

## Midwifery Scope of Practice comments May 15 through May 21 2013

<b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b>	Tue, May 21, 2013
<p>It is my genuine hope that we can reason together on the assumptions behind the proposed rules. One assumption is that midwives and their clients are accountable to doctors and hospitals as a sort of subdivision of medical care. Midwifery care is not a subdivision of medical care but an alternative to medical care, with the potential to compliment one another. Women seeking home-birth midwifery services are primarily doing so because standard medical care is inconsistent with their health and parenting philosophies. The following represents what women across America will be forced to conclude based on their values. I will have an unassisted birth before birthing in a hospital where dangerous intervention practices are standard operating procedure, and parental rights are generally non-existent. Women with a different, informed opinion are treated as dissenters of reason and science. It is assumed that doctors know better than parents in deciding crucial decisions for their children. I will select to not consult at all vs. consulting with an OB who unfortunately acts according to the normal attitude of disrespect toward home birthers. I refuse to test, screen and vaccinate according to a formula created by medical authorities but will instead test, screen and vaccinate according to my convictions about what is best for my child, the child I am responsible for. If this disqualifies me for midwifery care, unassisted birthing is my only option. I sincerely hope that Mr. Humble makes the connection between the proposed rules and the end of fair and safe midwifery care in Arizona. The proposed rules are impractical and proceed from the false premise that homebirth care is unsafe and should therefore be closely monitored. The medical world is not over midwifery care, but stands side by side as peers. Mr. Humble, please recognize the genuine, educated and informed desires of women throughout the state of Arizona.</p>	1:54 PM
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<p>I am someone who has grown up closely to the medical field. Most of my relatives are doctors, nurses, etc. I understand the need for outlining safety practices but I feel the changes I have read will not only hinder the economic growth of this holistic practice, but also severely infringes on the rights of women. We as women should be allowed to choose the setting in which our children are brought into this world. Both of my nephews were home births, as were many of my co-workers children. I am also very concerned that these changes are intentionally endangering the lives of women by lessening the parameters midwives can use to give care as a deterrent to the current options. The majority of these changes seem to be less about enhancing the safety of home births through midwives and more about increasing profits within the traditional health care system. I am a woman of child bearing age and I am entitled to choose how I would like my own child brought into this world through the advice of an OBGYN, midwife or any qualified healthcare professional I choose. Should any of these changes I have read be put in as written, My husband and I will reconsider continued residency within the state of Arizona and move to state where I am free to choose the manner in which I receive high quality health care.</p>	1:54 PM
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<p>Birthing &amp; midwifery have been standard care of practice for centuries, and they are essential to providing excellent individual care for both mother &amp; child. Increasing the regulations on them will be harmful to the family and eliminate good and sometimes necessary choices.</p>	1:38 PM

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Perhaps it is the actual purpose of this draft to make homebirths more difficult to safely perform, to make things more difficult for midwives to continue to practice, in an effort to force all women to conform to government standards. It will force women to either makes choices they are wildly uncomfortable with OR to operate outside of the law in order to be safe when giving birth at home. I'm pretty sure this is America, where the government is supposed to stay OUT of our personal business, and yet, we seem to be having more and more of our choices taken away from us. This draft MUST be reconsidered, for the sake of women's choice and safety, and for the sake of democracy.</p>	<p>Tue, May 21, 2013</p> <p>1:25 PM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>You should be increasing the ability for midwives to practice, not limiting them so much that it's unrealistic for them to practice in Arizona. If these rules pass, I would just go to another state that is friendlier to midwives and not catering to the insurance and pharmaceutical companies.</p>	<p>Tue, May 21, 2013</p> <p>12:20 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>These changes could save lives, by helping midwives and hospitals work together for the care of mothers and babies. Midwives who are not safety conscious should not have a right to accept money for delivering babies. This is not about "choice," but about endorsing standards for safe practice.</p>	<p>Tue, May 21, 2013</p> <p>12:14 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>If the new rules being considered go into effect, the state of Arizona will be forcing midwives to choose between safe birth practices and becoming criminals. Also, thousands of people who choose home births will be unnecessarily put at risk. They have the choice of being forced into hospitals or having a potentially unsafe homebirth. Taking away peoples options is bizarre and self-defeating, especially when there is so much positive information and history concerning safe birth practices at home. Please get creative AZ, and make the intelligent choice.</p>	<p>Tue, May 21, 2013</p> <p>12:05 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>If the newest laws for having an at home birth go into effect that means that I will not be having my next child in Arizona.</p>	<p>Tue, May 21, 2013</p> <p>11:58 AM</p>

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<p>am deeply concerned that this draft is unclear in certain areas, particularly the right of refusal (which every patient essentially has) of certain procedures - or tests, without then being forced to discontinue and/or transfer care to other providers. These ambiguities are virtually rampant. More alarming still, is the fact that care providers are no longer allowed to carry life-saving medications in the case of complications. Disallowing this puts mothers and their children at undue risk. There are other issues as well, but these two were the most egregious. The impact of these new regulations would be far reaching and dangerous. This draft MUST be revised to include the current (and responsible) best practices used in home birth, as suggested by both consumers, as well as the midwife community. I sincerely hope that AZDHS will act swiftly to make the necessary changes in the interest of promoting the right to self-determined health care, and keeping families safe</p>	<p>11:55 AM</p>
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<p>Please do not make having a home birth unsafe by not letting midwives carry pitocin and other life saving medications. I am choosing a home birth because that is what I believe is the safest, best choice for me and my baby.</p>	<p>11:53 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Tue, May 21, 2013</p>
<p>Please don't make it illegal for midwives to carry life-saving medications. The pitocin I was administered at home may very well be why I was able to transfer to the hospital so safely when I had a retained placenta that started bleeding out. My husband and I would also like our right to refuse testing to remain intact. We refused most testing with our first child (including all ultrasounds), and I would hate to think that we would be required to subject myself and our unborn child to testing just so our midwife can continue to provide care. These potential changes are beginning to make my husband and I think very seriously about moving to a state that is more open to our rights as parents. This makes me sad, as Arizona is the only home I've ever known.</p>	<p>11:50 AM</p>
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<p>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 have the right to say "NO" about what tests are done to me... And keep my midwife! BL- 3 homebirths with 3 amazing midwives!!!!</p>	<p>11:27 AM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Your decision to remove one of the most critical tools in a homebirth midwife's arsenal, Pitocin and other antihemorrhagic medications, will put her in the impossible position of having to choose between the health and safety of her clients and practicing within the limits of the law. This decision is incredibly reckless and wrong. It is equivalent to telling someone who stops to help at an auto accident, "You can call 911, and you can wait for the EMTs to get there, but you may not apply direct pressure to that wound; instead you have to watch that person bleed to death while you wait for assistance that may be many minutes away." Pitocin is not a drug subject to abuse like OxyContin or other controlled substances. It is used in very rare circumstances, but when it is needed it is absolutely critical to have it available.</p>	<p>Tue, May 21, 2013</p> <p>11:18 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>As a patient in a hospital, I have the right to refuse tests, medication, interventions, procedures, and anything else that I do not want done to me. None of these choices force my doctor, nurse, or PA to stop providing me with healthcare. They have the choice to do so, just as I have the choice to find another care provider, but that is a CHOICE. A woman having a birth at home deserves the same level of control over her own person, without her health care provider being forced to discontinue care. You are tying the hands of those who are providing some of the most dedicated, personalized care anywhere.</p>	<p>Tue, May 21, 2013</p> <p>11:17 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I had a homebirth in 2006 and it was the most beautiful, life-changing experience. I was supported by wonderful midwives that loved me, treated me with the utmost respect and were skilled in caring for women, newborns and growing families. I received fantastic pre-natal care that included individual, wholistic attention. I went on bedrest at 30 weeks due to pre-term labor symptoms. At 37 weeks I went into labor. I labored for a full day, it took me twenty-four hours to get from 4 centimeters to 10 centimeters, with the guidelines that are being implimented I unnecessarily would have been forced to transfer to the hospital since I did not dilate 1 centimeter per hour. After delivering the placenta I began to hemorrhage, my midwives worked swiftly and gave me a shot of methergine that quickly stopped the bleeding. They did not stop to make a phone call to 911 which could have delayed the stopping of the bleeding, they acted with skill and needed medicine (which is absolutely necessary to have on hand in case of a situation like mine) to prevent further complications. I was then able to nurse my newborn son in the peaceful, comfortable environment of my own home. There was no reason for me to give birth anywhere else but in the safety and comfort of my own home. My experience was not without complications, every birth is different, but I trusted my care providers, my midwives and knew that they were more than capable of handling unforeseen circumstances. That being said, if they did not have to tools and medicines they had at the time, this could have been a different story. Please do not take away midwives access to needed medications and the right to administer needed medicines. We need midwives, women should have the right to midwifery care and to give birth where they choose. Please support women and their choices by supporting midwives and giving them access to the tools they need to practice safely.</p>	<p>Tue, May 21, 2013</p> <p>11:06 AM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Your decision to remove one of the most critical tools in a homebirth midwife's arsenal, Pitocin and other antihemorrhagic medications, will put her in the impossible position of having to choose between the health and safety of her clients and practicing within the limits of the law. This decision is incredibly reckless and wrong. It is equivalent to telling someone who stops to help at an auto accident, "You can call 911, and you can wait for the EMTs to get there, but you may not apply direct pressure to that wound; instead you have to watch that person bleed to death while you wait for assistance that may be many minutes away." Pitocin is not a drug subject to abuse like OxyContin or other controlled substances. It is used in very rare circumstances, but when it is needed it is absolutely critical to have it available.</p>	<p>Tue, May 21, 2013</p> <p>10:54 AM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I would especially like to see freedoms for the mother upheld. Particularly that a mother should be able to decline testing and that they should not have to gain a physician's recommendation.</p>	<p>Tue, May 21, 2013</p> <p>10:50 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The restrictions that are being placed on women's birth choices by the new Midwifery Scope of Practices are completely counter-intuitive, and will end up placing more moms and babies at risk. By placing the suggested restrictions on midwives, the number of families choosing unassisted home births rather than work within the new restrictions will increase, greatly raising the risk to the mothers and babies. Women must be allowed to choose the birth practices that are right for them. I shudder to think of the consequences of allowing the Midwifery Scope of Practice to go into law as it currently stands.</p>	<p>Tue, May 21, 2013</p> <p>10:46 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Please be certain that all rewrites are preserving a woman's rights to choose her own care and delivery options as well as allowing all practitioners to perform their duties without unnecessary hurdles. Delivering an infant is not the time to be overly worried about being prosecuted. Safety is important, so we need to have regulations that will empower both the women who are going through such a stressful experience as well as those who are caring for them. Please do not make this experience even less appealing than many find it already.</p>	<p>Tue, May 21, 2013</p> <p>10:38 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>As a patient in a hospital, I have the right to refuse tests, medication, interventions, procedures, and anything else that I do not want done to me. None of these choices force my doctor, nurse, or PA to stop providing me with healthcare. They have the choice to do so, just as I have the choice to find</p>	<p>Tue, May 21, 2013</p> <p>10:23 AM</p>

