Midwifery Scope of Practice Comments
May 8 through May 14 2013

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: "Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Tinisha Battiste-Roelofs	Tues, May 14, 2013 11:40 PM

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: PLEASE keep the decisions regarding birth..... how, where and those in attendance.... where they belong..... with the woman!!	Tues, May 14, 2013 11:39 PM

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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: I am glad that the requirement for midwives to list the doctor/facility they will transfer their clients to in their application has been removed from the current draft. It made no sense for the homebirth setting. Thank you.	Tues, May 14, 2013 11:02 PM

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: Thank you for listening to consumers and eliminating the rule that every homebirth client must be within 25 miles of a hospital!	Tues, May 14, 2013 10:56 PM

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: The rate of cesarean section births in the United States is well over 30%, more than double the 15% recommended as the upper limit by the World Health Organization. One reason the number of	Tues, May 14, 2013 10:55 PM

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cesarean births in the U.S.A is so high is that women are essentially being forced to have repeat cesareans and not allowed to have a vaginal birth for future children after cesarean for a prior birth. The majority of repeat cesareans that occur for this reason alone are unnecessary. I, and many women and their families, appreciate greatly that VBAC has been added to the midwife's scope of practice. This is a huge step forward for infant and maternal health and wellness. One concern I have related to the restrictions made on VBAC is the inclusion of "failure to dilate" in a previous labor as a reason to not allow a midwife to attend a VBAC. In the few instances where this is a true complication, a knowledgeable midwife would recommend the woman under her care transfer to a hospital. "Failure to Dilate" or "Failure to Progress" is over-used by the medical community. It is often more a case of failure to give the process time. People can get impatient and anxious during the birthing process and jump to scary "what if" thinking. By including "failure to dilate" or "failure to progress" as dis-qualifiers for home birth VBAC, many women who could safely birth, and babies who could safely be born, at home with the assistance of a midwife will be excluded based on the legality for the midwife. Please consider removing this dis-qualifier. Midwives are well-trained to recognize when a labor is truly not progressing well and will recommend transfer of care when necessary. The majority of women who have had a cesarean due to diagnosed "failure to progress" or "failure to dilate" will go on to have uncomplicated vaginal births with future babies when allowed the opportunity.	

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"Failure to Progress" is rarely an actual problem during natural childbirth. It is very, very overused as a diagnosis to justify cesarean sections. Even in cases of true failure to progress during one birth, this does not indicate that the same failure to progress with occur in future births. This should not be a reason to rule-out homebirth as an option for VBAC. If a labor is truly falling into this category, midwives are well trained to identify the issue and to recommend transfer of care. This restriction should absolutely be removed from rule R9-16-109 C.	10:25 PM

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Along with informed CONSENT, there should be informed REFUSAL. Women and families should be able to choose to consent or to refuse without losing their chosen care provider. In all "required" tests, consultations, transfers of care, etc., the ultimate choice is the woman's and that should be respected and legally allowed. Refusing a test or consult should not result in loss of a care provider who is appropriately trained and willing to continue care.	10:20 PM

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I am an Rh negative mother. I don't understand why my midwife is not allowed to carry or order RhoGAM. This could be a potentially life saving measure for any future children I wish to carry. I do not have a general care doctor, so this means that when I give birth this fall, I will have to leave the safety of my home and find a doctor I do not intend on seeing again in order get the shot. Where is the logic or science behind this? Furthermore, I had may first child in California, where midwives are authorized to not only order/carry RhoGAM, but pitocin, oxygen, IVs, vitamin K, etc.	8:58 PM

