

Midwifery Scope of Practice Comments

February 6 through February 12, 2013

It would be very reassuring if the department would provide a statement, preferably in writing, that this process will:

1. Not reduce the current scope of practice. Whether this process ends with an expanded scope of practice or not, some assurance that the scope will not be reduced would be greatly appreciated.
2. Not require a third party's acquiescence when it comes to obtaining or renewing a midwifery license. The involvement of a third party medical professional such as a doctor or hospital, who is neither directly involved in providing midwifery care nor licensing, is inappropriate and should not be a requirement.

Mon, Feb
11, 2013
12:23 PM

Brian Soderblom

I'm VERY excited that the state is moving towards expanding the Midwifery Scope of Care, and moving to a national standard through NARM. As an aside, after the last meeting I'm concerned that one of the obstetricians on the panel of advisors admitted that she was unfamiliar with the type of monitoring tools midwives use for homebirth and I am wondering why she has not educated herself on such matters. It leads me to believe she knows very little about homebirth at all and the fact that she stated the birthing community would not get her vote - she has already made up her mind. I urge you to select an Obstetrician to weigh in on these very important legislative matters who is genuinely interested in collaborating and making birth as safe as possible whether that is at home or in a hospital. This is not a place for bias or overstating your objection to people's choices, it's about problem solving and finding common ground. The common denominator is that we all want safer births and happier Mothers/babies, no matter where birth takes place. We will of course disagree about what makes birth safer to some degree. I am anxiously watching the proceedings unfold as this is a hugely personal and powerful issue. I hope to see that the rights of the parents remain the priority.

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I have four healthy children. The first three children were born at the hospital. The environment of a hospital was challenging. I felt that nurses or doctors had no interest in me giving birth especially since I didn't have high risk pregnancies. I felt pressured I had to do things the ways the nurses wanted ,such as, telling me to have the epidural for a quick and easy birth for them. The only time I saw the doctor was when I was delivering then maybe 5 minutes after. The next time I saw the doctor was at my six week appointment.

Mon, Feb 11,
2013 10:06
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Once I knew I was pregnant with my fourth, I wanted to find alterative ways to give birth. I was so happy that I live in a place where home births are safe. When I met with my midwife she made sure that I had a low risk pregnancy in

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order to work with me. She also stated the if complications arise I would need to deliver at the hospital. Once I started seeing my midwife, I was amazed of new things I learned. During my prenatal care, I saw her the same amount of times I did with an OBGYN, but instead of seeing the doctor for 5 mins I was with my midwife for an hour each visit. During this time we built a meaningful and relationship. I felt I could trust her with anything in my life and that she genuinely cared about the baby's and my health.

When I was in labor I had the most wonderful experience of bring my child into the world. My midwife was with me the entire time and gave me the support I needed in order to progress through my labor. Because of the excellent prenatal care, my labor was only an hour!

My husband was able to be completely involved while I was in labor for the first time. He says in the hospital he was told to stay in the corner of the room during the other births of our children and left them do their job. My midwife knew how important it was to have the family involved in welcoming the new baby. I never saw such excitement from my husband when he was the very first person to touch the baby when she was born and he was able to say "It's a girl!"

After birth the midwife stayed for four hours making sure the baby was healthy. My daughter was so curious about the baby she was able to be part of the of caring for the baby a couple of hours after her birth. She was so honored to the experience with the baby with the midwife.

The midwife came back to my house three times to check on the health of the baby and me. I then had my final visit with her after eight weeks. I was a wonderful closure to our time together.

I had such amazing experience with this pregnancy and birth at home. My midwife gave me the confidence I needed in order to have control over my body to bring my child into this world. I'm very grateful to her in helping me to see life in a different way.

I have a middle class family and I have a Master's degree in Education. I knew exactly what I was doing when I decided to have a home birth and if we decide to have another child we will definitely have a home birth with our midwife!

My name is Rachael Pena and I reside in Phoenix. I am a educated consumer who has had two previous homebirths and I have a vested interest in the outcome of the proposed changes to the midwifery scope of practice. Having two young children has made it difficult for me to attend the meetings and a sick toddler makes it impossible for me to

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attend tonight's schedule meeting (though I will be watching on LiveStream and I thank the department for making this available). However, I want Director Humble and the committee to know that I am actively following this process and I fully support the expansion of midwifery scope in Arizona. I strongly believe that women should have the autonomy to choose how and where they birth and to assume any risks associated with those choices. I believe that trained midwives are fully capable of attending VBAC, breech, and multiples in a home setting, and certainly have the ability to assess when/if a situation has presented itself that makes transfer of care to a hospital setting appropriate. I urge Director Humble to listen the voice of the consumer and know that we are educated, informed, and entitled to make the choice about how and where we birth. No one is more invested in a good outcome than the mother.