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<p>another care provider, but that is a CHOICE. A woman having a birth at home deserves the same level of control over her own person, without her health care provider being forced to discontinue care. You are tying the hands of those who are providing some of the most dedicated, personalized care anywhere.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I'm in Idaho, but I feel I must speak up whenever possible. I never understood it until I gave birth (freestanding birth center with midwives), but the idea of not being able to birth how and where you feel most comfortable is SCARY. It is every woman's RIGHT to choose how and with whom she births. It's insulting to women everywhere to assume we don't know what's best for us and our babies. Talk to us. Listen to us. Work together with us. Let's spend more time and money on education (for both mothers and practitioners) instead of stricter rules and regulations. Maternal care is getting scary in our country and the more hasty, unnecessary regulations are put in place, the more we're going to lose our choices. Please use your power to help turn our system around. Thank you.</p>	<p>Tue, May 21, 2013</p> <p>10:21 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>As a pregnant mother intending on having a home birth I am very irked by the proposed changes to the scope and practice of midwifery. Preventing midwives the ability to use live saving medications in instances of hemorrhaging will not save lives! It will not make home births more safe or effective. Imposing restrictions that force the midwife to report to a nurse at a local hospital, 911, or an overseeing doctor prevents them from doing their job effectively. They know how to deliver babies into this world. They have gone through training, certification, and internships (for lack of a better word). Midwives should be trusted to perform their jobs, just as doctors are trusted to perform theirs. Requiring a midwife to receive a recommendation from a physician to even be allowed to be present at the birth of their clients is absolutely ridiculous. Most women who opt for home birth or a midwife do not want to see a regular OBGYN. They do not want to give birth in an environment of medical interventions, and they do not want to have to fight with doctors and nurses to allow them to walk around during labor, go without constant fetal monitoring, and give birth in whatever position they desire. They do not want people telling them that their contractions should be 3 minutes apart when they just started contracting and have not yet reached active labor or transition. Requiring them to be overseen by a nurse or doctor instead of the midwife detracts from the likelihood of ever having the desired birth experience. I had my first born child with a OBGYN in a hospital setting. The outcome was healthy mom, healthy baby and for that I am happy. However it does not mean that I would not rather have my next child in the setting of my choosing with the midwife of my choosing. It is my choice. Just as it is my choice to opt out to certain prenatal tests without risking lose of my care provider. I signed waivers the first time around I should be able to sign waivers with a midwife as well. Ultimately it is my family, my birth experience, my body, and my child. Do you think as a mother I would not want the ultimate best for my children? I want to protect the birthing rights of me and everyone else to be able to have the birth they desire. Everyone should have the right to choose. These rights need to be protected!</p>	<p>Tue, May 21, 2013</p> <p>10:13 AM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Your decision to remove one of the most critical tools in a homebirth midwife's arsenal, Pitocin and other antihemorrhagic medications, will put her in the impossible position of having to choose between the health and safety of her clients and practicing within the limits of the law. This decision is incredibly reckless and wrong. It is equivalent to telling someone who stops to help at an auto accident, "You can call 911, and you can wait for the EMTs to get there, but you may not apply direct pressure to that wound; instead you have to watch that person bleed to death while you wait for assistance that may be many minutes away." Pitocin is not a drug subject to abuse like OxyContin or other controlled substances. It is used in very rare circumstances, but when it is needed it is absolutely critical to have it available.</p>	<p>Tue, May 21, 2013</p> <p>9:53 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"Although The College does not support planned home births given the published medical data, it emphasizes that women who decide to deliver at home should be offered standard components of prenatal care, including Group B Strep screening and treatment, genetic screening, and HIV screening. It also is important for women thinking about a planned home birth to consider whether they are healthy and considered low-risk and to work with a Certified Nurse Midwife, Certified Midwife, or physician that practices in an integrated and regulated health system; have ready access to consultation; and have a plan for safe and quick transportation to a nearby hospital in the event of an emergency."</p> <p><a href="http://www.acog.org/About_ACOG/News_Room/News_Releases/2011/The_American_College_of_Obstetricians_and_Gynecologists_Issues_Opinion_on_Planned_Home_Births">http://www.acog.org/About_ACOG/News_Room/News_Releases/2011/The_American_College_of_Obstetricians_and_Gynecologists_Issues_Opinion_on_Planned_Home_Births</a></p>	<p>Tue, May 21, 2013</p> <p>9:49 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"The College guidelines now clearly say that women with two previous low-transverse cesarean incisions, women carrying twins, and women with an unknown type of uterine scar are considered appropriate candidates for a TOLAC," said Jeffrey L. Ecker, MD, from Massachusetts General Hospital in Boston and immediate past vice chair of the Committee on Practice Bulletins-Obstetrics who co-wrote the document with William A. Grobman, MD, from Northwestern University in Chicago." "The College says that restrictive VBAC policies should not be used to force women to</p>	<p>Tue, May 21, 2013</p> <p>9:48 AM</p>