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: There have been a lot of comments made on what you are planning on changing. There have been studies given and articles shared. You need to listen to them! These comments are important and you need to take into consideration the importance of what all of these people are telling you. Midwives should not have to call an L&D nurse just because a mother is planning on have a homebirth, it is none of their business, there is always a call to let the choice hospital know of a transfer, if and only when one is needed. You can not make people like each other by forcing them to communicate with frivolous information. Midwives are capable, confident and intelligent enough to continue helping women to birth at home, without a nearby hospital having to know when every single homebirth mother is going into labor. LISTEN TO THE COMMENTS FROM THE PEOPLE! Please stop trying to put hospital restrictions on homebirth mothers and midwives. If women wanted to be checked for dilation and to progress on a schedule she would go to the hospital. There is no normal time for labor, there is a safe time for labor and a midwife knows what that is and would not purposefully put the mother and baby in danger. The goal is always healthy mother and baby. "Possible Public Comment: R9-16-110 A "A midwife shall obtain a consultation to receive a written recommendation from a physician for treatment, referral, or transfer of care at the time a client is determined to have any of the following during the current pregnancy:" 12. A fever of at least or greater than 100.4 F or 38 C twice at 24 hours apart.""If a mother needs to be double checked by a PHD because she is choosing a midwife, then all the mothers choosing an OB-GYN need to be double checked by a midwife. This rule is ludicrous and puts a mother in a tight spot. There are multiple reasons why a woman would choose to not see an OB, very serious reasons why she would choose to not see a male OB as opposed to a female midwife. This is not necessary because a midwife is licensed and trained to do her job. Again I would like to tell you to LISTEN. LISTEN to these comments. We have come a long way to get here, and we continue to evolve and move forward. These draft rules that women are in an uproar about need to be gone or changed.	Tues, May 14, 2013 8:53 PM

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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: In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination.--Dawn Senter, DVM	Tues, May 14, 2013 1:57 PM

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: I suggest adding the following: "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Thank you.	Tues, May 14, 2013 10:32 AM

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two perfectly healthy baby boys. I would hope the board sees that I have the right to birth where and with whomever I choose as this is my body.	

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: Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination.	Mon, May 13, 2013 9:56 PM

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: , particularly the statement that "A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who: 1. Had: a. More than one previous Cesarean section; b. A previous Cesarean section: iv. Due to failure to dilate or cephalopelvic insufficiency; " Who determines "failure to dilate" as an objective rather than subjective diagnosis? Is "failure to dilate" the failure (argh! what a word to use to talk about a woman's body, PLEASE change) to dilate on the strict and non-evidence-based guidelines of ACOG? Based on a single Dr.'s determination? This makes me very uncomfortable; it also seems overkill if VBACs under midwifery care are to be under, as this draft suggests, the obligation to dilate at 1 cm/hour. Sarah Tarver-Wahlquist Tucson	Mon, May 13, 2013 6:29 PM

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: I have concerns over R9-16-108 K "For deliveries described in subsection (B), during labor the midwife shall determine: a. The progress of active labor for primiparas by monitoring whether dilation occurs at an average of 1 centimeter per hour until completely dilated, and a second stage not to exceed 2 hours, if applicable; b. Normal progress of active labor for multigravidas by monitoring whether dilation occurs at an average of 1.5 to 2 centimeters per hour until completely dilated, and a second stage not to exceed 1 hour, if applicable; or c. The progress of labor according to standards established by the American Congress of Obstetricians and Gynecologists." First, is consent of the client a given? Is there space in these regulations for a client to deny such exams, which are both invasive and increase risk of infection, are retain the care of her midwife? Also, these standards of 1 cm/hour have been repeatedly questioned; many women choose midwifery care because it is a more holistic approach. Why then adhere to ACOG standards? Where is there room for judgeement and individuality? Sarah Tarver-Wahlquist Tucson	Mon, May 13, 2013 6:25 PM

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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: I am a midwife client, and gave birth to both of my children at home. I have concerns and questions regarding R9-16-108 K(1) "Notification to the obstetrical services charge nurse of the hospital identified in subsection (E)(1)a when the client: a. Begins labor, and b. Ends labor." While the idea behind this may be to increase collaboration and communication, it seems to me it would only be an additional job for both the midwife and the charge nurse, and would be seen as an annoyance by a charge nurse. I also have concerns for a client's rights, informed consent, and confidentiality. Sarah Tarver-Wahlquist mother, advocate Tucson	Mon, May 13, 2013 6:22 PM