Regarding the following:

"e. The name of the hospital to which the applicant plans to send a client who needs services outside a midwife's scope of practice;

f. The name of each physician who agrees to assume care for a client who needs services outside a midwife's scope of practice;"

"3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate the applicant is 21 years of age or older;"

"7. A letter from each physician specified under subsection (A)(1)(f) agreeing to assume care for a client who needs services outside a midwife's scope of practice"

"B. A midwife shall:

1. Notify the Department in writing within 30 calendar days after:

a. The hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice changes, or

b. A physician who agrees to assume care for a client who needs services outside a midwife's scope of practice changes; and

2. Provide to the Department, as applicable:

a. The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or

b. For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice:

i. The name of each new physician, and

ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice."

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This section of the licensure especially concerns me as a consumer for several reasons:

e. This is unrealistic in terms of limiting an LM to a single hospital when several are available. More so, this limits the patient. The patient may have one or several preferred OBs who they would prefer in the event of a transfer. Some OBs practice at more than one hospital. An LM may have patients in cities/towns which are a great distance from one another, etc.

f. This is unrealistic because it implies that LMs need the supervision of physicians. It may have a negative impact on the professional liability insurance for practicing OBs and thus may limit their desire to enter into such agreements. This is also within the licensure application for an LM. A patient ought to be able to choose a back-up care provider from all available OBs, not strictly those who are willing to sign a collaborative agreement with an LM. The patient/consumer or LM ought to be able to change care providers as needed to meet the needs of the client. (The care provider who is appropriate for one client may not be appropriate for another. A new care provider may be known or accessible after such agreements have been requested, etc.)

3. The combination of EEOC regulations pertaining to age, the US military requirements for age and the EMT/paramedic requirements for training/certification/licensure ought to be sufficient precedent to say that the requirement for "age 21" is an inappropriate age restriction. The GED, HS equivalent or age of 17/18 (US military/other precedents) is most appropriate if an age restriction is to be set.

7.

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000057/Collaborative%20Agreement%20between%20Physicians%20and%20CNMs.CMs%20Dec%20%202011.pdf>

B. 1. a. A blanket hospital or blanket back-up provider is not in the best interest of the patient/client. It disallows freedom of choice for the client/patient. It may impair the ability to provide proper care in the event of a natural disaster or other emergency where the nearest on-call physician would be best regardless of this rule.

B. 1. b. The best practice in a non-emergent transfer would be for the client/patient to confirm her list of preferred OBs and/or hospitals with her LM (this list often differs from one client to the next and one home location to the next) and then for the LM to check on availability of the OB/hospital for the transfer. If none of the preferences may be met, then the preferred hospital is chosen and the patient transfers to the on-call OB. The aforementioned statements cover other reasons why this requirement is not in the best interest of the client/patient.

B.2.a-b, i-ii: See aforementioned

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 - a. The name of the new hospital to which the midwife plans to send a client who needs services outside a midwife's scope of practice; or
 - b. For each new physician who agrees to assume care for a client who needs services outside a midwife's scope of practice:
 - i. The name of each new physician, and
 - ii. A letter from each new physician agreeing to assume care for a client who needs services outside a midwife's scope of practice."

99 years ago my grandmother was born in a small cabin in rural Circleville Utah. She was born premature, as she recounted it her birth weight was 2 1/2 pounds. The doctor shook his head and said "that may be what you call a baby now, but it won't be in an hour", and left. There was a woman there -a midwife. She stayed with my grandmother every minute and when she stopped breathing would put her in a bath of cool water, and warmed her in a low oven. She fed her with a medicine dropper. I don't know how this woman knew what to do to keep my grandmother alive, whether it was wisdom passed down from another midwife or if it was her own inspiration but she did it, and it worked. My grandmother went on to have 3 children of her own and lived until the age of 93 years old. Midwifery is about more than just a flowery birth experience. It is about nurturing life itself. Women are drawn to this because it is what life requires, what birth requires and women know this. You will be hard-pressed to find any culture of nurturing fostered in the standard American hospital maternity wards. The priority is testing, testing, efficiency, schedules, income and convenience. Progress is measured in arbitrary, invasive and risky ways including vaginal exams even after membranes are released and the highly faulty continuous external fetal monitoring. Births are accelerated and numbed in risky ways such as class B drugs like cytotec which is not approved by the FDA for use during pregnancy and has been found to cause uterine rupture. Also, pitocin which has a