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<p>undergo a repeat cesarean delivery against their will if, for example, a woman in labor presents for care and declines a repeat cesarean delivery at a center that does not support TOLAC. On the other hand, if, during prenatal care, a physician is uncomfortable with a patient's desire to undergo VBAC, it is appropriate to refer her to another physician or center."  <a href="http://www.acog.org/About_ACOG/News_Room/News_Releases/2010/Ob_Gyns_Issue_Less_Restrictive_VBAC_Guidelines">http://www.acog.org/About_ACOG/News_Room/News_Releases/2010/Ob_Gyns_Issue_Less_Restrictive_VBAC_Guidelines</a></p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I should be able to choose exactly how to have my baby and exactly what tests I will submit to. If I am trusting my midwife I am aware of the liability. Restricting midwives in their process and their materials is endangering the baby in delivery, it is my right to choose! I choose midwifed get full scope of practice.</p>	<p>Tue, May 21, 2013</p> <p>9:27 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>HB 2247 charges the department to "reduce the regulatory burden". I am concerned that this rule revision has lost sight of that. The following proposed rules do NOT reduce burden: Requiring a midwife to attain a written recommendation when consulting with a doctor does not reduce the burden. Requiring a midwife to call emergency transport service before performing procedures to ensure safety of the client not only increases risk, but it does not reduce regulatory burden. Notification to the obstetrical services charge nurse when a client begins and ends labor not only does this increase burden, but requiring this of midwives has implications that have not been well thought out. It is imperative that the hospitals be contacted about this proposed rule to assure that this rule change will work for the hospitals. I would suggest, again, to review the report submitted by the midwives. Using their report as a guideline would greatly reduce burden, making the department more in line with the requirement of HB 2247.</p>	<p>Tue, May 21, 2013</p> <p>9:11 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Dear Director Humble, I am extremely concerned about the Midwifery Rules Revisions. The latest draft of proposed rules is extremely unsafe and impractical. It will endanger lives of mothers and babies. It will work against collaborative care for families who chose homebirth. It will increase unassisted homebirth. These negative effects will reflect badly on our state and on ADHS. The following issues MUST be changed in the final draft: 1) It will be a Class 6 felony for midwives to administer lifesaving medications that they are currently licensed to purchase, carry, and administer. These medications are the standard of care worldwide. Midwives must be allowed to administer these medications. 2) Parents do not have the right to refuse testing or treatment for mother or baby that they are opposed to. If they do, they are no longer able to be attended by a midwife. This is a severe parental rights violation. There are numerous other issues with the draft. These are a few of them: • Midwives will be required to call EMS BEFORE they can handle emergency situations. This will drastically endanger lives because time is critical in some complications and stopping to make a phone call would be inappropriate and negligent. • There is a required call to the closest hospital at the beginning and end of every labor to alert them that a woman is in labor at home. This is a violation of HIPAA, and it will increase liability and work for hospital staff. This will promote more discord in the birth community. • All consultations are required to be in writing, which most doctors</p>	<p>Tue, May 21, 2013</p> <p>8:56 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>don't have the time and won't be willing to provide. A documented verbal consultation is the current reasonable standard. • All consultations are required to be with an OB when it may be more prudent for a mother to consult with another type of specialist such as a cardiologist, neurologist etc. CNM's should be added to the list of providers that can be consulted with. • There is an increased amount of paper work and reporting to the state that will burden both the midwives and the state. Thank you for your time and concern. I hope that you will repair these issues so that families in Arizona will have freedom and safety in their birth choices. Sincerely, Bethany Bush Phoenix, AZ</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I think it's disgusting that politicians think it's okay to put women and infants at risk for no reason. Midwives have been delivering baby's longer than medical doctors and definitely do a better job at protecting women's birth experience from being unnecessarily intervened on. My husband and I were planning on moving to AZ but I'm not sure I would feel comfortable with a state involving themselves in how I birth my children. It is none of their business. And encroaching on midwife's practices is not only taking it too far, but it's just another step backwards for women's rights!</p>	<p>Tue, May 21, 2013</p> <p>8:44 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It feels like healthcare in the state of Arizona is going the way of the public school system. Professionals who are out of touch, some of them not working in the field anymore, or as is said quite often, "couldn't cut it in the classroom," are making rules and regulations for the folks who are in the trenches, getting their "hands dirty" every day. It is bad enough that teachers are overwhelmed with rules that have them teaching to tests instead of using their God-given talents to teach and inspire a younger generation. Please do not let that model of decision making work against the professionals who put their hearts and souls into ensuring that mothers and babies have a safe start in life. Go back to the drawing board, honor the tradition of midwifery that existed long before the field of obstetrics. Midwives have been bringing babies into the world since time immemorial. Just because they do not use surgery as their prime mode of delivery does not make them any less professional than their obstetrical counterparts in the hospital. Birth is intrinsically low-risk and a healthy time-period for the majority of women. Mothers who are induced, given drugs that slow down labor, then given drugs to speed up labor, forced to be still due to all the wires and cords they are attached to, forced to attempt pushing in a semi-supine or supine position: THAT IS NOT BIRTH. That is a medical event that has been managed into a high-risk situation. Midwives know healthy, low-risk birth. They know that a mother who had a previous cesarean for iatrogenic reasons deserves a second look. She is not broken, and necessarily incapable of a vaginal birth just because a doctor in the hospital decided she was out of time after her medically-managed event. The right to self-determination is the foundation of our country. Rules and regulations that start shackling those rights will be resisted, especially when you are talking about taking away the rights of mothers, parents-to-be and their children. You might consider writing a trial period into the new rules and regulations. I know that VBAC is already basically approved - along with that, allow breech and twins. I have a firm belief that midwives who know how to assist these births will vette their clients. As long as both parties are in mutual agreement, then they will proceed into a care agreement together. I cannot believe that professionals would risk the lives of their clients by entering into a care contract that would jeopardize the life of the mother and/or the baby they serve. Midwives know that there is a segment of the population that is best served by the care of a surgeon - they will know who needs to be there and lovingly send them in that direction. If the state sees that the professionals are taking too many risks and that mothers and babies are having more adverse outcomes, then the rules and regulations can be re-opened and modified. I suspect that the opposite will happen,</p>	<p>Tue, May 21, 2013</p> <p>8:23 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>however, we will not know unless the opportunity is provided for the midwives to demonstrate that they know what they can and cannot attend as professionals. I also want to address, "one life is one too many", in terms of maternal or neonatal demise, or in lay terms, when mothers and babies die. I find that this statement highly suspect and the height of hypocrisy coming from doctors who are trained to perform abortions, and/ or who offer the option for mothers to terminate pregnancies for suspected or known deformities in their unborn children. In my opinion, you can't fight for life in one setting while being willing to extinguish it in another. At what point does life begin? That is a debate for another day, however, since "one life is too many" is a term that is thrown around in the debate when consumers ask for the midwives to be able to attend their VBAC, breech and twin births, it is something to think about and possibly explore further. I am not advocating for a pro-life position; I am simply trying to point out the hypocrisy of the "one life is too many" argument. The state of Arizona is at a crossroads. You can proceed with the draft rules as written and force healthy, reasonable women into unassisted births because they know that birth is a natural, non-medical event 98% of the time. The 2% who need extra care and attention, and possibly a hospital transfer will probably die because they choose self-determination over medically-managed model of birth. The other option is to sit down with the professional midwives. Consumers are choosing midwives because they prefer the time honored tradition of midwifery care, and watchful waiting during labor and birth. Sit around the table with them, listen to them - they know how to safely do their work. Consumers want midwives to be able to assist in a greater variety of birth situations because we do not want to be subjected to the traumatic and/or patronizing care they received in the traditional doctor/hospital setting. Arizona has the potential to set the standard for a new era of honoring the tradition of midwifery. We can be the state where women and parents are free to choose care and midwives are free to offer care. Arizona can be a beacon of light to open the path for better maternal and neonatal outcomes when women of all race, class and creed can be treated as equal partners in their healthcare choices. Krystyna Bowman, Chandler, AZ</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>This seems to be more of an issue of Parental Rights. The government does not and should not ever have the right to decide what the parents determine is best for their child. As for women being able to choose what happen to their unborn child and decide the safest place to have their child that should be the mother and fathers choice. The government pays for mothers to kill their babies before they are even born even at the age of 15 years with out parental consent but they don't want to allow informed parents to choose where to have a normal healthy baby? Midwives know best in their field of practice not the OB's or GYN's. The medical field treats pregnancy as an illness not a blessing from God. God created women to give birth naturally and it should be left to the mothers to decide where to do so. Most families that choose homebirth are VERY informed and would hope that our midwives that provide superior care would be able to carrier certain medication for those rare unexpected situations. I would encourage you to look for yourself at the literature and safety of all the birth options and see the facts. Allow women to choose and not the government or some medical professional(person).</p>	<p>Tue, May 21, 2013</p> <p>8:01 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>HB 2247 charges the department to "reduce the regulatory burden". I am concerned that this rule revision has lost sight of that. The following proposed rules do NOT reduce burden: Requiring a midwife to attain a written recommendation when consulting with a doctor does not reduce the burden. Requiring a midwife to call emergency transport service before performing procedures to ensure safety of the client does not reduce regulatory burden. In fact, it adds time and places her</p>	<p>Tue, May 21, 2013</p> <p>7:49 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>patient(s) in danger since they are forced to sit idly by and NOT use their training in the rare circumstances when a complication does arise. Notification to the obstetrical services charge nurse when a client begins and ends labor does not decrease burden. Requiring this of midwives has implications that have not been well thought out. It is imperative that the hospitals be contacted about this proposed rule to assure that this rule change will work for the hospitals. While Dir. HUmbler has the noble goal of changing the cultural issues between professional midwives and the medical community, there are other ways to do that by fostering open communication when these professionals are not "on the clock". Has anyone in the department read the report submitted by the midwives? It is articulate, well-thought out and well-documented with resources that substantiate their requests with evidence-based standards of care. Along with reading it, a public meeting with the midwives who are about to have their scope of practice changed would be in good order. Using their report as a guideline would greatly reduce burden, making the department more in line with the requirement of HB 2247. Krystyna Bowman, Chandler, AZ</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Let's not add regulations to midwifing, where statistically births are safe.</p>	<p>Tue, May 21, 2013 7:25 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It is so unfortunate that in a world full of REAL issues like war, unemployment, the environment, hunger and terrorism the politicians are wasting time making laws about how to give birth.</p>	<p>Tue, May 21, 2013 7:21 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Conception, pregnancy, and birth are not medical, but natural, normal events, and are strictly the mothers' and families' responsibilities. Health care providers who are chosen to care for the mother and her family during this time should act as a guide to educate the family on all of their options- not on their requirements, which are a violation of their basic human rights to birth autonomously- how, where, and with whom they choose to birth. Midwives provide individualized care to these families during their child-bearing years, and frankly, it is not appropriate for midwives to share private, confidential information about any of their families to hospital or other medical providers, unless the family so chooses, and until these events do become medically necessary. The state has no more control over a woman's body during her time of pregnancy and childbirth, than they do when she is exercising any of her other rights as a woman. Juanita Michelle Gober CPM Candidate</p>	<p>Tue, May 21, 2013 6:52 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>HB 2247 charges the department to "reduce the regulatory burden". I am concerned that this rule revision has lost sight of that. The following proposed rules do NOT reduce burden: Requiring a midwife to attain a written recommendation when consulting with a doctor does not reduce the</p>	<p>Tue, May 21, 2013 5:56 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>burden. Requiring a midwife to call emergency transport service before performing procedures to ensure safety of the client not only increases risk, but it does not reduce regulatory burden. Notification to the obstetrical services charge nurse when a client begins and ends labor not only does this increase burden, but requiring this of midwives has implications that have not been well thought out. It is imperative that the hospitals be contacted about this proposed rule to assure that this rule change will work for the hospitals. I would suggest, again, to review the report submitted by the midwives. Using their report as a guideline would greatly reduce burden, making the department more in line with the requirement of HB 2247. Thank you, Nicole Dembiec, homebirth mother</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>HB 2247 charges the department to "reduce the regulatory burden". I am concerned that this rule revision has lost sight of that. The following proposed rules do NOT reduce burden: Requiring a midwife to attain a written recommendation when consulting with a doctor does not reduce the burden. Requiring a midwife to call emergency transport service before performing procedures to ensure safety of the client not only increases risk, but it does not reduce regulatory burden. Notification to the obstetrical services charge nurse when a client begins and ends labor not only does this increase burden, but requiring this of midwives has implications that have not been well thought out. It is imperative that the hospitals be contacted about this proposed rule to assure that this rule change will work for the hospitals. I would suggest, again, to review the report submitted by the midwives. Using their report as a guideline would greatly reduce burden, making the department more in line with the requirement of HB 2247.</p>	<p>Tue, May 21, 2013</p> <p>12:08 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I believe as a consumer that I have a right to refuse certain testing and interventions. I also believe that with that right to refuse, my midwife should be able to determine if that refusal constitutes me personally being classed as low or high risk at that time. I also believe it to be beneficial for the medical community if midwives were allowed to carry life saving medication within their scope of practice, including pitocin.</p>	<p>Thur, May 16, 2013</p> <p>11:58 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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. -Janae Greer, Surprise, AZ</p>	<p>Thur, May 16, 2013</p> <p>11:53 PM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>(I accidentally hit submit)- Director Will Humble asked for 3-5 items that were in the current draft, that were appealing and should be kept: 2) Under definitions: "Physician" means a allopathic, osteopathic, or naturopathic practitioner licensed pursuant to A.R.S. Title 32, Chapters 13, 14, and 17, who has an obstetric practice. I very much appreciate that Naturopathic Practitioners are included among recognized health care providers. (The way to make this even better, would be to change it to Obstetric Health Care Provider, and include CNM's as well, as they are legally able to attend births without hospital physicians oversight). 3) R9-16-108. Responsibilities of a Midwife; Scope of Practice A. A midwife shall provide midwifery services only to a client determined to be low risk. B. Except as provided in R9-16-109(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may perform a vaginal delivery: 1. After prior Cesarean section, or 2. Of a fetus in a breech presentation. Again, even better, would be to dismiss the stigma that VBAC and breech are higher risk (for healthy pregnancies, they are not higher risk) by changing the "Except as provided in ...." to read, Including, as provided in..... 4) The amended Midwifery Advisory Committee is now comprised primarily of Midwives, CNM's, and consumers aware and experienced with midwifery services, and one physician of obstetrics. Again, to improve upon this, a physician who is not only well-versed in hospital protocols for natural birth, but who has also demonstrated an ability to work with the homebirth transports would be icing on the sundae! Thank you for listening to the voices of our midwives who are speaking for the consumers. As a consumer, I do not necessarily know how to make my home birth safer, but I trust that my midwife does. Sincerely, Jenny Dubisar</p>	<p>Thur, May 16, 2013</p> <p>11:52 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It is increasingly concerning to me that there is little to no moderation for these meetings. There are enormous changes being proposed and there is virtually no knowledgeable and unbiased person designated to reject opinion based recommendations. Anyone can make any recommendation and there is no one validating the legitimacy of anything. It's pretty much a free for all that this point. Also, the mere fact that OB/Gyns are on the committee is absolutely inappropriate. This is an issue of midwifery not obstetrics. They are not the same thing, they bear little resemblance, and OB/Gyns are not "experts" on the subject, they are just people with fancy degrees and skewed opinions. As a consumer I researched extensively to ensure home birth was the SAFEST place for me to give birth. Safest for me, safest for my baby. There is little that I know of hospitals or hospital birth that makes me feel "safe" (and I've been present at many hospital births). I pay for home birth out of pocket and don't utilize my fancy corporate health insurance. Hospitals are for extraordinary situations which is something that birth is inherently not. My body, my baby, my rights. Don't penalize my midwife for recognizing my rights as a human. Birth does NOT give the state or OB/Gyns any say over MY BODY. Please help increase the safety of home birth and do not continue down this path which will take it back decades.</p>	<p>Thur, May 16, 2013</p> <p>11:49 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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</p>	<p>Thur, May 16, 2013</p> <p>11:24 PM</p>