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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: Women are not tools of the state and have the right to choose where they birth and with whom. These laws that are intended to protect mothers, really only protect the pocket book of the health industry by forcing midwives to submit to the will of a hospital doctor for perfectly normal occurrences during birth. Women's bodies do not birth on a perfect schedule dialating when a doctor says so, their babies sometimes come out the wrong way, and all of this is the way we've been doing it since the beginning of time. Childbirth is not a medical condition, and to treat it as such is ignorant and stupid. Women are perfectly capable of choosing where and how they give birth. If we can trust a cat or a dog to do it, why not an intelligent woman?	Mon, May 13, 2013 7:45 AM

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: Really saddened by the draft of the rules and regulations for midwifes who choose to assist mothers birthing at home. To me it seems as though it is taking all the rules and regulations of hospital care and attaching 'midwife' to them. Does a doctor have to call the midwife when everyone of their patients come into their hospital? Birth is NORMAL. Yes, there are complications, yet for the majority; birth is normal. We as society has instilled FEAR (False Evidence Appearing Real) into every women thinking the worst, even before they have thoughts of having children. All we see in	Mon, May 13, 2013 7:07 AM

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society is women screaming and yelling at their husbands, birth is NOT discussed, nor is it shared in a way that offers the beauty of the experience. We need to EMPOWER women to make their own choices, educate themselves and provide EVIDENCE BASED CARE. If anything I would have thought this advisory committee would have leaned on examples of home midwifery care in other parts of the country; such as Ina May Gaskins history, they are midwives, yet have an amazing relationship with the Hospitals and Drs...If we want to be evidence based, take a look at their history, year after year of the quality of their care and the RESULTS they create. Results are what we are after. I am sure everyone doesn't want to be burdened by more 'paperwork' and these new rules and regulations are hindering the quality of care midwives can provide for clients and potential clients who after thoughtful consideration and research are CHOOSING to birth at home. Limiting their ability to work with VBAC, Multiple, etc mothers because someone who has never witnessed a homebirth thinks its 'unsafe' is ridiculous. Looking at the 'type' of mother midwives would be allowed to care for by these rules, that person has to be the IDEAL client, no history of any health issues, perfect health, perfect 'body design', perfect everything...unfortunately we live in a world where everyone is different and no one is perfect. There needs to be some adjustment to this draft as follows: "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." As a woman, this saddens me that we have to have a governing body over our rights to choose what we, as individuals, think is best. Please, LISTEN to what the public wants, make decisions based on what you are trying to do: EVIDENCE BASED CARE not FEAR!	

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The most important thing is protecting the birthing Mother's rights - I understand your need for a general framework for practice and licensure. A woman has a right to choose what is done to and with her body, and with whom it is done. Whatever you include in your rules, there must be a clause of some kind stating that if a woman opts out of any of these things she will not be threatened with abandonment but can continue care with the provider of her choice. Remember the point of this is to protect Mothers and babies including those who for whatever reason would choose not to use an obstetrician as a first line of course in her pregnancy. Also, failure to dilate in the VBAC rules is not helpful - just because someone didn't dilate the first time around doesn't mean there is any increased risk of injury in subsequent pregnancies. There may be an increased risk of repeat cesarean especially if she has a provider who expects it or tells her she expects it. There is an entire psychological component to that with the birthing mother which has hardly been discussed, but fear is the anti-labor, it physiologically makes it stop as adrenaline effectively blocks oxytocin (the hormone responsible for contractions). Our bodies were designed to stop opening up if for any reason we feel unsafe during the process. I am very happy to see many of the changes in the final draft, I'm encouraged that the state is truly listening and trying to understand how to better serve the public. Thank you for your efforts in improving health care for growing families. ~Cherise Sant, childbirth educator, doula, mom of 3	4:12 AM

