prolonged and unattended hospital birth and my second was a very precipitous homebirth attended by a midwife. I would just like to say that the majority of the families choosing homebirth do so for safety reasons because the common interventions most low risk women receive in the hospital that result in so many iatrogenic complications, are risks no midwife would ever take at home. What needs to be made clear is that a low risk homebirth is not the same as a low risk hospital birth. Births seen in the hospital are not like anything that would be seen in a homebirth. We are not asking to have "hospital" births at home, in fact quite the opposite. Even with the higher risk births proposed, there are risks being taken in the hospital that neither midwives nor consumers would ever dream of taking at home, like augmenting a trial of labor after cesarean for example. In that light I understand why an OB might be terrified of things like HBAC. If the hospital based providers want to keep VBACs in the hospital it is there own responsibility to decrease the risks and restrictions they impose on consumers. Aside from that, we are not discussing whether hospital or homebirth is better or safer but whether we are going to support the autonomy and safety of the families choosing to birth at home. Those who are choosing to birth at home with a midwife are the same who would be having an unassisted birth otherwise, so the goal here is not to debate which is best, to argue, or to demean anybody. It is to make the families who are choosing homebirth, regardless of anybody's opinion, as safe as possible, to give them the opportunity to have a medical provider there and a smooth transfer of care in the case of hospital transport, because a transfer to the hospital is NOT a homebirth failing, it is the midwives model of care being practiced responsibly. These mothers should remain autonomous in their healthcare choices and we need to ensure that the midwives are able to continue the high standard of care they currently provide Arizona families without restricting them through some of the proposed policies. Everybody has the right to personal autonomy regardless of age, gender, or active labor.</p>	<p>Sat Feb 16, 2013 6:16 PM</p>
<p>Humans want choices. Our culture keeps trying to standardize everything which disallows choice. We want the choice of how to birth our children. Don't take the only intimate choice we have just to standardize. Any good midwife would take the necessary precautions to ensure the safety and well being of both mother and child.</p>	<p>Sat Feb 16, 2013 8:54 AM</p>
<p>I am completely in support of the field of midwifery. Women must have the right to decide how, with whom, when, where and in what fashion they will conduct their pregnancies and births.</p>	<p>Sat Feb 16, 2013 7:50 AM</p>
<p>I am a licensed naturopathic primary care doctor in Arizona. Last year, on the day that I found out I was pregnant, I called a local midwife to schedule an appointment. I knew, without question, that I did not want to use the conventional</p>	

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<p>medical system for my pregnancy and birth. I believe that the hospital is where you go when you're sick and a specialist (in this case, obstetrician) is who you see when you, or your growing baby, have a serious problem. I had no health concerns and my pregnancy was flawless. My midwife was thorough, available, professional and always very informative. She also lead a childbirth class and other interactive lectures in the community. Here is the most important part (regarding this conversation, anyway). During my labor at home, I reached a stage where it became clear that labor was not progressing as expected. My midwife, who clearly and quickly recognized this, made the call that we needed to go to the hospital and we did. My safety, and that of my daughter, were her number one concern, held higher than our belief that home birth is best. Please do not think that midwives are so arrogant that they would risk the health and well being of another woman and her child. Not only that, but when we reached the hospital, she stayed with me. She provided all of her well-kept records from my pregnancy, including blood work and ultrasound results. She was respectful and professional with the hospital staff, even to those who did not treat her as cordially. She comforted my family and answered their questions when the nurses and doctors were simply in too much of a hurry or just uninterested in doing so. The point that I am making, is that not only are midwives highly trained and experienced, but they are also advocates for mothers everywhere. They do not deserve to have their scope of practice narrowed when their training has taught them how to skillfully provide the services in their current scope. Through my pregnancy and birth, my midwife demonstrated appropriate record keeping, she ordered and interpreted appropriate blood work and imaging studies, she completed thorough examinations when I was in her office (including blood pressure readings, pap smears, urinalysis and fetal heart rate monitoring, etc.) and when things did not go as planned she was very capable of recognizing that and making the necessary tough decision. Midwives do not need increased to be overseen by anyone other than their own licensing board. They are not second rate practitioners, they are experts in their field and should be regarded as such. Thank you</p>	<p>Sat Feb 16, 2013 5:51 PM</p>