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<p>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. This is very important to me and I would like to have another baby at home with my rights protected and the right to refuse any unnecessary test that is not necessary with a healthy pregnancy/birth.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Director Will Humble asked the committee to comment on 3-5 things that they wanted to keep in the draft, and 3-5 things that were important to them to include/change. There were many commonalities in the 3-5 things important to include/change. I would like to take this time to comment on the 3-5 things that I appreciate in the draft. 1) I appreciate that VBAC is listed in the expanded scope of practice. I want this to remain in the final draft. As a future VBAC, this makes me hopeful. Unfortunately, under the current lists of items that must be met in order to do so, I still would not be allowed to have my VBAC with a midwife. 2)</p>	<p>Thur, May 16, 2013</p> <p>11:24 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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.~ Wendy Diaz My body, my choice. I need to have competent care at my home birth. Make it legal for me to make the necessary decisions for my body and for my midwife to stay in attendance of my care regardless of what test or procedures I opt out of.</p>	<p>Thur, May 16, 2013</p> <p>11:21 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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 and 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, and midwives have the right to continue care (if they chose to do so) without fear of prosecution. Sincerely, Jenny Dubisar</p>	<p>Thur, May 16, 2013</p> <p>11:20 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>State of Arizona: Get out of my decisions about my body. I have the right to refuse any of the recommendations of my midwife and still retain her as my care provider. I have the right to self determination. It is a human rights violation and gender bias to not allow me to make these decisions myself, to act as though I am not capable of deciding for myself what the best decision is for me and my body. It is my innate and in-born human right to decide how and with whom I give birth.</p>	<p>Thur, May 16, 2013</p> <p>11:19 PM</p>

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<p>Please add the following to the rules and regulations for midwifery care: "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, as a human being, it is my right to take my midwife's recommendations, and information, and choose to use it or not use it, and I should be able to expect that freedom without risking my midwife being legally forced to drop me as a client.</p>	<p>11:13 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Thur, May 16, 2013</p>
<p>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." Sincerely, Andra Brock, homebirth midwifery consumer</p>	<p>11:01 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Thur, May 16, 2013</p>
<p>Midwifery is not obstetrics. Midwives have been assisting pregnant and birthing moms, along with their unborn and newly born babies for much longer than obstetricians have. I do not understand why so many rule guidelines come from ACOG recommendations.</p>	<p>10:42 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Thur, May 16, 2013</p>
<p>Unborn babies absolutely DO have a voice. It is the voice of their mothers who love them before they can even feel them move within their own bodies. It is the voice of their mothers who want what is best for them from the moment they are conceived. It is the voice of their mothers who give them life. If anyone thinks there is anyone in this world who wants what is best for an unborn child more than its mother, they are very, very mistaken. We are their voice. Listen to us.</p>	<p>10:32 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Thur, May 16, 2013</p>
<p>I am a midwifery consumer who has had one baby safely at home. I hope that in addition to including the specific rules changes requested by the licensed midwives on your committee and</p>	<p>8:59 PM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>those who have spoken and written in, your rules writers will include specific language that asserts the body autonomy of midwifery clients, and the ability to refuse testing and referrals without the risk of termination of care.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>In watching the meeting that took place on May 15. The doctors say they need time to get the hospitals ready to be able to take transports for women attempting VBAC who transport in. Are the hospitals generally set to take in women who walk in off the street who had previous C-section who happen to go into labor spontaneously before they are in for their planned c-section? This makes no sense. Hospitals are usually ready to receive any person who comes in with any number of emergency situations.</p>	<p>Thur, May 16, 2013</p> <p>8:11 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>When you do a search on Friedman's curve you get responses which reply "not accurate" "obsolete" and yet the new and "up to date" midwifery rules will use Friedman's curve as a standard. This would not be up to date.</p>	<p>Thur, May 16, 2013</p> <p>8:05 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>If you want honest data, then you must create better rules. Limiting how midwives practice will put them in a tough spot where they may not be able to practice and report honestly. The midwives have told you how they can practice more effectively, please listen.</p>	<p>Thur, May 16, 2013</p> <p>7:50 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I feel AZDHS is using this rules revision to limit the AZ midwives. I hope everything you are proposing is to truly give women better care and not some political statement.</p>	<p>Thur, May 16, 2013</p> <p>7:49 PM</p>