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inappropriate content. Please provide your comments or concerns below: The right and responsibility to choose the place of birth and the provider who assists in that birth, regardless of the situation, is ultimately that of the parents of the child about to be born. No other person is more interested in the health and safety of her unborn and newly born baby than a mother. I think it is very important to not only acknowledge this, but also to support it and legally allow this choice. One of our local midwives submitted a very well thought out paragraph stating informed refusal. Informed consent it important and so is informed refusal. Women and their families should be provided with the information, including risks and benefits, related to situations, complications, and options including transfer of care, and then be allowed to make the decision about how to proceed. I support the inclusion of this statement 100%. "Please add the following statement to the rules for licensed midwives..."In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Thank you for all your hard work related to the midwifery rules and scope of practice modifications. There are some very good changes being made. Sincerely, Mandi Albert	12, 2013 4:56 PM

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: I do not want my midwife to call and tell a hospital I am in labor! This is my birth and my choice as who is knowing about it therefore I would refuse and would consider an unassisted birth with all of these changes. Here is what I would like to see written and included! "Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination."	Sun, May 12, 2013 3:21 PM

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: continue to allow for administration of meds if there is a rx- we have atleast 4 midwives who do have standing orders, that we know of. There could be more, I can get an RX for antihemorrhagics from a CNM I know she wont write across the board standing orders for all meds but some. I have been trained and have the skill to administer these things .	Sat, May 12, 2013 12:00 PM

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: What needs to be kept in mind , because you are collecting stats, that OBs and CNMs only follow baby for 27-28 days. So requiring LMs to turn in stats/info on babies well beyond other providers	Sun, May 12, 2013 9:53 AM

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gives an apples to oranges view. It moves from neonatal mortality into infant mortality stats. The cleaner comparison would be some final neonatal info at 27/28 days. if you want to gather an additional 2 weeks into infant mortality then make that a seperate bit of info.	

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I as a mother, have rights. Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination.	9:42 AM

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Please add the following statement to the rules for licensed midwives.... "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." ~Nicole Dembiec, homebirth mother	9:33 AM

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Please add the following statement to the rules for licensed midwives.... "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." - Stephanie Stanley	8:24 AM

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Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination. ~Katherine Swerdlen	8:02 AM

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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: I hereby ask that you add a single line to the draft that says, "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Thank you, Stephanie Soderblom LM CPM	Sat, May 11, 2013 9:30 PM

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: As I read through the rule drafts, I am constantly wondering what would happen if I, as a consumer, did not want to have certain tests, procedures, consultations with doctors, etc. If I choose to refusal certain things that are in the rules governing midwives, will I be left without a care provider? Please add the following statement to the rules for licensed midwives.... "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Allyson Fernstrom	Sat, May 11, 2013 8:42: PM

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: Once again, the new rules draft is posted, and once again, it is full of problems. It is very clear that the rules writers have absolutely no experience with midwifery and no desire whatsoever to listen to any input from experienced midwives. Most concerning to me is that again, there is no provision for midwives to be able to obtain, carry or administer any of the medications that are considered to be useful and appropriate at any time during prgnancy, delivery postpartum, or with the care of a newborn. I am failing to see the logic of a group of people who express such concern over the safety	Sat, May 11, 2013 8:39: PM

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of home birth, but then would send midwives out to deal with emergencies unprepared. This is so stupid;I am so tired of hearing that these people are on the side of homebirth families and midwives when the opposite is so glaringly obvious. The committee and Will Humble need to be aware of how extremely irresponsible this situation is. The ability to obtain, carry and administer medications has been in rule for years, without problems. I believe that the committee has been informed that the Director of Pharmacolgy sees no issue in leaving this rule as written.My question is, when the obvious problems begin to arise and the disasters happen because midwives are not provided with the necessary legal ability to control a hemmorrhage is it the state that will have to accept liability? The Department of Health Services? The rules writers? That is where the blame willl lie. The committee is placing midwives in a situation where they will be unable to practice. Is anyone on the commitee listening? When the midwives tell you that after decades of seeking formal support from their back-up doctors, and it is the doctors who are unwilling to put the agreements into writing, can you really believe that these same doctors will write out a recommendation for care to be kept on file by the midwife and sent to the state every time a client has so much as an ingrown toe nail? These requirements are unreasonable and they clearly are being written by an OB. An OB with too much time on his/her hands if he/she believes that the supportive MDs have time for this. It is time to slow down this process and take a good, long, and thoughtful look at what you are doing. You are in a huge position of responsibility. I am tired of the committee treating this like a game. You are playing with the lives of hundreds of women and you need to start to take this responsibilty seriously.	