<p>Please remove all impediments to the practice of midwifery in Arizona. These laws are not in the best interests of the mothers and babies of this state. As a man and father I find these restrictions to be repugnant. Both of my children were born with the assistance of midwives. I have been involved with the births of a number of children. Will you soon publish laws restricting midhusbands? (sic) My eighth great grandmother was Isabel Babson. She was the midwife for first Salem and then Gloucester, Ma. until she died in 1661. These laws and regulations would have doomed her and the survival of our forebears. These laws restrict freedom and will deprive people of their jobs. This type of government interference can not be tolerated in a state which prides itself on liberty and the right to make up one's own mind.</p>	<p>Fri Feb 15, 2013 11:25 PM</p>
<p>The term "midwife" means to be with a woman. This is what midwives do, and should continue to do. We don't regulate friends helping friends birth, do we?</p>	

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<p>Even though most friends are not trained for this. And yet, there is regulation of these friends to women, these midwives, who are TRAINED to know what to do, and how to do so, should an emergency arise. They are TRAINED to be supportive, and provide information to families in the precious time that is pregnancy, birth and postpartum. And they genuinely care for the family they serve, not just "the bottom line." Give women the freedom of choice. Let the families who are actually giving birth decide who their birth attendants will be. Whether a first timer, VBAC, breech, or anything else, women and families have the RIGHT to choose. The law should reflect that right.</p>	<p>Fri Feb 15, 2013 7:40 PM</p>
<p>I find it very sad that with all the evidence out there that midwifery is as safe if not safer than hospital that the state feels the need to keep trying to take away our right to choose where and how WE birth!</p>	<p>Fri Feb 15, 2013 7:01 PM</p>
<p>I am appalled that these meetings are even happening (not to mention that each person only gets 1 minute to speak, with no questions, or discussion involved). Midwifery is inherently legal because it is what women do with one another during labor and birth, and it has been this way for all of time. The department need not worry itself with regulating midwives. The department needs to repeal all midwifery legislation and restore bodily and political autonomy to both mothers and their midwives. Midwives should be "allowed" to do whatever a client asks for and chooses by right of women having the right to caring and informed support during the childbearing year, no matter their circumstance. in short, we don't need you. We certainly don't need you wasting any more of our time or energy.</p>	<p>Fri Feb 15, 2013 6:34 PM</p>
<p>A woman should have the right to seek help from whomever she feels best serves her needs during pregnancy and birth. Trained midwives should be allowed to attend home births of women who desire a vaginal birth after cesarean. I think it is bizarre that as laws stand right now, a woman can birth unattended after a cesarean, but cannot have a midwife in attendance. A woman should have the choice</p>	<p>Fri Feb 15, 2013 5:57 PM</p>
<p>As a licensed midwife, I take serious offense at the suggestion from the ACNM that we will potentially use anithemorrhagics to keep our clients home when they would be better served in the hospital. Our goal is a healthy, safe mother and a healthy, safe baby. More than nine times out of ten, this can be accomplished at home. When the situation begins to veer off the path of normal, my goal is to effect a transfer of care while mother and baby are still health and safe, but the measures taken to correct the situation aren't helping. The insinuation that we will gamble with lives is offensive and ridiculous. Obstetricians and certified nurse-midwives need to figure out that we all have the same goal. We may go about it differently, but we all are working to bring about a healthy mother and a healthy</p>	<p>Thurs Feb 14, 2013 11:23 PM</p>

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<p>baby. Our stats show a lower mortality rate than Arizona hospitals have been able to produce per capita. To suggest that we would use them to harm, rather than to stabilize a woman while transferring her to the hospital, is insulting and I respectfully request of the ACNM to withdraw that statement.</p>	