**Midwifery Scope of Practice comments  
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The need for midwives to be able to carry medications and oxygen legally has to be addressed. Saying we will get the rules up and running and address the medications next year somehow, leaves midwives either practicing in a way that is not standard of care, or risking being arrested for carrying and using medications..This must be addressed.</p>	<p>Thur, May 16, 2013</p> <p>10:03 AM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Has the state contacted hospitals to determine how hospitals plan to implement Midwives calling in to report a home birth in progress , then later to report all clear? If the purpose if this in our rules is to prove that home birth is safe, but the hospitals do not plan a way to implement it and report to the state on the stats, then it is a waste of our time.</p>	<p>Thur, May 16, 2013</p> <p>9:45 AM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It seems counterintuitive to broaden the scope and take away the tools, the reason women are seeking a homebirth is to have autonomy over their body and choose what they would like to have done to them, looks like time to leave the state if i want the birth i want</p>	<p>Thur, May 16, 2013</p> <p>8:40 AM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It seems counterintuitive to broaden the scope and take away the tools, the reason women are seeking a homebirth is to have autonomy over their body and choose what they would like to have done to them, looks like time to leave the state if i want the birth i want</p>	<p>Thur, May 16, 2013</p> <p>8:31AM</p>
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## Midwifery Scope of Practice comments May 15 through May 21 2013

<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I am very happy to see that VBAC and breech are being included in the new rules. However, I believe that my right for informed consent is being neglected. If I refuse a test, my midwife should not be held liable for my refusal. I believe that at any time during my pregnancy, I should be able to refuse testing/procedures without the risk of termination of care. Please include a patient's right for refusal in the next redraft. -Alicia Marshall</p>	<p>Thur, May 16, 2013</p> <p>8:15 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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. - Elizabeth Hoskins</p>	<p>Wed, May 15, 2013</p> <p>11:57 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>As a mother, I can safely say that NO ONE has the best interests of the child or the mother more close to heart than the mother herself. It is a VIOLATION OF HUMAN RIGHTS to deny a woman to birth where she wants, how she wants, and with whom she wants. -Chris Swords</p>	<p>Wed, May 15, 2013</p> <p>11:16 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"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." -signed: Chris Swords Also, making it illegal for midwives to administer life-saving drugs only does one thing: puts mothers at risk. WHY would the state choose to put mothers at risk???</p>	<p>Wed, May 15, 2013</p> <p>11:12 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The quality of care I received from my midwives was exceptional, at both of my successful home births, as well as for pre-natal and post-natal care. The intelligence and sensitivity they showed was exemplary of any medical professional. Home birth is an important choice for modern women. The role of stress as a negative factor in pregnancy and birth is being understood to a greater degree. Home birth is a safe and valid choice because stress levels are lowest for some women, when they are at home. In the hands of a capable and qualified midwife, birth is no less safe than in hospitals. I</p>	<p>Wed, May 15, 2013</p> <p>9:54 PM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

believe research supports this.	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The scope of practice changes are completely out of control at this point. Is there seriously discussion on removing the ability of a midwife to administer life saving pitocin!? That is ludicrous. And what about the consumers rights to living to actually meet their baby in the case of post partum hemorrhage? Apparently no one cares about the mother's rights. After all the state would also like to make it impossible for a woman to decline certain tests and exams. Excuse me, but as I enter my 17th year of marriage and my third pregnancy I'm absolutely, positively not carrying any diseases now just as I was not the two pregnancies before. Apparently the state would like all the amazing midwives here to quit. The state would also appear to want unattended birth to drastically increase. Guarantee - both would happen if something is not done here to protect the HOME BIRTH CONSUMER from the bias and ignorance of the medical community. Using hospital protocol for designing home birth rules and regulations makes no sense. They are not the same thing. Why are OBs even providing commentary on this topic? There is clearly a conflict of interest and extreme bias. Why would an OB care about preserving a home birth consumers rights? They don't benefit from home birth. If the OBs reduce and highly restrict a midwife and her ability to care for her clients the OBs serve only to gain more business. Good grief. I'm pondering a move out of state but if someone does not fix this mess I will be forced to leave early so my midwife doesn't risk her career over my refusal of a completely meaningless, arbitrary cervical check (as an example). Fix this mess. Regards, -Extremely Disappointed and Concerned Consumer</p>	<p>Wed, May 15, 2013</p> <p>9:52 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>not letting women choose which procedures they want to have and opt out of others is criminal</p>	<p>Wed, May 15, 2013</p> <p>9:04 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I believe that women deserve the right to birth how, where and with whom they choose. Women should be able to birth where they feel safe, with people that make them feel safe. I don't understand why it is legal to abort a pregnancy, but illegal to plan a (wanted) birth at home or away from the hospital with a midwife. Women's rights are at stake in this decision. Please allow us to make the decision for ourselves.</p>	<p>Wed, May 15, 2013</p> <p>8:57 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>In case this did not get shared with the committee, here is a link to a survey that was sent to the licensed midwives after the April meeting. There are areas with comments that are not graphs so be sure to open those portions to read the comments, I had 34 midwives reply to the survey. Thank you for your consideration. Sharon Hodges-Rust midwife</p>	<p>Wed, May 15, 2013</p> <p>8:42 PM</p>

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<a href="https://www.surveymonkey.com/sr.aspx?sm=N_2btTh7GbnEJagSNIFZ39HPoaj4Ow4bDpe3RE3cibhs8_3d">https://www.surveymonkey.com/sr.aspx?sm=N_2btTh7GbnEJagSNIFZ39HPoaj4Ow4bDpe3RE3cibhs8_3d</a>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I think the single most important thing that can be done to make homebirth safer is to allow midwives to administer pitocin in the event of a hemorrhage. What kind of world do we live in where a woman could die due to a preventable lack of access to life saving medication?</p>	<p>Wed, May 15, 2013</p> <p>7:14 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It is with sadness I make this statement. I am frustrated for women and babies in the state of Arizona. Not because the state is making decisions about the scope of midwifery, although I don't believe they should be. I believe that that state does not own the rights to make decisions in regard to the way Arizonan citizens birth or breathe or what times they choose to eat breakfast. Or where. I also believe that there is good intention in making these laws, even though good intentions do not guarantee good outcomes, as is evidenced in the past decades of midwifery restrictions. The sadness comes from watching midwives-those that claim they support normal, healthy birth-compromise again and again. An exchange of the rights of birthing women for the rights of midwives to carry drugs, be the decider, be the owner of a birth not their own. At the same time midwives decry doctors for being the equivalent of ignorant for not affirming that birth is safe at home, the midwives themselves are demanding *medical* equipment and drugs. The hypocrisy of these women is obvious and embarrassing. It is no wonder that they are not taken seriously and respected. Either it is normal and safe or it isn't. I believe it is normal and safe most of the time and women can decide when they need care outside the scope of normal. Traditionally, in the truest sense of the word, midwifery is "with woman". Pregnancy and birth is not a process in need of constant monitoring to assure a good outcome. Due to this belief, we have complicated the process beyond recognition and have raised the surgical birth rate way above respectable levels. Birth is normally, and most of the time, a straightforward process. However, it now sees intervention at every step, from conception, onward. There is no faith in the process, only belief that someone needs to control it, to some degree, to make it safer. As midwives in this state are pushing for use of more gadgets and gizmos and a wider base of clientele, or "patients" as they are called (since when are home birthing women PATIENTS?!), they are only affirming what has been an established belief from the realm of obstetrics for years-that women need saved from the process. That pregnancy and birth are an entity all its own. It is alien to the other healthy processes of the body and need a "professional" watcher to keep it safe. Instead of affirming women, declaring the normalcy of birth, defending women from those that would want to interfere with their bodies- unnecessarily invading one of the most intimate life experiences- midwives have sold out for recognition and insurance reimbursement and a false sense that they will be covered if a catastrophe occurs. Catastrophes do occur. No amount of "safe practice" will prevent all mortality/morbidity. Do women of Arizona a favor. Please recognize that midwives are not anywhere close to doctors, in the sense of their function. They should not be treated as medical providers. They are not. There are midwives around the world, in the US, that serve women and guard them. They know normal inside and out and can identify problems when they arise and know when it is necessary for medical treatment. Most importantly, they respect and trust women to know themselves. They do not believe they are needed to keep women safe. If midwifery must have a change of "scope of practice", please omit the use of drugs, use of medical equipment. It does not serve women well to have a mini-hospital setting at home. It atrophies any real skills of identification of normal and places a false security to have a drug available. If drugs are so important, shouldn't women be prescribed them to use at their disposal? How hard would it be to be taught by a doctor</p>	<p>Wed, May 15, 2013</p> <p>7:13 PM</p>

