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Displaying 755 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 755

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174 17 86 168**Response Started:** Wednesday, May 22, 2013 1:03:58 AM**Response Modified:** Wednesday, May 22, 2013 1:04:05 AM

1. 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:

May 21, 2013 To Whom It May Concern: I am the Executive Director of the National Association of Certified Professional Midwives from obtaining, possessing and administering a formulary of medications, including anti-hemorrhagic drugs such as Pitocin and Methergine. The administration of these medications, which are life-saving when needed, is currently allowed by Title 9, Health Services, Article 1, Section R9-16-110 (B), Emergency Measures, and has been in effect since March 14, 1994. The proposed rules changes do not specify that a midwife may obtain, possess and administer these medications; rather they require the midwife "to document any drugs taken by a client for the Midwives (NACPM). I am writing to you today to ask you to reject the proposed rules change for Licensed Midwives in the State of Arizona that would in effect forbid Licensed control of postpartum hemorrhage." This proposed rule makes no sense as these medications are not available directly to clients. The proposed rules change implies that the client would obtain the medication herself and take it at her own discretion, and that the only obligation of the midwife would be to record this action of the client. The rule change implies that these medications are necessary at times for the safety of the mother but denies the safe and proper procedure for providing them to the mother in the standard course of midwifery care. This rules change describes midwifery practice that is contrary to community standards for safe, quality care for childbirth. If the change goes into effect, women's lives will be put at definite unacceptable and unnecessary risk, and midwives who appropriately administered anti-hemorrhagic medications to save the life of a woman would be liable for prosecution. The State of Arizona has a long and proud history of ensuring access to safe, high-quality midwifery care for its citizens. NACPM urges you to continue to ensure that your Licensed Midwives are able to provide safe, high-quality, care including obtaining, possessing and administering these drugs that save the lives of women who need them. Please feel free to call on me for any further information you may need. Sincerely, Mary Lawlor, CPM, LM, MA Executive Director, NACPM executivedirector@nacpm.org

Browse Responses

Filter Responses

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343 Comments

Displaying 756 of 775 respondents

« Prev

Next »

Jump To: 756

Go »

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174 17 86 168**Response Started:** Wednesday, May 22, 2013 1:05:03 AM**Response Modified:** Wednesday, May 22, 2013 1:05:54 AM

1. 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:

Dear Madames and Sirs 5/21/13 I am writing on behalf of the Midwives Alliance of North American in response to proposed rules changes for Licensed Midwives in Arizona. The Midwives Alliance is the largest professional organization of midwives who practice physiologic birth in the United States. Our members are Certified Professional Midwives, Certified Nurse Midwives, Licensed Midwives, and Direct-entry Midwives who primarily attend births in the home or birth center setting. Licensed Midwives are autonomous maternity health care providers who specialize in normal, physiologic birth. Over 30 years of midwifery licensing across these 50 states has shown that requiring a routine physician visit for all pregnant women neither improves outcomes nor increases access to care, however it does increase costs. Licensed Midwives collaborate with other maternity care providers and refer clients when medically indicated, therefore requiring routine physician visits for all pregnant women in the care of a midwife seems unnecessary. As autonomous professionals, midwives have developed standards of care in line with current research on the safest options for women choosing to birth in an out-of-hospital setting. The Midwives Alliance is committed to promoting and supporting evidence based midwifery practice. At this time there is no documented benefit to routine ultrasound screens in pregnancy. The Cochrane Database of Systematic Reviews has done three reviews of ultrasound use in pregnancy and has found that routine ultrasound use without clinical concerns do not improve maternal or child outcomes. The few benefits associated with routine ultrasound in pregnancy are not associated with improved outcomes but are associated with increased costs. Again, a change in the Arizona rules for Licensed Midwives seems unwise and unnecessary. The Midwives Alliance is particularly concerned with any rules change that would remove anti-hemorrhagic medications from the birth bags of midwives. The ability to purchase, carry and administer basic life-saving medications is part of the scope of practice for Licensed Midwives and Certified Midwives and is a national standard for safe practice. We are alarmed that an agency charged with protecting the public by the licensing of direct-entry midwives would consider acting to make births less safe for the women and families who choose their services. Any proposed rules changes for Licensed Midwives in Arizona should be aimed at improving outcomes, increasing access, and lowering health care costs. The Midwives Alliance of North America calls on the the state of Arizona to ensure high standards of safety for women and babies by allowing midwives ongoing access to necessary medications and to contain costs by avoiding unnecessary mandatory ultrasound screenings and physician evaluation of healthy women under the care of Licensed Midwives. Jill Breen, President Marinah V Farrell, 1st Vice President Stacey Haugland, MANA Region 5 Representative

Browse Responses

Filter Responses

Download Responses

Displaying 757 of 775 respondents

« Prev

Next »

Jump To: 757

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 174 17 86 168

Response Started: Wednesday, May 22, 2013 1:06:48 AM

Response Modified: Wednesday, May 22, 2013 1:10:22 AM

1. 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:

May 21, 2013 To Whom It May Concern: Women who are expecting a baby must have access to care providers who can properly care for them in the setting of their choosing, and must not be subjected to unnecessary procedures without medical cause. The proposals put forth in Arizona to restrict the practice of midwives are in direct conflict with the rights of women to have autonomy over their bodies and to have access to proper maternity care in the setting of their choice. BirthNetwork National, a national organization whose mission is to raise the awareness and availability of Mother-Friendly, evidence-based maternity care, strongly supports the rights of women to choose their care provider and choose their place of birth, whether it be in a hospital, birth center, or home. In order to uphold those rights, women must have access to care providers who can safely and appropriately care for them in the setting of their choice. According to the Mother-Friendly Childbirth Initiative, an evidence-based consensus document of best practices for maternity care supported by many organizations working to improve maternity care in this country:

- Birth can safely take place in hospitals, birth centers, and homes.
- The midwifery model of care, which supports and protects the normal birth process, is the most appropriate for the majority of women during pregnancy and birth. Every woman should have the opportunity to:
- Have access to the full range of options for pregnancy, birth, and nurturing her baby, and to accurate information on all available birthing sites, caregivers, and practices;
- Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests suggested for use during pregnancy, birth, and the postpartum period, with the rights to informed consent and informed refusal;
- Receive support for making informed choices about what is best for her and her baby based on her individual values and beliefs.
- Interventions should not be applied routinely during pregnancy, birth, or the postpartum period. Many standard medical tests, procedures, technologies, and drugs carry risks to both mother and baby, and should be avoided in the absence of specific scientific indications for their use.
- Maternity care practice should be based not on the needs of the caregiver or provider, but solely on the needs of the mother and child.
- Society, through both its government and the public health establishment, is responsible for ensuring access to maternity services for all women, and for monitoring the quality of those services. Issues over the control of the practice of midwifery that are voiced by the medical establishment, and not by the women who utilize their services, may reflect other business concerns of doctors and hospitals rather than the health and wellbeing of mothers and babies. Our organization is seeing a number of legislative attempts to limit the practice of midwifery in our country. These attempts contradict the rights of women, have a negative impact on our maternity care outcomes and are quite costly to our states, including Arizona, which could save several million dollars annually in terms of Medicaid payment and insurance costs if out-of-hospital birth were to be safely utilized throughout the state. For these reasons, BirthNetwork National strongly urges the state of Arizona to ensure that its families are able to access midwives who are able to practice safely and with the best interests of their clients as their highest priority.