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set of risks with it. IV narcotics are administered including morphine and nubain which cross the blood brain barrier, the placental barrier, into breastmilk and is known to depress respiratory function. I don't buy this "low risk" song and dance. In fact despite all of the money we pour into the maternity wards of hospitals, 33 countries in the world have better mortality rates than the US does. Many of these countries primarily follow a model of care using midwives and refer to obstetricians only in high risk cases or times of emergency.

Midwives are interested in safety. They have nurturing wisdom. They have means of monitoring for safety without machines. They have skills for dealing with distocia and other challenges which birth presents - they must because they do not have a scalpel or anesthesia at their disposal. We know that ob's do not want to practice like midwives. We need OB's for emergencies. But we need practitioners who will not create those emergencies in the name of efficiency and CYA procedures. OB's have extensive knowledge about pathology, surgery and medications but it does not trump a parents right to assume all risks of the birth experience she is encountering. It is her responsibility to make choices about what is best for her family. Most often the safest thing to do is nothing at all. Acting only if action is needed. Sending a message to parents that their voices don't matter and that they cannot be trusted with the responsibility of parenthood - including birth - or that they don't care about their baby's safety as much as a stranger with the proper letters behind their name because they make different choices than they would is dangerous and debilitating. Let me repeat: when someone tells a women she is irresponsible, selfish, or doesn't care about her baby because she has a home birth they are putting that mother and baby at risk. Instilling this kind of doubt in new parents is a breeding ground for depression, insecurity, deferring responsibility, blame and ultimately unnecessary litigation - all of which are too costly to risk practicing.

Fathers and especially Mothers know what is best when it comes to birth. They have a right to choose their care and provider without fear of judgement, abuse or abandonment from their provider.

As a consumer I want to see it clearly stated that I have a right to refuse any procedure offered me, and that it is my right to choose to remain with my care provider without putting her at risk for losing her license. I want to see that parents are not put in a position of having to choose between a hospital birth or birthing unassisted, alone at home. It happens more often than you know. Support a woman's right to choose, make birth safer for Mothers and babies.

ACOG opinion statement published online November 2012, makes clear that all physicians that enter into agreements with home birth services should be fined, subject to peer review with additional negative consequences. The editorial was authored by several members of the national ACOG leadership, this is a weighty piece. It makes it clear why written physician agreements with home birth midwives are not practical, it places a target on that physician's

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license and will ultimately result in the loss of midwife services due to inability to comply with this rule. The state of New York had a simpler back-up agreement requirement which resulted in the loss of legal homebirth midwifery.

My Name is Kari Hahn. I'm a 36 year old Licensed Acupuncturist who has been relying on and practicing Natural Medicine for almost ten years. Over the years, I have seen western medicine literally butcher and kill people. Many times, western doctors are trained to look at a specific aspect of a human condition and "treat" that without taking into account the whole person. Natural medicine is the opposite.

Last year, when I became pregnant with my first child, I chose to have a homebirth with Midwife Amy Zenizo. Most of my friends who have recently had babies also went this route. Amy listened to all my concerns at every visit and she encouraged me to call with any questions at any time. I felt cared for, nurtured, safe.

My homebirth was beautiful. magical, wonderful, and intense - and all the while I was so happy and grateful to do it in my own home. While I was pregnant, I had people say to me "homebirth? wow - you're brave". I think people who birth in hospitals are brave. My home is safe, I'm the boss of my body there and my desires are understood and respected. I am 2 miles from a hospital and I'm not "poor or uneducated," and I also trusted my midwife. If there were to be an emergency situation, I knew I would get to the right place at the right time. But there wasn't, as there often isn't. Women have been giving birth naturally and at home for centuries. If it weren't for homebirth, none of us would be here.

If I were to have another child, and homebirth was illegal in AZ, I would either leave the state to have my child or I would quietly have the baby at home with my husband.