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:	Sat, May 11, 2013 2:13: PM
I am glad to see some changes in the new draft rules but I think there can still be some improvements. For starters please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination. I was allowed to refuse certain interventions, practices, etc in the hospital and I should have the same right at home without worrying about what that would do to my midwife. Melanie Petrucci, MPT, PT	

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:	Sat, May 11, 2013 1:44: PM
Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination. -Leisha Craft	
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Midwifery Scope of Practice Comments
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inappropriate content. Please provide your comments or concerns below: Please add the following statement to the rules for licensed midwives.... In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination. Posted by Jennifer Peters a person who feels I should legally have the right to self determination!	11, 2013 1:40: PM

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: I truly wish beyond words that at the very bottom of the long list of definitions, rules, restrictions, requirements... That they add a single line to the draft that says, "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination."What I do not understand, is that in California, a state that has some very stringent and almost ludicrous laws, gives women the option to opt out of almost all of the rules and regulations that have been stipulated in not just the new draft rules, but many of the old rules as well. Arizona prides itself on its liberties, but I guess gestating and birthing women are excluded in having full say in what they are subjected to, as if they were not a protected class. In California, midwives are allowed to carry many necessary life saving tools/medications including pitocin and oxygen. They are also allowed to order and administer RhoGAM. A woman who wishes to VBAC in California, regardless of the number of cesareans, only has to sign an informed consent and refusal form to release the midwife of any wrong doing, if something terrible does happen. Midwives may also attend twin and breech births as long as they have had the proper education and training. Once again, the mother may have to sign a release/consent form, but that allows women to make informed decisions for their own bodies. If we as humans, have inherent rights, which include the rights to life, liberty and our bodies, then where does a legislative or governing board get the right to remove or deny gestating or laboring women's rights in means of birth, their chosen birth attendant and desired location. Erikka Luitjens	Sat, May 11, 2013 1:08: PM

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: I have many complaints...but regardless of what is written in the rules/regulations, I truly wish beyond words that at the very bottom of the long list of definitions, rules, restrictions, requirements... That they add a single line to the draft that says, "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." - Chyrlynn Knight	Sat, May 11, 2013 3:07: AM

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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: As a mother and midwifery client, I have a concern about informed consent and choice on the part of midwifery clients in the latest draft of the Scope of Practice document. I'm sure the committee intends women to have choice over their care, but that is not provided in the current draft. I support adding the following: "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Sarah Tarver-Wahlquist Tucson	Sat, May 11, 2013 3:02: AM

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: The right to refusal is conspicuously MISSING from the draft rules. That is terrifying. Please make it clear that every single test, ultrasound, exam, consult etc. is completely refusable by the woman.	Sat, May 11, 2013 1:29: AM

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: Please allow my midwife to carry and administer life-saving medications. This is common sense. R9-16-108 L(1) g. "Document any drugs taken by the client in the client's record to an unsensitized Rh-negative client who delivers an Rh-positive newborn;" This is not sufficient. Please. My midwife must be allowed to practice using the tools available including medications.	Sat, May 11, 2013 1:23: AM

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: Put. Twins. Back. The whole point of this was to heed the voice of the consumer and the consumers said, "Breech, Twins, VBAC". That is final. Feel free to make recommendations, but that is why we are here and the department would do well to listen. Breech. Twins. VBAC. Put twins back and add this clause to cover your bases: "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Women are smart. Homebirth consumers are educated. Trust us and we will take responsibility for our choices. Promise.	Sat, May 11, 2013 1:13: AM