Sincerely, Michal Klau-Stevens
President, BirthNetwork National

Browse Responses

 Displaying 758 of 775 respondents Jump To: 758 **Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174 17 86 168**Response Started:** Wednesday, May 22, 2013 1:12:02 AM**Response Modified:** Wednesday, May 22, 2013 1:14:25 AM

1. 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:

May 21, 2013 To Whom It May Concern: I am the Executive Director of the National Association of Certified Professional Midwives from obtaining, possessing and administering a formulary of medications, including anti-hemorrhagic drugs such as Pitocin and Methergine. The administration of these medications, which are life-saving when needed, is currently allowed by Title 9, Health Services, Article 1, Section R9-16-110 (B), Emergency Measures, and has been in effect since March 14, 1994. The proposed rules changes do not specify that a midwife may obtain, possess and administer these medications; rather they require the midwife "to document any drugs taken by a client for the Midwives (NACPM). I am writing to you today to ask you to reject the proposed rules change for Licensed Midwives in the State of Arizona that would in effect forbid Licensed control of postpartum hemorrhage." This proposed rule makes no sense as these medications are not available directly to clients. The proposed rules change implies that the client would obtain the medication herself and take it at her own discretion, and that the only obligation of the midwife would be to record this action of the client. The rule change implies that these medications are necessary at times for the safety of the mother but denies the safe and proper procedure for providing them to the mother in the standard course of midwifery care. This rules change describes midwifery practice that is contrary to community standards for safe, quality care for childbirth. If the change goes into effect, women's lives will be put at definite unacceptable and unnecessary risk, and midwives who appropriately administered anti-hemorrhagic medications to save the life of a woman would be liable for prosecution. The State of Arizona has a long and proud history of ensuring access to safe, high-quality midwifery care for its citizens. NACPM urges you to continue to ensure that your Licensed Midwives are able to provide safe, high-quality care including obtaining, possessing and administering these drugs that save the lives of women who need them. Please feel free to call on me for any further information you may need. Sincerely, Mary Lawlor, CPM, LM, MA Executive Director, NACPM executivedirector@nacpm.org 917-453-6780

Browse Responses

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Displaying 759 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 759

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 76 237 227 141**Response Started:** Wednesday, May 22, 2013 5:28:30 AM**Response Modified:** Wednesday, May 22, 2013 5:32:30 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Women should be able to safely birth in the setting of their choice with a care provider of their choice. Do not impose unnecessary limits to the midwifery scope of practice

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I believe that midwives who attend out of hospital births should be able to carry life-saving medications, and that families have a right to informed consent, which demands the right to refuse treatment. This is an issue of safety and of patient's rights

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 761 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 761

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 67 2 109 163**Response Started:** Wednesday, May 22, 2013 7:14:22 AM**Response Modified:** Wednesday, May 22, 2013 7:17:15 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I don't know who is writing this draft of laws, but if you had ever attended first, a home birth, and then a hospital birth, you would not be making these laws as restrictive as they are. They seem to be infringing on women's rights to choose a home birth. While it does seem that you have safety in mind, it is with a textbook understanding of home birth and no real experience. There are many books you can read to educate yourself on it. Birth is a very natural process, and in many first world countries home birth is the normal way to deliver a child. Please look into this before passing these laws.

Browse Responses

[Filter Responses](#)[Download Responses](#)[228 Summary](#)

Displaying 762 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 762

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174.26.91.9**Response Started:** Wednesday, May 22, 2013 7:51:02 AM**Response Modified:** Wednesday, May 22, 2013 7:51:43 AM

1. 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:

Dear Mr. Humble, 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 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.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 763 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 763

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174 126 168 8**Response Started:** Wednesday, May 22, 2013 8:04:18 AM**Response Modified:** Wednesday, May 22, 2013 8:05:55 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am extremely concerned about the Midwifery Rules Revisions. The latest draft of proposed rules is extremely unsafe and impractical. It will increase unassisted homebirth. These negative effects will reflect badly on our state and on ADHS. It is a step in the wrong direction. Please think about the ramifications.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I appreciate the addition of VBAC and Breech to the Midwife scope of practice. I am very concerned that there have been few changes to the rules, otherwise. One of the main purposes of the bill was to reduce regulatory burden. Another was to update the rules based on new evidence within the field of midwifery. The midwives submitted a very well-thought out report, with references cited, about the things they would like to have changed. Please, please, please, consider this report seriously and follow through with the intent of this bill and the rule revision process. Many concerns are described in the report and backed up by research and guidelines that already exist. Midwives know their profession better than anyone. Their report and needs matter.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I noticed that twins have been removed from the scope of practice. If this is because there is research against it, I understand. However, if this is because there is not enough research to support it, including twins should be reconsidered.

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 98 177 240 56

Response Started: Wednesday, May 22, 2013 8:41:23 AM

Response Modified: Wednesday, May 22, 2013 8:54:11 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

As a consumer who has given birth 3 times, once in the hospital and twice at home, I am very upset at the changes being made to home birth and the way midwives are allowed to practice. The two home births that I chose to have were during low risk pregnancy with no complications. After each birth I had to be administered pitocin and other anti hemorrhaging drugs because of my bleeding. My midwife was able to successfully administer the medication and keep it from turning into an emergency situation. Without the ability of midwives to have easy access to these life saving drugs (which they've had for years), my choice to have a safe home birth would be taken from me. Also in an emergency situation it only makes sense that my midwife attend to me as a patient before calling 911. In CPR training you are told to start CPR and first aid before stopping to call 911. Those few minutes or seconds can make the difference between life and death. Furthermore, vaginal exams and other testing should always be allowed to be refused by the patient without compromising their care by a midwife.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 767 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 767

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 107 207 140 60**Response Started:** Wednesday, May 22, 2013 8:19:55 AM**Response Modified:** Wednesday, May 22, 2013 8:56:00 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am a mom who has given birth both in a hospital and at home. In both cases I was attended by a midwife. Both births were in different states with different laws. I felt most comfortable with my home birth. I felt my midwife was well prepared to attend me and to assist if an emergency would have arisen. I trusted my midwife to care for my needs and I appreciated having the ability to make decisions about my care and not being forced to do something. Some of the provisions outlined in the new scope of care seem rather restricting. I live in a small town the closest hospital is over 30 minutes away. My midwife was actually closer than the hospital. I have a history of very fast labors. If I would have had to try to go to the hospital with my second child I would have ended up delivering my baby in our car. I felt much safer and more comfortable at home than I would have in the back seat of my car. Using a midwife at home with my fast labors is one of the best options for me. I want my midwife to be equipped to be able to assist me however is needed. I honestly got better care and attention and feel like I healed better after my home birth than I did after my hospital birth. In the hospital I had to fight to get the care I needed and to keep my baby in my room. At home I had him the whole time. At the hospital the nurses kept wanting to take my baby and give him formula so I could have a "break." I did not want a break from my baby. I had just had him I wanted to bond and have every chance possible to work on breast feeding. At the hospital I had to call for things over and over again before the nurses responded to my needs. I went hours waiting for nurses to bring me pain meds and ice packs. At home the midwife and family were able to help me right away with any needs. Please don't restrict midwives ability to care for any woman who wants to make the choice for home birth.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 768 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 768

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 68 0 136 181**Response Started:** Wednesday, May 22, 2013 8:48:57 AM**Response Modified:** Wednesday, May 22, 2013 8:56:56 AM

1. 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:

If my homebirth midwife is further restricted in the kind of care she is able to provide and it could put her clients at risk. If a midwife is busy calling 911 in the event of an emergency she is wasting valuable time where she could be saving the life of the mother and child. If we further restrict midwives we are further restricting women's options for birth. If we are left with no options we will see a spike in mothers trying to birth on their own with no help from anyone. This can be more dangerous. We need midwives who are able to provide safe home care with less restrictions. More restrictions means less choices for everyone.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 769 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 769

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 216 19 21 75**Response Started:** Wednesday, May 22, 2013 9:17:09 AM**Response Modified:** Wednesday, May 22, 2013 9:35:01 AM

1. 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:

Dear Mr Humble, I am sending this letter to ask you if you would please reconsider your decision to withdraw the carrying and administering of medications for midwives. We have shown to not be negligent in the years past that we have used them and that they are pertinent in our care of birthing mothers. Please consider the history of birth. Since the beginning of time women have been having babies naturally. At home birth has been successful for centuries. When was it not successful? When women died because they hemorrhaged and no medications were available or babies died because they needed supplemental oxygen and it wasn't available. My fear Mr Humble is that is it going to take a woman dying or a baby dying because we won't be able to administer such things in case of an emergency? Mr Humble I believe that you are a very intelligent and compassionate man to see that this can't be the case. By putting these limitations on midwives you are not seeking the best interest in the public's health as a Health Care Official. Birth is not a disease! It is a natural process that women's bodies are designed to do and should be wherever they chose to do it. It should be their choice with out limitations or with someone trying to control where it can be done. This is your job and it should be your passion to see that the best care at the public's choice be what is priority here. You have the power to make the right decision and I'm asking you to do so. Thank you for your time. I will be praying for you Mr. Humble that you seek to make the right decision and that you keep the safety of all women in mind. Sincerely, Carrie Kinsey

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 770 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 770

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 108 249 226 197**Response Started:** Wednesday, May 22, 2013 9:54:15 AM**Response Modified:** Wednesday, May 22, 2013 10:03:35 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am a Certified Professional Midwife who would like to relocate to Tucson, AZ to care for my elderly parents and practice midwifery legally and safely. I have been watching the process to modify/ change midwifery guidelines of practice for the last several months. I was encouraged initially that changes may be coming as licensure in Arizona for midwives seemed an arduous process. Recently a colleague contacted me to tell me the regulations of midwifery in Arizona were not headed in the right direction. Apparently under previous rules and regulations midwives were allowed to carry and administer life-saving medication, carry oxygen etc for emergencies. That has been removed from the new drafts making homebirth more dangerous if it goes into effect without proper revision. Right of refusal for things like prenatal testing is not allowed either (there is room for refusal of chlamydia testing, but other things like HIV, Syphilis etc don't give the same allowances. Also, in an effort to improve collaboration with hospitals, the current draft obligates EVERY midwife to call the hospital L&D charge nurse at the onset and completion of EVERY labor. Why? People planning hospital births don't even need to do that. And in my opinion it violates HIPAA privacy standards. Please consider what other states are doing such as Texas and New Mexico. CPM's in these states practice legally and safely. The benefits are ultimately for women having increased control over their obstetrical care. Thank you, Rose Anne Acuna, CPM

Browse Responses

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Displaying 771 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 771

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 50 123 2 233**Response Started:** Wednesday, May 22, 2013 10:03:17 AM**Response Modified:** Wednesday, May 22, 2013 10:24:25 AM

1. 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:

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. 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. 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.