Sat, Feb 9, 2013 9:43
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I am 36 years old, mother of two, business owner, Arizona resident. My husband has his MS in neuroscience. After significant reading, interviewing and discussion, we chose homebirth as the natural conclusion for us to a healthy pregnancy. We consider homebirth, and the right to work with a qualified midwife as essential to our family rights, and would respectfully urge the AZ Legislature to vote in line with current medical research and support family rights to choose a homebirth.

Sat, Feb 9, 2013 9:17
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Mr. Humble,
You appear to be such a reasonable man. I really appreciate that you are overseeing the changes in scope of practice for midwives. I'm so

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glad that a person who is open to evidence based data is in charge of this.

There are many, many women like me who refuse to enter a hospital to have a normal birth, for whatever reason. Some of us are opposed to hospital births because hospitals are for sick people and giving birth isn't a sickness. Some of us are so scarred by previous experiences and the treatment we or our children received in a hospital that we can't come to terms with entering another hospital. Please be aware that there are women who've had previous negative outcomes in hospitals that risk them out of midwifery care under the current rules and regs and who then forgo all care in subsequent pregnancies rather than seek legal care. That is terrifying. I belong to two different groups that consist solely of women who choose to birth without a skilled attendant rather than seek legal care because they don't qualify for care under the current regs. As a resident of Arizona, I should not have to choose between legal care that subjects me to mockery, disdain, non-evidence based practices and forced surgery or no care at all.

All women should have access to basic care during birth in whatever setting they choose. Forcing midwives to practice outside their scope so that women have some support is unfair (and most won't take that risk for fear of losing their practice). Forcing a woman to enter a hospital after she's had a traumatic experience in one is exactly like asking an abuse victim to return to her abuser. Nobody would condone that action so it is inconceivable to me that we would not only condone, but vilify women who refuse to put themselves in the way of yet more abuse.

I truly hope that the committee takes a moderate approach to this subject. I hope midwives are allowed the tools and medications they need to care for the population who seeks them out. I hope the committee can provide options for all the women in Arizona to birth safely. Please don't leave out those who would choose no care over hospital care.

Thank you for taking the time to truly consider all populations who desire midwifery care in Arizona.

For six years (since my first birth) I've felt that Arizona doesn't care about people like me. That my concerns aren't valid or worth considering. If nothing else, I appreciate actually being heard. Pregnant women who consider home birth aren't stupid, uninformed or uneducated. We're just ready to be treated like valued and respected members of society who are capable of reasoning and making decisions. We deserve quality healthcare from a trained provider we can trust. Midwifery offers fills that need.

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My concern is, if the OB/Gyn is ultimately not responsible for the outcome of the delivery, why are we being asked to provide input about the appropriateness of midwifery care for a particular patient? If my name is on a document somewhere and a bad outcome occurs the plaintiff's attorney is certainly going to name me in a potential suit. Why do I want to extend myself into one more potentially litigious situation? Let the consumer beware and put the burden on the midwife to supply the patient with ACOG's opinion on this matter.

Fri, Feb 8, 2013 1:02
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My name is Katie Miller and I had a home birth on April 1st, 2012. I am a biomedical engineer and I work for a medical device company that designs and manufactures devices that save people's lives. Through my work I have seen firsthand the value and necessity of hospitals, doctors, and surgeons. I have met a 34 year old man who had such severe plaque in his blood vessels that he needed several surgeries to restore blood flow to his feet and the dialysis patient who needed an access graft because her native vessels could not hold up to one more treatment. There is a time and a place when hospitals and the medical professionals who treat sick patients are needed; there is no debate on that fact. However what we need to remember is that it is critical for all people, whether they are severely ill or a healthy pregnant woman, to have options associated with their care and for them to be allowed to choose for themselves which course of action, intervention or treatment plan fits their needs.

When my husband and I began planning to start our family, I did my due diligence and researched all of my options associated with my prenatal care, my labor, and my delivery. I interviewed ob/gyns and midwives to see which model of care best suited me and my family's needs. After researching both options and interviewing potential providers I chose to see a midwife as my care provider. Throughout my pregnancy I researched the options presented to me and was allowed to choose for myself which risks I was willing to accept and which I was not. I was encouraged by my midwife to be an active participant in my prenatal care and birth plan instead of a passive player being told by my doctor, or a third party, which tests were going to be performed and when.