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As a homebirth consumer, I am unhappy with many parts of the current draft, but what I find most disconcerting is that many issues that were brought up frequently in public comments (and in the previous advisory board meeting) remain unchanged. I don't see those concerns being addressed adequately. The department has been implored multiple times to strike the requirement of calling the charge nurse at onset and end of labor, or at least limit it to only high-risk or rural patients or at the VERY LEAST allow for right of refusal! It remains. VBAC requirements still disqualify those "diagnosed" with failure to dilate or cephalopelvic insufficiency despite comment after comment linked with articles and information showing this to be a mistake! Saddening. I have been assured that the department wants to hear from the public. If that is the case, then listen. Thank you, Concerned Homebirth Consumer	1:04: AM

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:	Sat, May 11, 2013
The right of the woman to choose her care provider and place of birth is still not ensured in the current draft. Please add the following clause to the final draft. "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Please honor the rights of Arizona's birthing women. Melissa Kimball, Homebirth Consumer	12:48 AM

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:	Fri, May 10, 2013
I have many complaints...but regardless of what is written in the rules/regulations, I truly wish beyond words that at the very bottom of the long list of definitions, rules, restrictions, requirements... That they add a single line to the draft that says, "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Sincerely In Agreement, Lisa Keiser	11:18 AM

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Draft rules: I have many complaints...but regardless of what is written in the rules/regulations, I truly wish beyond words that at the very bottom of the long list of definitions, rules, restrictions, requirements... That they add a single line to the draft that says, "In order to maintain patient autonomy, the state of Arizona recognizes that the patient may exercise their right to informed refusal for any of the above recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." Sarah Tyler	11:16 PM

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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: Director Huble your ideology behind, R9-16-108 K(1) "Notification to the obstetrical services charge nurse of the hospital identified in subsection (E)(1)a when the client: a. Begins labor, and b. Ends labor.", is meaningful and has positive intentions. Building the bridge, however, needs to be done from the ground up. Communication needs to happen long before a woman is in labor, may be starting labor, or is ending labor, in the comforts and privacy of her home. The communication has to begin in a more calm and less obligatory fashion. Both parties must be willing and wanting of a congenial relationship for it to even be a success. With that being said, it is only truly necessary to notify a hospitals obstetrical charge nurse of a woman in labor, with the for site of a transfer, or if a transfer is actually happening.	Fri, May 10, 2013 12:07 PM

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: What about a clause about disaster relief and that midwives would be able to assist as needed in any setting.	Fri, May 10, 2013 6:56 AM

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: Thank you for working to expand the scope of midwifery practice in Arizona. There have been some great changes made. This might be helpful when determining parameters for vaginal breech birth. http://sogc.org/guidelines/vaginal-delivery-of-breech-presentation/	Thurs, May 9, 2012 9:44 PM

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: Has a mother who has delivered both her children at home I am concerned about the following guidelines effect my prenatal care and the care I receive well laboring R9-16-108 (J) does not allow for informed consent and refusal The requirement that the midwife call the hospital makes no sense to me I would hope hospitals would be prepared for a transfer or emergency without needing a warning and hospitals should not be responsible for keeping track of length of labor The expectation that women progress at 1.5 centimeters a hour is ridiculous and that a state guideline is asking me to submit to a finger up my vagina (that carry there own risks such has cervical swelling , introduction on infection and slowing down labor) so my midwife asses my progress via a outdated labor curve is not evidence based invasive and completely unexceptionable R9-16-110. (3) requiring a consult for a	Thurs, May 9, 2012 8:55 PM

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parity greater than 5 with no other risk factors is a unnecessary burden on women with large families (7) I never gain weight when pregnant and would refuse a transfer or consult for failer to gain weight with no other risk factors such has HG or low fundal height Both of my children where safely born at home my second without a LM due to limits on the scope of practice without a immediate medical need I would not delver in a hospital I would chose a Unassisted delivery if my rights to informed consent refusal can not be respected with a LM at home	