Browse Responses

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1. 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:

Here is Nurturing Hearts Birth Services official statement about the proposed changes to midwifery rules in Arizona: As a midwife none of this is about me My practice isn't even about me - it's about respecting and serving birthing families in Arizona If nothing else changes with the licensed midwives scope of practice in Arizona, we MUST DEMAND that they respect a family's right to make health care decisions without coercion or punishment She should have the right to refuse all of the tests, procedures, and restrictions in the rules without losing her midwife and without risking her midwife's practice or license. Pregnant families in Arizona MUST have their autonomy recognized legally - to protect their rights to choose their health care options as well as protect the midwife's right to provide care even when they are faced with a "non-compliant patient". It's not about midwives, it's not about OB's, it's not about the Department of Health Services. It's about the rights of birthing families to choose their own health care options - without bullying, and without punishment Thank you

Browse Responses

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Displaying 773 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 773

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98 237 196 136**Response Started:** Wednesday, May 22, 2013 11:09:37 AM**Response Modified:** Wednesday, May 22, 2013 11:13:27 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Women must be allowed to refuse vaginal exams during labor and pregnancy. If they are not, the state, by writing it into their guidelines that women cannot, are systematically violating the human rights of pregnant women, and their right to refuse or decline medical treatment as a patient. Dilation also does not occur on schedule and midwives are competent providers who are capable of determining if a woman is progressing towards birth within a normal time frame. It is unacceptable for these guidelines to be written into rules and regulations limiting midwives' practice of their profession. If they are written into guidelines the state is compelling midwives to be agents of crimes against the human rights of women.

Browse Responses

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Displaying 774 of 775 respondents

[« Prev](#)[Next »](#)

Jump To: 774

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 242 55 142**Response Started:** Wednesday, May 22, 2013 11:16:39 AM**Response Modified:** Wednesday May 22, 2013 11:24:57 AM

1. 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:

Any good care provider is aware that there are other ways to assess labor progression besides cervical checks. Women must retain the right to refuse vaginal exams at any time, because being in labor should not equate to a loss of sovereignty over one's own body. Vaginal exams are arguably invasive, unnecessary, and do not improve outcomes in any tangible way - and making it impossible for a woman in labor to refuse them is tantamount to encouraging physical assault and human rights violations. Sincerely, a childbirth educator in Texas.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am writing to you about the re-writing of the Midwife's Scope of Work at the AZDHS. I understand that Midwives and women who choose to use midwives, in any capacity, represent a small portion of Phoenix society, however, the changes in the re-write should alarm all women. If the new re-write does not change, a woman's bodily integrity will be striped right from under her. 1. In its current re-write status a woman, if she so desires to decline any maternity testing she will no longer be able to use her preferred care provider (ie: her midwife). A midwife must discontinue care of her patients, both mother and child, once a patient refuses a test. If a woman has already ruled out birth at a hospital than this would only push women to have un-assisted births. a. I declined the glucose test with my midwife with both my second and third child. If this rule were in place during either of my pregnancies I would have had to cease service with my midwife halfway through my pregnancy. Absurd! 2. In its current re-write status, midwives will not be able to administer any medications like Rhogam, Pitocin or Vitamin K. This includes medication that could be life-saving as well. Midwives need to keep these medications on hand as they already do! a. I received Rhogam from my midwife and she administered Vitamin K to our newborn son. Sidenote: Our primary pediatrician does not keep Vitamin K in stock. 3. In its current re-write status, midwives must call a hospital before and after a birth. This is adding to the burden of medical staff and midwives. a. The rule in place to call 911 in an emergency is the most common sense action. For our second birth, our son came prematurely. I called the midwife, she called the hospital, we went to the hospital and she met us there. It was simple, no extra steps and she knew what she was doing. No bureaucracy. 4. In its current re-write status, midwives must get written recommendation from a physician for treatment, referral, or transfer of care for a number of issues. A midwife is a qualified and appropriate care provider for consultation for most prenatal and neonatal needs. a. Pregnancy brings on a barrage of "other" symptoms. I don't need to go to a different doctor for each one of them. Whether purposefully or due to lack of common sense. I believe that with this new standard the AZDHS is in essence unethically infringing upon a woman's right to her body and to birth. I believe that with this new standard the AZDHS is foundationally infringing upon a woman's right to parent before the child is even placed into her arms. Updating the Midwife's Scope of Work is welcome but the updates submitted are seriously detrimental to the progress of alternative births, birth at home and care by a midwife. This isn't just about some women wanting alternatives to traditional births but about women's rights to choose what they want with their bodies, their babies and how and where they want to do it, period. Tabitha Zapata

Browse Responses

 Displaying 776 of 779 respondents

 Jump To: 776

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 199 47 190 2

Response Started: Wednesday, May 22, 2013 11:45:40 AM

Response Modified: Wednesday, May 22, 2013 1:17:35 PM

1. 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:

This may be hard for you to read, and I apologize for the length. I was planning on editing it down to 100 words, but I believe it's very important for you to see what happens when a woman's human birth rights are violated legislatively. I hold the State of Arizona responsible for these last 4 years of living with post-traumatic stress disorder (PTSD). I'll keep my story short. If you would like to read the full story, it's in my book (Finding Solace), which is currently in the editing stage. I'm hoping to see it published next Spring. I only tell you that so you understand how drastically these laws affect the lives of women. There are a number of women who have also contributed stories to my book, who were violated by or because of State laws all over the country. What you do here will change the course of women's lives forever, like it did mine. As you know, OBs are specialized surgeons, trained to resolve complications only with invasive tools. My first c-section was a result of this limited training (THEIR scope of practice needs limited to their training. If they can't attend a low-risk birth in a low-risk manner, they should not be attending low-risk births). My second c-section happened in AZ, for no medical reason at all. I knew it, my doctor knew and admitted it (after he lied to try and manipulate me into surgery). So I planned to fire him and hire a midwife instead, like I should have done in the first place. That's when I stumbled upon this law disallowing AZ midwives from attending VBACs (which are low-risk by the way, especially when compared to the alternative, with a 4x higher maternal mortality rate and an almost 3x higher neonatal mortality rate). Since I failed to convince any midwife to break the law, and finding a doctor who wouldn't cut me open against my will required driving 5-7 hours in labor to the Southern part of the State (I would have birthed on the side of the road on the way), I was coerced into a medically contraindicated repeat c-section. Because of the current midwifery scope of practice. Which you have the opportunity to fix. Redeem yourself. Don't make another woman suffer as I have. Before I was pregnant again, I searched until I found a midwife willing to break the law. I won't tell you how far she had to travel, but it was significant. For her protection I won't name her, but she facilitated an uncomplicated, peaceful, gentle, vaginal birth after TWO c-sections, and no previous vaginal births, at home (and with no vaginal exams, which are a ridiculous, nearly worthless, invasive, risky procedure). If I hadn't found her, I would have done it alone. I can tell you that honestly, because whenever I consider birthing somewhere else, the vision consists of me locking myself in a bathroom and having a panic attack. Then I have a real panic attack. That's life with PTSD. Thanks for that. Okay, bitter part over. There's no evidence suggesting that a VBAC is only safe with a previous vaginal delivery. And even if there WAS, it would still be safer than the most likely alternative (repeat c-section), and even if it WASN'T, who the hell gave you the right to dictate to women how they should use their bodies? (which is what a law limiting midwives effectively does). I hope you realize how misogynistic it is to assume authority over our bodies. We have a HUMAN right to give birth where, how, and with whom we want. And I hope any law directing otherwise will be rightfully ignored. Do you know what it's called when a woman says "no" and someone perpetrates an action against that woman anyway (such as a vaginal exam, amniotomy, or c-section)? Assault. Some call it Obstetric violence against women. Many of the women I've spoken to for my book, who've had this happen to them, call it rape. But back to the evidence stuff. The only thing evidence says about VBAC is that LESS intervention should be used. (Check out the well-sourced VBACfacts.com.) Hospitals don't know what to do without their drugs and knives, and lawyers perpetuate that. That's why so many doctors refuse to help the women they previously cut. Midwives are uniquely qualified for VBAC labors. Previous vaginal birth is irrelevant to the subject. I think it's fabulous to coordinate a backup plan with a local hospital. Unfortunately, since all the responsibility will be piled on midwives to make that happen, when an OB refuses (and any that work at a hospital which bans VBAC likely will for liability reasons), what exactly should happen? Please think that question through, so women can have the backup support that I couldn't (and thankfully didn't need). As for informed consent, I can assure you that almost every woman who hires a midwife will have all the information they need already, and a midwife is perfectly capable of filling in the gaps. I consider the implication that informed consent can only be obtained through a male-dominated profession to be wildly offensive and frankly, sexist. Birth is the last battle of women's rights. You can either be a part of preserving the rights of women to use their bodies however they like, even if YOU think they are making the wrong decision, or you can be part of the people who believe they have more authority over a woman's body than the woman who owns that body. If you want to see an EXCELLENT, EVIDENCE BASED legal midwifery scope of practice document, look to your neighbor, Utah. That's why I left Arizona and moved there. No really, it's excellent. Here's the link: <http://www.dopl.utah.gov/laws/58-77.pdf> Thank you for revisiting this seriously flawed set of rules. Thank you also for being humble enough to ask for guidance from the people it affects most. I'll be praying fervently that the decisions-makers in this endeavor will err on the side of deciding too little, and putting more of the decision-making back in the hands of women, where it belongs. Thanks again. Heather