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<p>how to use them? I injected a family member that I was caring for with no skill except a 2 minute instruction by doctor and prescription printout. The vials were full, but I needed only a partial dose. It was heparin. I have no training. The family member was taken care of. Am I now a medical provider? There is a difference that should be defined. A midwife should be chosen by the mother, whether that mother is carrying a breech baby, twins, has had a cesarean surgery, is a first time mom, is taking a "long" time to birth her placenta....no matter the circumstance, this is the mother's choice. It is obvious that midwives have not stayed true to this, because otherwise they would be defending the mother's rights, not their own. So, for the sake of women, allow mothers the choice to forgo any and all recommendations, restrictions, etc. Let us decide...and let us make pregnancy and birth choices in the safest way we believe possible. To midwives-it is not too late to renew your perspectives. Women want the real deal at home. Women's respect is the only respect you need when/ if it is truly them that you are serving. -Sara, mother of five, two babies born at home (the most important letters after my name)</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Please do right by the women its Arizona. the birth of daughter at the hospital by an ob left me scarred, mentally and physically. The ob didn't care about me, my health or my daughter. All he cared about was getting his job done so he could leave the hospital. The nurses at the hospital were not very helpful either, they didn't understand kangaroo care or understand the importance of breastmilk. The lc wasn't available until the day after my daughter was born. It was a horrible experience at a place that is made for sick people! I deserve to have a good birth with my next child and my child deserves better care. Midwives can do that. please read suggestions that the midwives have made, just because doctors think they are more important doesn't mean they are. Please help make home births an option for women in the state of Arizona. Don't bury your head in the sand and think they will go away because they won't. Leslie g.</p>	<p>Wed, May 15, 2013 6:43 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Cervical exams every half hour can be extremely discouraging and introduce bad bacteria to the vaginal tract. I would refuse the exams during a birth at home and would also refuse at a hospital. Why make me transfer to a hospital so I can do the same thing? Leslie Gluck</p>	<p>Wed, May 15, 2013 6:28 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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 am absolutely outraged by the way the proposed laws read. I know my body best. I understand where I am at. I am the one that has to live with the decisions made over my body. I NEED to have the final say. I NEED TO HAVE MY MIDWIFE PRESENT WITHOUT FEAR OF LEGAL ACTION because I refuse something that is not right for me. I understand that recommendations are made based upon what is best most of the time. I also understand the bell curve that "most" is averaged upon. Do you realize that by using this bell curve you are only obtaining knowledge that applies to 40% of the population?</p>	<p>Wed, May 15, 2013 6:27 PM</p>

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<p>The leaves 60% outside of that curve, the 30% above and below the average. The 60% NEEDS a choice. Taking away a midwife because the 60% that are outside the curve decline a recommendation because we know it will not work with our bodies and/or our situation is unconscionable!!! U.S. Ranks 39 in Global Child Birth Deaths currently, yet in 1960 we ranked 12th. The difference here is required medical intervention and testing. I need my midwife at my birth. I do not want to birth unassisted but you are leaving me with no choice, unless you make a few changes here.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I am concerned there is not enough acknowledgement of a woman's right to informed consent and informed REFUSAL. I believe requiring a midwife to transfer care for a scenario like gestation longer than 42 weeks, for example, will result in women being forced to choose between returning to the hospital (in some cases the site of previous horrific treatment by medical staff resulting in PTSD, birth trauma and their exploration of more respectful, individual, woman centered care) and having an unassisted home birth. I hope there will be the option for a mother to sign an informed REFUSAL form that will protect midwives from being held responsible for poor outcomes related to the informed refusal of their clients. Midwives should be able to respect their clients right to informed consent and informed refusal without fear of liability should the client's decision result in a poor outcome.</p>	<p>Wed, May 15, 2013</p> <p>6:19 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It is the consumers right to refuse testing/treatment/etc. Why is mandating that a woman MUST undergo these things even on the table? Unbelievable. I was under the impression that we were working to bring these outdated midwifery rules into this century.</p>	<p>Wed, May 15, 2013</p> <p>6:14 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I believe that I have a right, as a consumer, to refuse any standard of care if I choose to- and that my midwife should have a way to remain in a position of caring for me while absolving herself of any liability for my choices. Please write this into the rules. Some sort of form that explains the risks and the consumer can sign to say that they understand the risk and refuse the procedure should be allowed.</p>	<p>Wed, May 15, 2013</p> <p>5:49 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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. Laura Taylor-Taft</p>	<p>Wed, May 15, 2013</p> <p>5:27 PM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Dear Director Humble, I am a consumer of homebirth, a biologist and a mother. I believe it is MY responsibility to be informed, and that it falls on me to find the appropriate information. I think that a healthcare provider is simply that- a provider. A provider of resources, information, treatments etc. but they are not the decision making body. I expect that they know about many things and can help guide me based on their experience and training, but since I have the greatest investment in the outcome that I should be the person evaluating and making choices. When I found out halfway through my pregnancy that I was carrying twins, I had a lot to research and process. My biggest priority to help ensure a healthy outcome for my babies, was that I wanted to carry them to term and wanted them to come when THEY were ready. Also, I wanted to set things up so that we could have the best start to a successful breastfeeding relationship (which as you may or may not know has far reaching health effects that can last even into adulthood). That "set-up" is a vaginal, unmedicated birth. I also wanted them to come into this world in a peaceful way. A pregnant woman expecting twins and planning to birth in a hospital is EXTREMELY limited in her choices. Most doctors will induce prior to 38 weeks, (many in the range of 36-37 weeks), and they will require you birth in an operating room with an epidural in place. Those conditions immediately eliminated all the priorities I wanted for the birth. Many physicians are not trained or are unwilling to deliver breech babies, or give a baby a chance to turn vertex once the first has been born. So, a cesarean birth is not just a common occurrence for a twin mom, it is more of a standard. In fact, every twin mom I have met that has birthed in the hospital, most of which who planned to birth naturally, had their babies by cesarean. Those were not odds I was willing to take on for my babies and for myself. Consequently, I stood by my decision to birth my babies at home. I had a beautifully smooth birth at home with 2 perfectly healthy babies and 1 perfectly healthy mom. I believe that a woman knows what is right for her child, her body and has the right to choose to birth how she sees fit. I would like to see the rules for midwifery care changed, such that a woman can choose to have her birth be attended by a midwife, even if she is birthing twins, a breech baby or having a VBAC. Laura Taylor-Taft</p>	<p>Wed, May 15, 2013</p> <p>5:25 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Midwives need life saving drugs. My postpartum hemorrhage was stopped by my midwives skill and education, and her ability to administer drugs. I received two shots of pitocin, in order to shrink my uterus and stop the bleeding, before the paramedics even came through the door. (They were stationed a quarter mile away.) If you take midwives access to drugs away lives will be at risk. It is a standard of care for them to have legal access to medications such as pitocin and cytotek.</p>	<p>Wed, May 15, 2013</p> <p>5:19 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"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.'"</p>	<p>Wed, May 15, 2013</p> <p>3:06 PM</p>