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: AZDHS is obsessed with charge nurses, weird.	Thurs, May 9, 2013 8:32 PM

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: Why can a midwifery client only refuse testing for chlamydia. Makes no sense.	Thurs, May 9, 2013 8:30 PM

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: I am a licensed midwife here in AZ. My understanding was the opening of the rules and regulations was to ease the administrative burden. The current rule to call a hospital at each labor beginning and end does anything but ease burden. I am disappointed that this has been brought up as a possible rule - I have more pressing and important medical tasks at issue than to call with every healthy mother's labor information. Also, the closest hospital is not necessarily the same hospital to which we will ultimately transfer. Only emergent transfers go to the closest hospital...otherwise, we will transfer to the facility best equipped and staffed to provide our clients with the birth desired. I obviously call ahead when a transfer is imminent; I will always continue to do so. However, calling with every normal labor is analogous to calling every time I get in the car to drive in the Valley. Hospitals should always be equipped for an emergency, and are legally responsible to accept any pregnant woman in labor. If a "heads-up" call for a transfer is not sufficient notice, they should reconsider their staffing.	Thurs, May 9, 2013 1:51 PM

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: Reasons why the scope of practice should not be expanded for licensed midwives 1. Lack of Competency: Licensed midwives do not have training to prepare them to attend high risk births. They specialize in normal physiologic birth. They do a nice job with normal physiologic birth. That does not make them qualified to attend high risk births. I have a class B driver's license and I am competent to drive a car. Just because I can competently drive a car does not mean I would be	Wed, May 8, 2013 7:22 PM

competent to drive a school bus. I might be able to take over the wheel in the case of an emergency and bring the bus to a safe stop but that still would not make me qualified to drive a school bus on a regular basis. Even if all my friends and neighbors wanted me to drive them around in a school bus because I do a nice job of driving a car, the state of Arizona would not give me a license without me demonstrating competency through a road test and a written test. In this analogy, driving a car is comparable to attending the delivery of a healthy low risk mother and driving a school bus is comparable to attending high risk deliveries. 2. Duty to Protect: The state of Arizona has a duty to protect the health of its citizens, especially its vulnerable citizens. There is no citizen more vulnerable than an unborn baby who cannot speak up for him/herself. If there is a bad outcome with a birth, usually it is the baby who is affected. The damage done to the baby often entails permanent brain damage that causes lifelong consequences affecting his/her ability to learn and become a self-sufficient adult. Since the baby can't give informed consent regarding whether he/she should have a high risk delivery in a low resource setting attended by someone who has inadequate training, then the state of Arizona must guard the rights of this vulnerable citizen. 3. Cost to the state of Arizona: The costs of caring for a brain damaged baby will usually belong to the state of Arizona because licensed midwives to not carry malpractice insurance. The Cerebral Palsy Foundation estimates the lifelong cost for one child with cerebral palsy is $1,000,000 just for the hard medical costs. 4. Arizona's Maternal Mortality Ratio: Arizona's maternal mortality ratio in 2010 was 13.78. This is worse than the USA as a whole (12.1) and worse than the Healthy People 2020 goal of 11.4. It is counterintuitive to assume allowing high risk deliveries in low resource settings by unqualified birth attendants will improve this rate. Do you really want the maternal and infant mortality rates to go up on your watch? The whole nation is watching. 5. NARM certification: Read through the NARM requirements for certification. There is nothing about high risk skills. The NARM certification is for demonstrating expertise in normal physiologic birth. NARM does not require any degree, not even a high school diploma. The preceptor for the candidate only has to have 50 births herself. 6. Erroneous assumption: Mothers will always do what is best for their babies. Unfortunately some mothers do not make decisions in the best interest of their children. This is why we have a large state agency called Child Protective Service. This is also why we have to have laws about fencing pools and requiring car seats for children. The state of Arizona must have reasonable rules regarding home births so that a baby's right to a safe birth is guarded.	