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 24 251 240 43

Response Started: Thursday, May 16, 2013 3:37:25 PM

Response Modified: Wednesday, May 22, 2013 2:19:17 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

There is so much to say I want to start by saying I am very tired of the idea that homebirth families choose to do so with prioritizing the safety of mother and child. That is exactly why I chose to birth at home. We felt that it was the safest option for us. Please, please, please do not remove my midwife's ability to carry life-saving medication. Although rarely needed, when it is there is a limited amount of time to administer it. Waiting to get the hospital puts mom and baby at unnecessary risk. Please, do not require a midwife to call the hospital at the start of each labor and at the end without the mother's consent. That's private medical information. If we, as birthing mothers want the hospital to know we're in labor, we'll do that. Please add twins back in. There are some very qualified midwives out there. It is safe. And there are women who would choose unassisted over hospital. Do you really want to back birthing mothers into that corner? Finally, 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 recommendations and guidelines - and, through written refusal, continue care with the midwife absolving her of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self-determination. Please do not take away my right to refuse medical procedures and tests. Allow informed refusal AND allow my midwife to continue my care. Thank you, Cristina

Browse Responses

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Displaying 778 of 779 respondents

[« Prev](#)[Next »](#)

Jump To: 778

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 216 160 203 102**Response Started:** Wednesday, May 22, 2013 3:45:06 PM**Response Modified:** Wednesday, May 22, 2013 3:57:01 PM

1. 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:

Midwifery has been a preferred method of child rearing since before there was such a thing as a doctor. Women are built to have babies and babies know how to be born. It should not be a clinical institutionalized experience. It is the most natural thing on the planet and women should be able to safely make the choice to experience how they choose. Limiting homebirth and midwifery takes away women's choices.

Browse Responses

Filter Responses

Download Responses

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Displaying 779 of 779 respondents

« Prev

Next »

Jump To: 779

Go »

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 24 251 75 250**Response Started:** Wednesday, May 22, 2013 4:10:11 PM**Response Modified:** Wednesday, May 22, 2013 4:11:11 PM

1. 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:

Midwives have been saving mothers and babies for thousands of years. Long before the words "hospital" and "obstetrician" even existed, midwives were passing down the skills and wisdom of their wise women, nurturing mothers and babies into life. In one of humanity's oldest and most well-read stories, midwives were saving lives. The first chapter of Exodus tells of two midwives (Puah and Shiphrah) who saved countless lives through their courage and compassion. When Pharaoh demanded that they kill all the male babies born to the Hebrew women in slavery, Puah and Shiphrah saved the boys instead. It is likely thanks to them that anyone knows and reveres the name of Moses. Midwives save lives. My own faith's history claims many brave midwives. In the late 1800's, Emma Andersen Liljenquist attended a course in midwifery after Mormon church president Brigham Young had urged many women to receive medical training to meet the needs of the Utah's growing families (You can read more about Utah's midwifery history here). Emma recorded these experiences from her years as a midwife among Utah's early settlers: "Many times when one of my patients was seriously ill, I have asked my Heavenly Father for assistance, and in every case it was given to me. One in particular was a lady who had just given birth to a baby and hemorrhage set in. The husband called the doctor, but he did not realize that it was so serious. I . . . asked the Lord to help us. The hemorrhage ceased and I did the necessary things for her. When the doctor arrived, he said he could hardly believe what had happened, but said I had done exactly what he would have done. I have brought over one thousand babies [into the world]. Once again I give thanks to my Heavenly Father for His help and the strength the Lord has given me, for without it I could not have rendered this service to my sisters in our community" (Daughters in My Kingdom, p 55-56). I am in awe of the great strength of midwives like Emma. I can't imagine how humbling it must be to know that you are overseeing the entrance of another human soul into mortality and protecting the sacred vessel bringing that soul here: the mother. Midwives are given life-saving inspiration. My mother-in-law was born in New Zealand, the daughter of a transplanted cockney naval sailor, the son of a London midwife named Ann. My husband's grandfather wrote of the many times his mother left their childhood home to care for women in labor. I don't know how many births she attended or how many lives she saved, but I am proud to have the blood of a midwife running through my children's veins. A midwife gave my children life. My two youngest children were born at home under the supervision of a midwife named Mary. I chose her specifically because of her excellent stats and over 30-years of experience. I knew that she would have the skills and technology to handle most of the complications that could arise in my births and the presence of mind to know when additional medical assistance would be necessary. When my son's heart rate indicated that he was becoming distressed, she assisted me in delivering him quickly and safely before the situation became an emergency. Had we needed to transfer to a hospital, I know she would not have hesitated to make that happen. A midwife kept my baby safe. Midwives save lives. For thousands of years they have done so, and they will continue to do so because of their fierce love for women and babies. We now live in a time when midwives have the benefit of modern medications, life-saving resuscitation training, and hospital back-up when emergencies arise. These are things many of our ancestral midwives lacked. But having access to these modern advancements enables midwives to save more lives than ever before. Let's keep it that way.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

The new rules regarding midwives will lead me to unassisted home birth for my fourth child. I will not have my rights violated. I'd rather be at risk alone than be at risk for my midwife to be required to call a medical community that I oppose and do not, under any circumstances, want to be treated by

Browse Responses

 Displaying 781 of 793 respondents Jump To: 781 **Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 67 172 98 30**Response Started:** Wednesday, May 22, 2013 8:02:58 PM**Response Modified:** Wednesday, May 22, 2013 8:07:36 PM

1. 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:

My wife and I have been through 3 caesarean sections and two natural births -- she is 2VBA3C. Certainly all consider the life of the mother and child to be of the utmost importance but there is little evidence that the midwife practice is not just as valid as "modern medicine " The fact it, we argue that a woman's body is her choice when it comes to abortion but then turn around and say that her body is not her own when it comes to birth itself It cannot be both ways A woman should be able to choose in which manner she is most comfortable in giving birth And when all is said and done, women have been giving birth for centuries without any "modern medicine" Yes some issues arise, and yes there are times when additional intervention is needed, but good and well trained midwives are able to know when that intervention is needed Do not reduce women to chattel and force them through "modern medical" approaches that do little but exacerbate issues such as uterine rupture and sterilization (at times coerced if not flat out forced)

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am 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

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

The current draft of the rules states that midwives can not attend a VBAC if the previous cesarean section was for failure to progress or cephalopelvic insufficiency. Excluding those who have been previously diagnosed with FTP or CPD is unacceptable! Director Humble has made many references to ACOG's practice bulletin on VBAC. The practice bulletin does not include FTP or CPD as part of their guidelines. FTP and CPD are over and misdiagnosed. Including FTP or CPD in the rules would make it impossible for a great deal of mothers to achieve a VBAC at home. If these requirements stay in the rules, the department is essentially creating an unattainable rule. It is not supported by research. If the department includes FTP or CPD in the rules, they must provide literature supports their rule.