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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Carla Hartley once said, "I stand for the right of every mother to choose her own place of birth...I stand against anything that compromises any mother's sovereignty over her birth." I couldn't agree with this more! Please remember a woman's RIGHT to choice when making the scope of practice changes. Women have a RIGHT to birth where they want and with whom they want! Mothers are intelligent, consenting adults who do not need a permission slip (from anyone) to be allowed their RIGHT to birth in the manner they choose! Please do not make it more difficult for women to choose where they birth and with whom they birth! It is not the government's job to make decisions for any mother! It is a human right for a woman to have complete autonomy over her body and her health decisions!</p>	<p>Wed, May 15, 2013</p> <p>3:06 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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. -Melissa Johnston</p>	<p>Wed, May 15, 2013</p> <p>2:56 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"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.'" Leslie Gluck</p>	<p>Wed, May 15, 2013</p> <p>2:45 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Women should be free to choose when, where and who will assist them with pregnancy and birth. Birth should be more about families than it is about profits! There for this statement should be evident in ANY law that AZ passes. '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."</p>	<p>Wed, May 15, 2013</p> <p>2:30 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>"Please add the following statement to the rules for licensed midwives.... 'In order to maintain patient</p>	<p>Wed, May 15, 2013</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>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."</p>	<p>2:18 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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." -Lisa Williams</p>	<p>Wed, May 15, 2013</p> <p>1:53 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Regarding R9-16-109 C "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: i. With a classical, vertical, or unknown uterine incision; ii. Within 18 months prior to expected delivery; iii. With complications, including uterine infection; iv. Due to failure to dilate or cephalopelvic insufficiency; or c. Complications during a previous vaginal delivery after a Cesarean section; or 2. Has a fetus: a. With fetal anomalies, confirmed by an ultrasound, or b. In a breech presentation. PLEASE REMOVE: iv. (failure to dilate or cephalopelvic insufficiency) Previous diagnosis with either of these is NOT an accurate way of predicting an outcome for current and future pregnancies. Furthermore, those are some of the most widely MISDIAGNOSED and OVER-DIAGNOSED issues in maternity care today. Please don't make women with this in their past be punished because of their Doctor's (most likely) MISTAKE! -Melissa Kimball A one-size-fits-all approach is not appropriate in this (or any) situation of maternity care.</p>	<p>Wed, May 15, 2013</p> <p>1:35 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Regarding: 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." Please remove. This is not reason for concern for some and is for others. In some situations is worrisome and others not. Please stop the one-size-fits-all rules. What if a woman simply gets the flu during her pregnancy??? I did! So, I would be forced to go to a Doctor, (OVER)pay out of pocket for an office visit I don't need, get no more care</p>	<p>Wed, May 15, 2013</p> <p>1:27 PM</p>
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## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>than "Go home and drink more fluids", get my permission slip signed and THAT is what's supposed to allow me my home birth? Consider how silly that sounds. A pregnant woman with a fever for a day is not grounds for babysitting by a physician.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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." Please remove. There are other ways to collaborate. Janice Bovee gave Mercy Gilbert's event "Midwives' tea" as a GREAT model for the kind of bridge we could be building. Encourage THAT! Don't MANDATE. Please please please DO NOT PUT THE PATIENTS IN THE MIDDLE OF THIS (ESPECIALLY NOT WHILE IN LABOR!!!!) I don't want my family to be pawns of the health department to be used to make doctors and midwives play nice! -Michael Kimball (Husband of Homebirther, Father of baby born at home)</p>	<p>Wed, May 15, 2013 1:04 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The 2010 Wax Study has been shown time and time again to be completely flawed. Do not rely on this poor excuse of a "study" when making conclusions about homebirth. And put twins back in the expanded scope! <a href="http://www.nature.com/news/2011/110318/full/news.2011.162.html">http://www.nature.com/news/2011/110318/full/news.2011.162.html</a> The Lancet: "Offline: Urgency and Concern About Home Births" <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2962147-2/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2962147-2/fulltext</a> British Medical Journal: "Throwing the Baby Back in the Bathwater" <a href="http://www.bmj.com/content/341/bmj.c4292">http://www.bmj.com/content/341/bmj.c4292</a></p>	<p>Wed, May 15, 2013 12:55 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>It has come to my attention that one of the studies included in the literature about twin homebirth (and I'm assuming part of the reason twins have been removed from the expanded scope) is a completely flawed study from 2010. <a href="http://www.scienceandsensibility.org/?p=2551">http://www.scienceandsensibility.org/?p=2551</a> "The statistical analysis upon which this conclusion was based was deeply flawed, containing many numerical errors, improper inclusion and exclusion of studies, mischaracterization of cited works, and logical impossibilities. In addition, the software tool used for nearly two thirds of the meta-analysis calculations contains serious errors that can dramatically underestimate confidence intervals (CIs), and this resulted in at least 1 spuriously statistically significant result. Despite the publication of statements and commentaries querying the reliability of the findings, this faulty study now forms the evidentiary basis for an American College of Obstetricians and Gynecologists Committee Opinion, meaning that its results are being presented to expectant parents as the state-of-the-art in home birth safety research." PLEASE DO NOT BE FOOLED! THIS IS NOT GROUNDS ON WHICH TO DISQUALIFY TWIN HOMEBIRTH (no matter what ACOG says!) -Melissa Kimball</p>	<p>Wed, May 15, 2013 12:49 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Wed, May 15, 2013</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>Regarding: "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. " Please remove section C. These are rules and regulations for MIDWIVES...NOT OBs. Their practices are COMPLETELY DIFFERENT FOR A REASON. (NARM doesn't get to tell OBs what to do with their patients!) Please do not bind our midwives to the standards of ACOG. I chose HOMEBIRTH MIDWIFERY to get a HIGHER STANDARD OF CARE. Keep ACOG OUT OF OUR MIDWIVES' RULES AND REGULATIONS!!</p>	<p>12:36 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>I noticed that in the document "Delivery of Twins Literature Review", one of the studies cited is the Wax study from 2010 (Wax et al. Maternal and newborn outcomes in planned home birth vs. planned hospital births: a metaanalysis. Am J Obstet Gynecol. 2010;203:3). This study has come under fire and has been exposed as riddled with errors, if not completely debunked. I can't believe that such a spurious study is taken seriously, much less used as legitimate scientific evidence in a topic as important as midwifery care and birthing at home. I'm sure you understand how important it is to vet one's sources so that the topic under discussion is weighed according to the truth of the matter, and not popular falseties. It does, however, make me wonder how many OTHER studies in the "Delivery of Twins Literature Review" are likewise flawed, if such a notoriously erroneous study like the Wax study was included. The Lancet: "Urgency and concern about home births" <a href="http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2962147-2/fulltext">http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2962147-2/fulltext</a> Carl Michal, PhD. "Planned Home vs. Hospital Birth: A Meta-Analysis Gone Wrong" <a href="http://www.medscape.com/viewarticle/739987">http://www.medscape.com/viewarticle/739987</a> Nature: "Home-birth study investigated" <a href="http://www.nature.com/news/2011/110318/full/news.2011.162.html">http://www.nature.com/news/2011/110318/full/news.2011.162.html</a> BMJ: "Throwing the baby back in the bathwater" <a href="http://www.bmj.com/cgi/content/extract/341/aug11_2/c4292">http://www.bmj.com/cgi/content/extract/341/aug11_2/c4292</a></p>	<p>Wed, May 15, 2013</p> <p>12:35 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>We must be mindful as we revise the regulations surrounding the practice of midwifery in our state that we need to have guidelines which make our births safer at home than ever. We insist on evidence-based standards of care, not traditional methods which oten inhibit the normal course of labor and birth. Given that we are midwives attending normal births, it is unreasonable to be restricted to the norms for obstetricians who often attend women in more high-risk situations. This latest draft of the regulations of midwifery is a step backward in many ways, attempting to limit midwives to ACOG standards for assessing women in pregnancy and birth, and denying us the ability to carry appropriate medications for when they are needed. Let us agree that homebirth midwives ARE wanting safe birth for their clients, both mothers and babies, and that we can be trusted to consult, assess, evaluate and act in a knowledgeable and wise manner towards that end. Debbie Hervey LM CPM</p>	<p>Wed, May 15, 2013</p> <p>12:30 PM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p>	<p>Wed, May</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>Regarding: "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. " Please remove labor progression as described above. While these high risk labors should be monitored vigilantly, dilation is not the only way to gauge progress. I gave birth to a BREECH baby AT HOME without a single cervical exam. I assure you, baby and I were monitored regularly and everything went beautifully. Encourage midwives to use their full range of skills and not be bound to one aspect of labor progression. Therefore, please remove and trust your midwives. (And trust Arizona women to choose good midwives!)</p>	<p>15, 2013</p> <p>12:26 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The following statement will fix the lack of right to refusal in the current draft and allow the women of Arizona freedom to choose their care provider and location of birth and take full responsibility for their choices: "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." -Melissa Kimball</p>	<p>Wed, May 15, 2013</p> <p>12:15 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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." Please remove or add clarification/conditions/right of refusal etc. I am a consumer of homebirth midwifery and I do not support this AT ALL. It is an invasion of privacy for the laboring woman (ME!) and will build animosity, not collaboration for homebirth. Every woman planning a hospital birth doesn't have to call at onset of labor. Why? Because that would be ridiculous. It would overload the hospital with useless information and make the malpractice lawyers antsy. Period. However, if it must stay, it must be a better qualified statement. Midwives are bound to keep their clients information and care confidential unless patient allows midwife to share any information. This should be no exception. The patient MUST be allowed to REFUSE that disclosure, however anonymous it may seem to the midwife/charge nurse/rule writer etc. -Melissa Kimball, Homebirth Consumer</p>	<p>Wed, May 15, 2013</p> <p>12:09 PM</p>
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<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The following section is irrelevant to MANY homebirthing consumers. The vast majority request no or very few vaginal examinations during pregnancy and labor. I personally was checked after one</p>	<p>Wed, May 15, 2013</p>
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## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>hour of labor in my home by my midwife and was 6 centimeters dilated. I birthed my baby less than twenty minutes later. Clearly the curve is not applicable to all women, and many women choose not to have constant monitoring for an arbitrary result. 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.</p>	<p>11:56 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>Why have the reports provided by the midwives not been reviewed and considered? It is clear that the Department and specifically the Director has ignored the reports, midwives urging s, and the constituents of this states request to IMPROVE the rules and not destroy them. The attempt to force the medical establishment into working with midwives is going to destroy midwifery. Doctors have been advised by their insurance carriers that they cannot work with homebirth midwives and continue to be insured. They are not going to provide standing orders or agree to be that collaborative care you seem to think is required. I do believe that most midwives strive to find physicians that will work with them as midwives always want what is best for their clients, but those relationship are pretty close to impossible to obtain and maintain. In some areas the medical establishments are more like witch hunters out to destroy midwifery at all cost. You are tying the midwives hands behind their backs and at the same time telling them they better provide the best care possible to the consumers. Mr. Director it is really hard to provide the best care possible with your hands tied behind your back. Midwives need their hands. With no hands, babies will fall to the floor and die. Bad outcomes will be on the Department of Health and their inability to forgo their fears of the medical establishment and allow midwives to work autonomously with all the tools available to them to provide the utmost and current standard of care. We are nearing the end of this process and we have got to get it right so that we have the best midwifery care available in the United States of America, right here in the great State of Arizona. Stop restricting and start correcting. Midwives are and should be autonomous care providers with all the necessary options available to offer their clients. Families have the right to choose their care provider and location for their birth and the Department has been entrusted with the task of making sure that their choices do not cause more harm than good. Safe moms and babes are the goal for everyone.</p>	<p>Wed, May 15, 2013</p> <p>11:53 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>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." I believe this section will likely cause animosity rather than collaboration between midwife and hospital staff. As a consumer that has had a very intense, quick homebirth, followed by a textbook (length, etc) homebirth that ended in a hospital transfer, I have experienced firsthand that the hospital staff and my midwife were more than capable of communicating the scenario and ensuring the best possible outcome for my family.</p>	<p>Wed, May 15, 2013</p> <p>11:51 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b>	Wed, May 15, 2013
<p>I am greatly concerned that it appears the committee has completely and utterly disregarded the Arizona Midwives Response to House bill 2247. There is absolutely nothing in the current draft that even vaguely resembles their proposal. This is concerning for 2 reasons. 1) Midwives are a respectable, educated, and legal profession. They should not be treated as though they need the oversight of another group. The professional organizations who provide training, certifying, and legal scope have a tremendous history of maintaining their ranks with appropriate regulation. I do not understand why Arizona midwives are being treated like teenagers of the obstetrical medical profession. It is like chiropractors in the early 1900's who were jailed for practicing medicine because the medical profession perceived them as a threat to their omniscience. 2) Part of the bill 2247 was to streamline paperwork. Not only is the current draft cumbersome, but it has increased the paperwork for everyone. We do not need more rules. We need more common sense. We do not need more government. This document would benefit greatly by becoming a living document. Meaning that AS MORE EVIDENCE-BASED CARE comes along and PROVES what we consumers have been saying during this process, this document also needs to be flexible enough to adapt... without legislative process necessary to do so. Something along the lines of "in accordance with ACOG guidelines" needs to take the place of lists of you can/you cannot/you must. Think of the pages that could be saved!! Think of the ability to take the pressure off of the committee to make the rules, and instead, be allowed to go with current research and practices which are bound to change. 2b) Individual responsibility occurs with better informed decision making, and trust in our care providers to have the ability to have what they need to keep us safe in the event of an emergency transfer. When an emergency does happen in birth, what is the harm in a midwife having a life-saving anti-hemorrhagic medication, newborn prophylaxis, or rhogam available? Why does the state limit a certified, legal professional from obtaining and using a life-saving medication that would help to stabilize a person until medical help can be obtained? Why is the state attempting to limit life-saving measures? This part of the draft needs to be re-stated that "Midwives have prescriptive authority to carry and administer life-saving anti-hemorrhagic, newborn prophylaxis and any other medication determined to be within the scope of practice and per regulating authority." Thank you for this opportunity to be a part of change. Thank you for making home-birth even safer. Thank you for listening to the consumers. (Dr) Jenny Dubisar</p>	11:40 AM