Fri, Feb 8, 2013 10:04
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Women should have the right to use the information provided by their healthcare providers to make their own decisions and assume risk. My healthcare provider should be asking me permission to give care as opposed to gaining a third party's approval, thereby defacto requiring me to gain a third party's permission for my own care.

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As mothers we want the best possible outcome for our babies. From choosing to have an ultrasound or an amniocentesis, to deciding between a hospital birth or home birth, to wanting an epidural or an unmedicated birth, please remember that women deserve the right to make their own decisions regarding their health care and we should not be required to ask for permission for that right.

Midwives have been a valuable part of the birthing experience for centuries. Progress is NOT taking away a woman's right to a peaceful birth of her choosing. I am shocked and dismayed at the direction this department is going in regards to limiting the scope of the midwifery practice. I am not a midwife but I chose to work with one for the birth of my daughter...and I would do it again!
-Jessica Newton

Thu, Feb 7, 2013 7:41
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since all the student info has been struck from the rules there is no provision or recognition that students exist at all. This has the potential to place students in the illegal practice of midwifery category. One of the things clients need to be informed about is if there are students and if the client gives permission for the student to help provide care under supervision. The labs are incomplete and not near what current standard OB panel is, the rule needs to reflect that midwives are allowed to order standard testing. The urine dipstick testing is not accurate at all and should be dropped from the required care portion. A screening for infection using dipsticks with nitrates on them has a greater value but is not required.

Wed, Feb
6, 2013
11:56 PM

Realistically an advisory committee that is comprised of mainly midwives and consumers with one or 2 medical representatives would be more suitable and meeting any more often than every 5 years is probably excessive. When midwifery was part of title V, those reviews were done every 5 years.

Women should be able to choose what kind of care they want to receive. Midwifery care is a valid option.

Wed, Feb 6, 2013
8:02 PM

I was a part of the midwife program at Phoenix Memorial Hospital on 1986 and 1988. It was a WONDERFUL experience and I am grateful for that program. It was cheaper and I had better care than I did with my previous pregnancy. I have three beautiful children - two by midwife and one by a doctor in Ohio. I actually got to assist in my daughter's birth (1986) by helping her out! It was a memory I will never forget and has created a deep bond between us. Thank you to Phoenix Memorial hospital for their wonderful Midwife program.

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And for your information I have a BA in Human Services and have been working in the field for more than 20 years. I am currently living in upstate NY and work in VT.

As a college educated, professional and insured woman, when I became pregnant with my first child, I researched all available options for a safe, natural and intervention free birth. I contacted a home birth midwife who talked to me for 28 minutes on the phone about my concerns, ideas about home birth (some of which were not accurate!) before she even asked for my last name. My (former) OB couldn't squeeze me in for a ten minute appointment anywhere in a two week window. As a first time mother-to-be, there was no question-- I went with the model of care that actually CARED about me and my unborn child. My midwife did make it clear at our first appointment under what circumstances she could not continue care during pregnancy, or at what point in labor I would be transferred to a hospital; she was very open and presented all the information for me to accept or decline care based on the potential risks involved. Now, having never been under OB care for a pregnancy I can only relate what I've been told from others, but it seems like many doctors don't provide nearly as much information to expectant mothers, yet they often argue that home birth advocates are ignorant and uninformed about their choices. I don't feel I am knowledgeable enough to say whether a VBAC or multiple or breech birth at home is any more safe or less safe than at a hospital, but I will never have any of those experiences; the choice should be left ultimately to the mother, with full input from knowledgeable care providers regarding the risks, with no scare tactics or sugar coating from any source. The choice of where to give birth cannot reasonably be taken away from a person, and to try would cause more harm than good.

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Midwifery is a godsend in an era of ever-increasing c-sections, and a feeling of assembly line hospital births that are anything but natural. Anecdotally, I have found that the peers and friends of mine who have births attended by a midwife have much less traumatic, more satisfying and enriching births. Of those who birth at hospital all but one experienced trauma beyond the scope of a vaginal birth, including multiple c sections, cutting of the opening to the anus, and two severe infections related to the surgeries. Pitossin drips because of so called FTP were standard in all.

It's time to give midwifery it's due and admit we have a problem with the way we think about birth in AZ, and the country, hopefully from a standpoint of wanting to increase well being, and not just risk mitigation.

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