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 64 68 226 31

Response Started: Wednesday, May 22, 2013 2:33:52 PM

Response Modified: Wednesday, May 22, 2013 11:06:58 PM

1. 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:

My name is Lindsay Watson I have an A S in Dental Hygiene and a B S. in Public Health Education I have also worked as adjunct faculty at Pima Community College My husband is a Doctor of Chiropractic I have had two children and I am expecting my third My first child was delivered at a hospital where I felt I could not labor the way I needed to because of the setting I was in. My second child I opted for a home birth with a very experienced midwife I felt so confident in her skills including her ability to judge if I would need to transfer to a hospital if necessary One of the main reasons I felt safe having my child at home was because I knew she would and did come prepared for an emergency with oxygen as well as antihemorrhagic medication This is very important for the safety of myself and my child I am expecting my third child any day I once again have opted for a home birth I am confident in my provider and relieved to know she will be arriving with an emergency kit that will include oxygen and antihemorrhagic medications As a dental hygienist I know the importance of being prepared for a medical emergency at all times. I am required to take continuing education courses on medical emergencies and I feel it is even more important for midwives to have the right to adequately and safely care for their patients by being able to administer medications at home births I know my right to have a safe home birth is very important to me as well as my family I would like to have the right to decide to have a safe home birth with qualified and prepared midwives I also would like to see it be a choice for women in the future as well For my children I feel this is my right and when one is comfortable in their surroundings birth is much smoother and safe for both mother and child Please don't take this away from women.

Browse Responses

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Displaying 785 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 785

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 70 162 91 81**Response Started:** Wednesday, May 22, 2013 10:04:19 PM**Response Modified:** Wednesday, May 22, 2013 11:19:04 PM

1. 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:

To whom it may concern ~ It is unfortunate that the Arizona Health Department is attempting to change a safe and affect childbirth method that has been around for centuries and has been improved immensely by modern technology and medicine (anti-hemorrhaging medications and oxygen) and has sent it back to the dark ages. This law is forcing a woman to choose from two options, a home birth which these laws will make unsafe and frankly negligent or a hospital birth where women are regularly pressured and coaxed into receiving interventions that are often unnecessary or for the convenience of the provider. As a nurse I find these laws to be detrimental to the medical community and to the woman's right to choose. C. R. RN

Browse Responses

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Displaying 786 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 786

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 63 225 213 118**Response Started:** Wednesday, May 22, 2013 11:29:16 PM**Response Modified:** Wednesday May 22, 2013 11:42:50 PM

1. 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:

My family and I moved here to AZ several years ago from CA, because we felt that CA was taking away too many of our freedoms. We chose AZ because it seemed to be a state that had more respect for personal freedoms like choosing where to give birth, and who I want my birth caregiver to be. Sadly, those rights might be taken away, and I am appalled that this is happening here in a state that USED to have respect for our individual freedoms. The changes that Will Humble wants to make regarding midwives does NOT make anyone more safe, it actually makes it much more dangerous. Not everyone wants to give birth at home with a midwife, and that's fine. That is a choice! Please don't take away our right to CHOOSE to give birth at home with a midwife present. Please don't take away midwives ability to administer life saving procedures, if necessary. This is NOT a safety measure! Again, it makes it MUCH more dangerous for both mom and baby! I always thought I might move away from AZ someday because of the crazy hot summers here, but NOW I'm thinking I might have to move out of AZ because of my freedom of choice being taken away when it comes to giving birth. Makes me wonder, what's next?! never thought I'd see the day! :(

Browse Responses

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Displaying 787 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 787

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 98.167.178.199

Response Started: Thursday, May 23, 2013 4:54:49 AM

Response Modified: Thursday, May 23, 2013 5:07:22 AM

1. 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:

"Home births can be a really good, safe and less expensive option "-Will Humble Please let it remain safe Midwives have been trained to deliver certain life saving drugs to clients for many years Maternal hemorrhage is the number one cause of death during childbirth. Please allow midwives to carry medications Also, this would make it so midwives would not be able to administer vitamin k to babies at birth, which is a common injection given after births As well as not being able to numb the area before suturing a mom's tear. I am concerned for the safety of home birth if you don't allow midwives to carry medications I have had two home births myself and am currently pregnant again I have hopes of having another safe home birth, but these changes would take away that ability from me I had pitocin after my first home birth because I was starting to hemorrhage. I don't know what would have happened if my midwife couldn't give me the pitocin. It stopped the bleeding right away and everything went back to normal. Please reconsider this matter Listen to our plea. Speak with the local midwives. The midwives know better than us consumers in this matter I know my safety is at risk if medications are not allowed at home births.

Browse Responses

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Displaying 788 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 788

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98 165 8 138**Response Started:** Thursday, May 23, 2013 6:29:03 AM**Response Modified:** Thursday, May 23, 2013 6:30:34 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please protect the rights of women to have home births! Midwives need medicines to be able to cope with emergencies, like they've been doing already

Browse Responses

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Displaying 789 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 789

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98 165 8 138**Response Started:** Thursday, May 23, 2013 6:31:12 AM**Response Modified:** Thursday, May 23, 2013 6:31:54 AM

1. 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:

Protect informed consent! Women deserve the choice to have a SAFE home birth

Browse Responses

Displaying 790 of 793 respondents

Jump To: 790

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98.165.8.138**Response Started:** Thursday, May 23, 2013 6:33:55 AM**Response Modified:** Thursday, May 23, 2013 6:34:38 AM

1. 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:

Let midwives carry life saving medicines Women deserve the right to a safe home birth

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Displaying 791 of 793 respondents

[« Prev](#)[Next »](#)

Jump To: 791

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174.255.241.166**Response Started:** Thursday, May 23, 2013 9:12:15 AM**Response Modified:** Thursday, May 23, 2013 9:15:03 AM

1. 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:

You are making decisions that will affect many women's and families lives. Please rethink what you are doing because the women of Az do not want to loose our birth choices.

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 184.98.246.203

Response Started: Thursday, May 23, 2013 9:42:30 AM

Response Modified: Thursday, May 23, 2013 9:52:28 AM

1. 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:

Midwifery today is a strong safe profession practiced all around the world providing safe holistic care to mothers and families. Birthing is an immensely personal sacred journey that a mother and family go through. The sense of empowerment and joy that is possible in birthing, as well as the physical ease and workings depends on the mother feeling safe in her environment. This is a choice every woman should be able to make for herself, where she feels most safe. Midwives have been offering safe alternatives to hospitals for years. Please protect our choice, please allow midwives to continue to offer safe alternatives to hospitals.

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 97 115 198 217

Response Started: Thursday, May 23, 2013 10:52:19 AM

Response Modified: Thursday, May 23, 2013 11:05:35 AM

1. 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:

Hello, I am an Arizona resident. My wife and I live in Tucson and own land in Arivaca, and part of the reason we love living in Arizona is the accessibility of home birth. I appreciate that the new draft allows breech delivery and VBAC to home birth midwives, but several elements of it still concern me. I think it is important that midwives continue to be allowed to carry medications such as pitocin that can be used to save lives in case of emergencies. In line with the objections raised by several doctors and midwives at one of the recent public comment hearings, I am opposed to any requirement that midwives have to call and check in with a hospital nurse before, during or after a normal delivery. This would create unnecessary bureaucracy on both ends. I also think it is important that women have the right of informed consent in ALL medical settings, including hospitals and home births, and be allowed to decline any treatments or procedures. This is a basic patients' rights issue, above and beyond home birth. Declining any treatment or consultation should not affect a woman's right to chose a home birth. Finally, I still have serious concerns about requirements that in any way require authorization (or "written recommendation") from physicians for a home birth to take place. Due to liability issues and difference of perspective between physicians and midwives, it may be incredibly difficult for women or midwives to obtain such authorization, leading to a de facto home birth ban. The midwifery model of care is simply different than the physician model, and it is a safe, time-tested, effective model that many families simply prefer. Forcing families to engage with the physician model is unfair and unnecessary. Thanks for your attention.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 794 of 794 respondents

[« Prev](#)[Next »](#)

Jump To: 794

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 75.172.167.140**Response Started:** Thursday, May 23, 2013 11:59:20 AM**Response Modified:** Thursday, May 23, 2013 12:05:04 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am concerned the the new rules will endanger mothers and babies unnecessarily. Midwives should be carrying O2, and pit (along with any other drugs used to decrease bleeding), because seconds matter in a situation such as postpartum hemorrhage. As a client to midwives, I find the idea that the midwives must no longer treat me if I refuse hourly vaginal exams or if I refuse blood work to be a violation of my patient rights. At a hospital I would be allowed to say "NO" and still be treated by my doctor. I also feel that these new rules would negatively affect a woman's right to choose a birth that she wants. Personally, I feel that that is a violation of my human rights. Taking away a sound, safe, and desirable choice from educated, informed women is insulting and degrading.