<p>I am a consumer of home birth. Please expand the scope of practice for a LM to attend twin, breech and vbc births. It will keep women safe who are choosing to stay home if they have someone who can see when the birth is no longer progressing as it should and thus suggest to the mother that they should transfer to a hospital</p>	<p>Thurs Feb 14, 2013 8:08 PM</p>
<p>Number one: If I want to go out into a field and squat and give birth to my baby I will do so. It doesn't matter where someone deems it as "safer," it is my human right to birth as I so choose. Home? Hospital? Midwife? Obstetrician? Unattended? Doesn't matter. Ultimately it is my body, my choice. Did I hear that correctly that there may be revisions to the ability of midwives to administer medications such as oxygen and pitocin?? And did one of the CNMs *actually* say that midwives use these drugs to allow them to "stay at home longer"?? That is absurd! The necessary use of these can indicate a minor issue or an emergency. To deny midwives the use of these tools will put women and babies in grave danger when the birth deviates severely from normal as these medications provides extra time for getting the mother to emergency medical care. This is bordering on insane and the elitist attitude from the medical professionals is completely offensive. Why do the medical professionals continue to site "evidence" that high risk deliveries, such as preterm labor or premature rupture of membranes, require medical intervention? The medical professionals clearly have a gap in the knowledge regarding the midwife model of care because if they had a clear understanding they would realize that these are all situations that would strictly indicate a transfer of care to a hospital. No midwife would dream of trying to support a home birth for a 26w neonate as this is clearly a medical emergency. Informed consent: Why do the medical professionals continually assume that the midwives are unable or unwilling to present the consumers with risks associated with the VBAC, breech, and twin births? Why do they then assume that obstetricians DO provide informed consent? I have received far more even handed information from my midwife than I have ever received from an OB. Naturally, I conduct my own in-depth analysis of my options and my risks, but all the OBs seem to want is to fear me into submitting to their will. As the entire point of this is to reduce regulatory burden and increase the scope of practice of midwives – why are these meetings not moderated? Every single time someone talks about something that increases the burden or will reduce the scope someone should declare "I object!" It's like a free for all in there with no one tasked with keeping focus on the topic at hand. These meetings seem to be a place that medical professional feel it is their place to state their disagreement with homebirth as a whole. Please keep on focus and do not allow</p>	<p>Wed Feb 13, 2013 1:16 PM</p>

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such invalid, useless, unhelpful remarks to waste time and confuse the issue.	
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<p>Hello! Hospital OB unit employee here! I have seen a lot in the last 8 years of working in a hospital maternity ward. Probably close to al, the Dr. Manriquez has seen. It has not, however steered me away from the thought that a woman should not be able to make appropriate choices for her family. No one in the health department says a word of protest when a mother chooses to circumcise her baby, use multiple drugs during labor that 100% effect the baby or if she chooses not to Breastfeed. Notice the word here. CHOOSE. As mothers we spend every day of our lives making CHOICES that will greatly effect our families. It's what we do, and we are looking for the BEST choice. If a woman chooses to vbac at home, it's not because she wants her uterus to rupture, or to make an OB angry. It's because that's the best CHOICE for her family. PLEASE stop trying to pacify the obstetricians by making more pointless rules that make them feel like they are still more powerful in the birthing world. Why should any midwife have to bow down for consent from any doc? Not all of us view docs as all knowing beings. I personally would trust my midwife friends with my life much more than ANY OB that I know. I would rather have a midwife signing for OB care. The belittling of midwives has gone on longer than any of us have even been alive. Lets get a grip and see where some real great outcomes happen with happy moms and babies. Let mothers make the choice that is best for them without having to answer to anyone!</p>	<p>Wed Feb 13, 2013 11:34 PM</p>
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