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<p>If the midwives do not have a provision for obtaining and using medications that are the current standard of care in obstetrics, they cannot practice safely or effectively. In the Departments attempt to remove themselves from liability when it comes to medications they have set themselves up to be very liable for bad outcomes that could have been prevented with the use of evidence based standard of care. The first time a baby dies from GBS because the midwife was not able to provide antibiotics in labor as per the standard of care (not because of her unwillingness or lack of education, but because the department was afraid to allow her to do so) it will be the Department of Health and the State of Arizona that is going to be sued. It would be very difficult to sue the midwife as she was</p>	11:35 AM

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>following the rules outlined by the Department of Health. It is a clear to most, that the Department is doing more harm than good for families by attempting to remove options for adequate, evidence based, proven care from the midwives scope of practice. This law was designed to open the rules for expansion to the scope of practice not to limit the scope of practice. We need midwifery care to be a very valuable option to our families, not an option that will put them in a more precarious situation because they make a decision to birth at home they cannot be afforded appropriate care.</p>	
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<p>In 2010, I was transported from my homebirth to the hospital (non-emergency), I had been in labor for 40 hours. It had taken me (my first baby) 26 hours to dilate fully. My midwives checked my baby's heartbeat frequently during contractions, after contractions and during rest periods. He was doing amazingly well, as was I. I had no urge to push for several hours after reaching full dilation. Once we started the pushing phase, I would have times of rest, times of pushing. After about 3 hours, I could feel his head with my fingertip. After we made the determination that we needed to transfer because it appeared that he was stuck (he had not descended further, and the midwife made the observation that he had gone into military position and the cranial bones were unable to mold appropriately for a vaginal birth), I walked to our car, I walked into the hospital, I walked to our room, and I was checked by the doctor. I was scheduled for a c-section about 4 hours later (he had another section to do at Mercy first). When I later got my records, do you know what the reason for the c-section was? It was failure to progress. <b>**I did not fail to progress!!!**</b> I failed to push him out because he was stuck (I have the pictures to show the abrasion). 1) I fully dilated... not within the unscientific, unrealistic 1cm/hour, but at my own body's pace. At my own baby's pace. 2) I did not immediately push. My body needed to rest, my baby needed to rest. I pushed, and my baby descended. He descended a great distance. Then he got stuck. 3) There was no rush to transfer, there was no emergency. But we needed to transfer. My midwives gave me the time I needed. The OB doctor gave me an inaccurate diagnosis for a c-section because it was convenient. Please remove the "failure to progress" and the "must dilate 1cm/hr" from the scope rules. There are so many reasons for slow progression (fear is a major one, and a first time mom is a second one). The "failure to progress" is woefully over-used and under-documented regarding what the "failure" was. It should not be allowed to prevent healthy women from attempting a VBAC, multiples, or breech. (Dr.) Jenny Dubisar</p>	<p>11:07 AM</p>

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<p>"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." Written by Stephanie</p>	<p>11:00 AM</p>

## Midwifery Scope of Practice comments May 15 through May 21 2013

<p>Soderblom but copied with permission by Alejandrina Vostrejs, Birth Educator and Postpartum Doula.</p>	
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>When visiting the hospital, we as consumers have the right to sign AMA's (against medical advice). The state of Arizona ought to recognize that the patient may exercise their right to informed refusal for any of the recommendations and guidelines put forth through this endeavor - 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.</p>	<p>Wed, May 15, 2013</p> <p>10:42 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>By not authorizing licensed midwives to obtain, carry, and administer medications, particularly anti-hemorrhagics, the department is essentially forcing midwives to choose: do we practice legally or practice safely?</p>	<p>Wed, May 15, 2013</p> <p>9:33 AM</p>
<p><b>The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:</b></p> <p>The composition of the midwifery advisory committee is improving, but still lacks a Licensed Midwife majority. A LM majority is very important as LMs are the people who best understand their training in terms of skills and knowledge. They are the ones best suited to provide helpful, accurate information to the health department when questions and concerns arise regarding midwifery practice in Arizona. Licensed Midwives need to make of the majority of this committee.</p>	<p>Wed, May 15, 2013</p> <p>8:45 AM</p>