Browse Responses

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Displaying 795 of 898 respondents

[« Prev](#)[Next »](#)

Jump To: 795

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 72 201 86 54**Response Started:** Thursday, May 23, 2013 1:43:34 PM**Response Modified:** Thursday, May 23, 2013 1:49:39 PM

1. 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:

Keep home birth safe by allowing them to use life saving meds! Such as pitocin and also oxygen and vitamin K. I was born at home in Arizona and had my firstborn at home with a midwife. If I had needed those things and a midwife wouldn't have been able to use them, I may have lost my child or may have died. Please, please think about how you are affecting those who are informed and wanting to give their child and family the best! I have family here as well who use midwives and we will all continue to support them because they give excellent care! And someday I hope to be a midwife and provide excellent care! Thank you!

Browse Responses

 Displaying 796 of 898 respondents Jump To: 796

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 70.176.148.198

Response Started: Thursday, May 23, 2013 2:09:27 PM

Response Modified: Thursday, May 23, 2013 2:09:41 PM

1. 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:

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 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, Nicole Hayes

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[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 797 of 898 respondents [« Prev](#) [Next »](#) **Jump To:** 797 [Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 70 176 148 198**Response Started:** Thursday, May 23, 2013 2:09:55 PM**Response Modified:** Thursday, May 23, 2013 2:10:07 PM

1. 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:

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 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, Dusty Hayes

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Filter Responses

Download Responses

Displaying 798 of 898 respondents

« Prev

Next »

Jump To: 798

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 70.176.148.198

Response Started: Thursday, May 23, 2013 2:10:18 PM

Response Modified: Thursday, May 23, 2013 2:10:31 PM

1. 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:

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 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, Blaze Hayes

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Filter Responses

Download Responses

Displaying 799 of 898 respondents

« Prev

Next »

Jump To: 799

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 70 176 148 198

Response Started: Thursday, May 23, 2013 2:10:39 PM

Response Modified: Thursday, May 23, 2013 2:10:51 PM

1. 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:

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 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, Kelton Hayes

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Filter Responses

Download Responses

View Summary

Displaying 800 of 898 respondents

« Prev

Next »

Jump To: 800

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 201 191 199 92

Response Started: Thursday, May 23, 2013 1:23:39 PM

Response Modified: Thursday, May 23, 2013 3:08:28 PM

1. 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:

Dear Will Humble and the Advisory Committee, We write to applaud your efforts to make VBACs, twin and breech birth more available at home. Arizona lay midwives are known throughout the United States for their excellence. We are lucky to have them. Our first birth was an idyllic home birth. Because it was a slow birth it have been unpleasant at a hospital, but instead it is the most marvelous memory of our lives. Our second birth, because our baby was in breech position, was planned for the hospital (not in Arizona). Unfortunately, because the labor was extremely brief, the doctor who knew about breech birth could not attend, and instead an undertrained, frightened young emergency doctor tried her best, but terminally damaged our daughter, before fainting onto the floor. We learned a lot about hospitals during the months that our baby struggled to live. One thing we learned is that even if in theory there might be excellent care at a hospital, luck determines whether that care will actually show up for you at the right moment. We also learned that doctors are regular human beings working under tremendous stress who do make mistakes. Malpractice fears are endemic. Therefore, a custom exists in the hospital to routinely mask bad news in the medical record. So even though a nurse who had witnessed the event, the resident herself and a doctor who had heard about it apologized, expressed sadness, and one of them encouraged us to sue, nothing exists in the written record that clearly connects the mistake and our daughter's condition. Until the current malpractice system is revised so that patients can be compensated for mistakes without doctors having their careers ruined it is unlikely that medical records will be accurate. Even routine entries into our daughter's record were often incorrect, not intentionally but probably because not every medical worker is a capable recorder of information. This situation makes scientific inquiry and evidence-based judgement difficult. We also learned about breech birth, and how overrated its risks are. We found out that two of our women friends had each given breech birth successfully and unassisted (one planned, the other precipitously). We have also since then met at least five women, from "underdeveloped" countries who claim to have delivered their own breech babies at home, with no problems. And of course there is the example of The Netherlands, which you must have studied already. We also learned that between the 1980's and about 2007 very few American doctors were trained in breech birth. We don't oppose experienced assistance, but any friend whose baby is breech (and really, any baby could turn breech at the last moment) we will advise not to enter any hospital or birth center where there isn't a high percentage of doctors or midwives comfortable with breech birth. Safer to birth in secret with a lay midwife, to leave town and find someone, or even birth unassisted, because as Gregory White, MD, wrote in his classic, <Emergency Childbirth>: "The fact is that more breech babies die of injuries received at the hands of their would-be rescuers than die of smothering." We also have a point to make about your metaresearch finding of a higher rate of neonatal death in home births. Our daughter's death would not be considered neo-natal. Now if a home midwife had done as poor a job as that doctor did, our baby would probably have died immediately at home, but we were at the hospital so she was revived. We cherished every single moment we had with our angel, including the moments she was being pricked (over 500 times), intubated (at least 4 times, for revival, for surgery and MRIs), her spinal taps, her catheters, every single moment. HOWEVER to say that hospitals can keep more infants alive without discussing clearly their quality of life and prognosis is not to tell the whole story of what hospitals are capable of. It also avoids the discussion of At What Cost? To the family, the State, and to the child who perhaps in not meant to stay long on this earth. These of course are religious questions that the State should stay out of, but that families have diverse perspectives on. Thank you for your attention. We pray your hearts can open to each other in your deliberations and you can see each others' perspectives. We also hope that every OB one day soon has the opportunity to give birth or witness birth at home, and learn what a marvelous, safe experience it is, so that they can go back to their hospital work with a fresh perspective. Shay Salomon and Nigel Valdez

Browse Responses

Filter Responses

Download Responses

Summary

Displaying 801 of 821 respondents

« Prev

Next »

Jump To: 801

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 174 26 91 9

Response Started: Thursday, May 23, 2013 7:00:54 PM

Response Modified: Thursday, May 23, 2013 7:01:26 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

As you are probably aware, the rules pertaining to the regulation of homebirth midwifery in Arizona are currently under revision, under the direction of Director Will Humble, per the requirements laid out in HB. 2247 (<http://www.azleg.gov/legtext/50leg/2r/bills/hb2247h.pdf>). This process has not stayed within the scope of HB. 2247; as of the current draft, the rights of Arizonans to choose the care they wish to receive will be greatly curtailed. The current draft (http://www.azdhs.gov/diro/admin_rules/documents/midwifery/licensing-of-midwifery-draft-rules-may-2013.pdf) fails to meet the requirements laid out under 2247 in several ways. First, it fails to meet the requirement provided under A.1, by reducing the regulatory burden on midwives. Under the current draft, midwives will be required to do more paperwork, provide more information to AZDHS, contact the charge nurse at the nearest hospital before and after a homebirth, etc. This last requirement is especially troublesome as it affords the likelihood of not only adding completely unnecessary overhead to the already busy charge nurse, but also the potential for HIPAA violations on both the part of the charge nurse and the midwife, as the charge nurse typically does not have a prior relationship with the patient. Second, while the draft does adopt national licensure testing standards as required in A.3, it also adds additional, unneeded and duplicate licensure requirements, which are again, a violation of the requirement to reduce regulatory burden. If the state chooses to utilize national testing standards provided by NARM in the form of CPM credentials, it should not require additional overhead on the part of the midwives. Specifically, see section R9-16-105 in the current draft rules. Third, and most importantly, rather than focusing on expansion of scope of practice, as required by HB. 2247, the current draft looks to completely overhaul regulation of midwifery, in many ways reducing scope of practice, possibly to the point where midwives will be forced to choose between the safety and well-being of their patients and staying within the law. It is important to note that nowhere within HB. 2247 is there any expectation of nor reference to a reduction of scope of practice. This bill was passed with the intent to explore whether it would be appropriate to add breech births, VBAC (vaginal birth after cesarean section) births, and twin births to the scope of practice. Instead, it has been used as an excuse for special interests and those not well educated in homebirth midwifery to constrain and reduce the practice of homebirth midwifery in the state of Arizona. There are two primary areas and a number of smaller places where the current draft rules are especially problematic. The first of these is a restriction on patient autonomy. As written under R9-16-108, Scope of Practice, a midwife is required, without right of refusal, to submit the patient to a variety of tests that, if declined, will force the midwife to terminate care. There is no option provided for client refusal while allowing the midwife to continue as care provider. This stands in stark contrast to the experience of that same patient in a hospital or MD's office setting. In those settings, a patient has the right to refuse tests, medication, interventions, procedures, and anything else that they do not want performed. None of these choices force the doctor, nurse, or PA to stop providing healthcare. Of course, the medical provider has the choice to terminate care, but that is appropriately a choice, not a forced outcome. 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. As it stands, the draft rules tie the hands of those who are providing some of the most dedicated, personalized care anywhere. This part of the draft is 100% under the control of the rule writers and can easily be fixed. The second primary area where the current draft rules fail has to do with the decision to remove one of the most critical tools in a homebirth midwife's arsenal, namely Pitocin and other antihemorrhagic medications. This places the midwife in the impossible position of having to choose between the health and safety of her client 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. There is a fair amount of confusion as to what options the department has to rectify this issue, but there are definitely ways it could be handled. For example, under 36-104, section 4, it states, "Determine when a health care emergency or medical emergency situation exists or occurs within the state that cannot be satisfactorily controlled, corrected or treated by the health care delivery systems and facilities available. When such a situation is determined to exist, the director shall immediately report that situation to the legislature and the governor. The report shall include information on the scope of the emergency, recommendations for solution of the emergency and estimates of costs involved." This could be used to address the situation as it stands until it can be more adequately addressed in statute. There are other issues that remain in the draft rules that also need to be addressed. Regarding VBACs - currently a "failure to progress" (FTP) diagnosis for a previous cesarean section is cited as a reason that a midwife may not attend a VBAC. FTP is over diagnosed and commonly used as a catch-all

diagnosis; as an example, a woman whose body is simply not ready for birth may be diagnosed this way after a failed induction attempt. There are reasons to not attempt a VBAC at home, but this is not one of them. Requiring the updated rules to adhere to both the letter and the spirit of HB 2247 would help this process a great deal. Adding unnecessary overhead to the midwives and the hospitals is inappropriate and will not improve outcomes, nor will it improve communication between the homebirth community and the mainstream medical establishment. Removing the ability of midwives to carry antihemorrhagics has a huge potential to end in tragedy and is directly counter to what is best for the citizens of Arizona, both current and unborn.

Browse Responses

Filter Responses

Download Responses

View Summary

Displaying 802 of 821 respondents

« Prev

Next »

Jump To: 802

Go »

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 70.162.165.252**Response Started:** Thursday, May 23, 2013 7:07:13 PM**Response Modified:** Thursday, May 23, 2013 7:12:16 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am concerned that restricting women's access to midwives because of past c-sections, breech presentation, or multiples will create an environment where women who fear hospital birth will choose an unsafe, unattended homebirth because a safer, midwife-attended one is unavailable to them. I also foresee disaster in the futures of many women if midwives are unable to carry pitocin, a drug which can help with postpartum hemorrhages. Why wouldn't we want midwives to be able to handle this possible complication without a hospital transfer?

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 803 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 803

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 71 223 180 14**Response Started:** Thursday, May 23, 2013 8:21:01 PM**Response Modified:** Thursday, May 23, 2013 8:27:16 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I find the infringement on women's rights regarding her body and her choices distasteful. I should be able to do my own research and come to my own conclusions about the things I want done or not done to my body. I am an individual and I should have the right to be treated as such and not as simply another body in the herd

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 804 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 804

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 174 56 60 99

Response Started: Thursday, May 23, 2013 8:35:06 PM

Response Modified: Thursday, May 23, 2013 8:49:22 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

The proposed changes to your midwifery regulations will endanger women and limit their choices and birthing options. Midwives are trained to assist in normal healthy pregnancies and births. On occasion, they must administer certain medications in order that this process remain normal and healthy. Midwives are educated in the use of a small formulary of medications used to prevent or treat hemorrhage, hydrate the mother, or prevent infections in newborns. Making it illegal for midwives to use these medications does not make home birth safer. It does exactly the opposite. Further, midwives are licensed, independent health care practitioners. Requiring that they notify a hospital or EMS before during or after a perfectly normal birth is analogous to requiring that a dentist notify an oral surgeon when she is about to clean a patient's teeth, just in case an extraction is necessary. Please reconsider any and all of the requirements you are proposing in this review process. Midwives and home birthing families need regulations that make birth safer, not more adversarial. Seamless collaboration, transfer or transport make birth safer. Collegial relationships among health care providers, not animosity, make home birth safer. Respectfully, Jaymi McKay RN, MSN, LM, CPM New Mexico Midwife

Browse Responses

 Displaying 805 of 821 respondents

 Jump To: 805

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 72 208 164 124

Response Started: Thursday, May 23, 2013 9:21:55 PM

Response Modified: Thursday, May 23, 2013 9:23:44 PM

1. 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:

This letter was submitted to Governor Brewer on 5/23/2013. As you are probably aware, the rules pertaining to the regulation of homebirth midwifery in Arizona are currently under revision, under the direction of Director Will Humble, per the requirements laid out in HB. 2247 (<http://www.azleg.gov/legtext/50leg/2r/bills/hb2247h.pdf>). This process has not stayed within the scope of HB. 2247; as of the current draft, the rights of Arizonans to choose the care they wish to receive will be greatly curtailed. The current draft (http://www.azdhs.gov/diro/admin_rules/documents/midwifery/licensing-of-midwifery-draft-rules-may-2013.pdf) fails to meet the requirements laid out under 2247 in several ways. First, it fails to meet the requirement provided under A.1, by reducing the regulatory burden on midwives. Under the current draft, midwives will be required to do more paperwork, provide more information to AZDHS, contact the charge nurse at the nearest hospital before and after a homebirth, etc. This last requirement is especially troublesome as it affords the likelihood of not only adding completely unnecessary overhead to the already busy charge nurse, but also the potential for HIPAA violations on both the part of the charge nurse and the midwife, as the charge nurse typically does not have a prior relationship with the patient. Second, while the draft does adopt national licensure testing standards as required in A.3, it also adds additional, unneeded and duplicate licensure requirements, which are again, a violation of the requirement to reduce regulatory burden. If the state chooses to utilize national testing standards provided by NARM in the form of CPM credentials, it should not require additional overhead on the part of the midwives. Specifically, see section R9-16-105 in the current draft rules. Third, and most importantly, rather than focusing on expansion of scope of practice, as required by HB. 2247, the current draft looks to completely overhaul regulation of midwifery, in many ways reducing scope of practice, possibly to the point where midwives will be forced to choose between the safety and well-being of their patients and staying within the law. It is important to note that nowhere within HB. 2247 is there any expectation of nor reference to a reduction of scope of practice. This bill was passed with the intent to explore whether it would be appropriate to add breech births, VBAC (vaginal birth after cesarean section) births, and twin births to the scope of practice. Instead, it has been used as an excuse for special interests and those not well educated in homebirth midwifery to constrain and reduce the practice of homebirth midwifery in the state of Arizona. There are two primary areas and a number of smaller places where the current draft rules are especially problematic. The first of these is a restriction on patient autonomy. As written under R9-16-108, Scope of Practice, a midwife is required, without right of refusal, to submit the patient to a variety of tests that, if declined, will force the midwife to terminate care. There is no option provided for client refusal while allowing the midwife to continue as care provider. This stands in stark contrast to the experience of that same patient in a hospital or MD's office setting. In those settings, a patient has the right to refuse tests, medication, interventions, procedures, and anything else that they do not want performed. None of these choices force the doctor, nurse, or PA to stop providing healthcare. Of course, the medical provider has the choice to terminate care, but that is appropriately a choice, not a forced outcome. 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. As it stands, the draft rules tie the hands of those who are providing some of the most dedicated, personalized care anywhere. This part of the draft is 100% under the control of the rule writers and can easily be fixed. The second primary area where the current draft rules fail has to do with the decision to remove one of the most critical tools in a homebirth midwife's arsenal, namely Pitocin and other antihemorrhagic medications. This places the midwife in the impossible position of having to choose between the health and safety of her client 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. There is a fair amount of confusion as to what options the department has to rectify this issue, but there are definitely ways it could be handled. For example, under 36-104, section 4, it states, "Determine when a health care emergency or medical emergency situation exists or occurs within the state that cannot be satisfactorily controlled, corrected or treated by the health care delivery systems and facilities available. When such a situation is determined to exist, the director shall immediately report that situation to the legislature and the governor. The report shall include information on the scope of the emergency, recommendations for solution of the emergency and estimates of costs involved." This could be used to address the situation as it stands until it can be more adequately addressed in statute. There are other issues that remain in the draft rules that also need to be addressed. Regarding VBACs - currently a "failure to progress" (FTP) diagnosis for a previous cesarean section is cited as a reason that a midwife may not attend

a VBAC FTP is over diagnosed and commonly used as a catch-all diagnosis; as an example, a woman whose body is simply not ready for birth may be diagnosed this way after a failed induction attempt. There are reasons to not attempt a VBAC at home, but this is not one of them. Requiring the updated rules to adhere to both the letter and the spirit of HB 2247 would help this process a great deal. Adding unnecessary overhead to the midwives and the hospitals is inappropriate and will not improve outcomes, nor will it improve communication between the homebirth community and the mainstream medical establishment. Removing the ability of midwives to carry antihemorrhagics has a huge potential to end in tragedy and is directly counter to what is best for the citizens of Arizona, both current and unborn. Thank you for your time and consideration, Brian Soderblom

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 806 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 806

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 16.185 176**Response Started:** Thursday, May 23, 2013 9:16:29 PM**Response Modified:** Thursday, May 23, 2013 9:30:27 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I had an "unassisted" home birth after cesarean. I made that choice after educating myself about the possible risks and weighing them against going through another horrible and traumatic hospital experience and coming to the conclusion that a home birth was best for me and my family. I made that choice because I have the right to make medical decisions about my own care. I would LOVE to give credit to my awesome and amazing midwife (if I had had one) but to do so would put her in jeopardy. The regulations do nothing but try to control a woman's RIGHT to choose the care she feels is best for her.

Browse Responses

[Filter Responses](#)[Download Responses](#)[Show All](#)

Displaying 807 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 807

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 71 35 68 168

Response Started: Thursday, May 23, 2013 9:46:08 PM

Response Modified: Thursday, May 23, 2013 10:21:41 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

The discussion has been very clear as to the fact that we believe women have rights to their own body, and the dangers that will arise if midwives can not carry life saving drugs (that statement itself speaks volumes"life saving"), and how the enforcement of tests and monitoring is the choice of the mother when dealing with OB's but cant be refused when with a mid wife While these discussions are the big topics and honestly have no bearing on safety or wellbeing for mother and baby I think we are forgetting the other side, the lives and families of those midwives The new legislation that maybe put into place will have huge effects on the midwives. These women who are either just entering the field or who have been doing this for many years are going to have their passions and careers put to a halt Now I would like to ask the OBs and the AZDH if there job was taken from them how would that effect their families and their financial situation. Many of these women have spent their whole lives dedicated to research and learning the same as any doctor who walks the halls of a hospital, and because you feel the need to control these women and ensure there is no loss to the business of birth you are willing to destroy families. The AZDHS says on its page,The Arizona Department of Health Services promotes and protects the health of Arizona's children and adults Now with that being said, Will Humble and anyone else reading this can you say that these new laws will actually keep moms and babies safe and ensure the safest most beneficial all around birth Don't just say yes, keep the politics out of it, keep the stakeholders out of your mind, keep the checkbook out of your decision, think for yourself with integrity and compassion, look in the mirror and tell yourself that you are doing the right thing, because when it all comes down to it you have to live with yourself You have to live with yourself knowing that you may drive women into having unassisted births, you may actually cause more harm than good And if you can live with this decision than I guess we are more far gone as a community with no hope for the safety and well being of citizens than most of us thought. I hope that someone here will take the time to think of the bigger picture, why are we looking at one of the most natural processes of our species as a sickness Take a look around you at what is really going on and stop listening to the control and have a little compassion. The lives of women, mothers, babies and families of midwives are literally at risk not only of financial hardships but also medical problems including death I know that is harsh but that is reality and sometimes the truth is hard to swallow We as a community must stand for our rights, I mean for gods sake here we are letting a corporation dictate what to do with our bodies and our babies. I am crying out to those who will make the decision please look at the hardship you will cause with these decision Pleas think with integrity and compassion And never forget " A mothers intuition is far greater than any doctors degree"

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 808 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 808

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 71 223 211 25**Response Started:** Friday, May 24, 2013 2:12:23 AM**Response Modified:** Friday, May 24, 2013 2:16:22 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I urge the department to allow midwives more power and flexibility to safely assist birthing mothers wherever they choose to birth Give birthing mothers choice ~ Laura, mother of five

Browse Responses

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Displaying 809 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 809

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 71.68.255.173**Response Started:** Friday, May 24, 2013 4:56:23 AM**Response Modified:** Friday, May 24, 2013 5:02:22 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I respect the rights of the mother to deliver her baby how and where she wishes. I don't believe the States have the right to regulate that. Those who wish to birth at home with a midwife do so after deeming it in the best interest of the baby and themselves. They want their experience to differ from the highly medical and highly intervened hospital births. Midwives are trained medical professionals. It should be the mothers choice!!!

Browse Responses

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Displaying 810 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 810

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 68 230 66 251**Response Started:** Friday, May 24, 2013 7:31:04 AM**Response Modified:** Friday, May 24, 2013 7:33:09 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am concerned that the proposed new rules are limiting the roles of the midwife during labor and patient rights to refuse certain procedures Please revise

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please stop regulating the people! People that choose home birth are some of the most informed and educated about the birthing process and their bodies. We learn about hospital births and the risks as well as home births and the risks. Evidence shows that risk in a hospital is so much higher. I'm so tired of the state telling us what we can and cannot do when this is America and this country was set up to let us GOVERN our OWN lives. We know the risks we also know how to properly take care of our bodies so that the risk is minimal. We use amazing midwives that rival what doctors can do to keep risk minimal. Midwives aren't out to do a bunch of ineffective tests that are unnecessary and usually cause more problems. They aren't out to rack up insurance charges with unnecessary procedures like c-sections. Let us be able to refuse tests, let us be able to have twins at home, let us be able to have V-BACS and breech babies at home with a capable midwife. We know the risks and we accept the responsibility. I have personally had half of my children at home and half in a hospital. The home births were amazing and I believe that until YOU have personally attended a home birth you really can't speak much about it. The other 2 were by necessary c-section, but it was because both me and my midwife were in tune with my pregnancy and I had done my education, I knew that I needed to have a c-section to save my little girl who had tied her cord in 2 knots and wasn't able to move or breathe very good. With my last birth I was going to attempt a V-BAC unassisted because people in government have taken away my rights to have a midwife assist me-but again I was in tune with my body and EDUCATED and knew something was wrong-so I used the hospital again. My point is we women who go this path are not crazy hippy nut jobs. We are educated many times professional women who get second opinions and know their stuff! We should have the right to decide for ourselves, I don't think you or anyone else should be able to force us to do something we are not comfortable with and also tie the hands of our wonderful midwives who have been around for thousands of years. Home birth is not a new fangled idea-hospital birth is! Please stop the ridiculous regulations that will do much more harm than good. Do not make women have tests they do not want, don't force midwives to have to have to transfer care because of refusal of tests. It's ridiculous to make midwives call the hospital for labour starting and ending. Should I be calling the hospital every time I go somewhere just in case I get in an accident? It makes the same amount of sense. Let midwives be able to use life saving medications and oxygen when necessary, and who on earth thinks that it's a good idea to call 911 in an emergency situation and then wait?! All this will result in more deaths that were VERY preventable. Please don't tie the hands of midwives-they are amazing and know what they are doing! Again I would ask you to actually attend a home birth! The difference is night and day-it will help you to understand what we want and why. Thank you

Browse Responses

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Displaying 812 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 812

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 71 223 95 69**Response Started:** Friday, May 24, 2013 8:31:55 AM**Response Modified:** Friday, May 24, 2013 8:35:24 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

The currently proposed changes would put undue government intrusion to the private labor decisions of a mother. Do not add restrictive rulings, but rather free up women to allow the perfectly natural process of childbirth at home if they so wish

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

As a mother of two healthy boys who were cared for by midwives, with wonderful professional ability, This whole thing has made me so sad I cherish my childbirth experience of having my children in the warmth of my home under the safely given care of our midwives! who were beyond wonderful! I hope I can Appeal to you in some way by writing to you about my concerns in passing these new laws preventing midwives from giving all the care they can to a woman who has rightfully chosen her home as a place of safety and wellness for her childbirth experience Midwifery has long since before our recent medical fields been a profession of brilliant caring women, who's one calling and purpose is to help those of us in our time of labor, who have chosen natural labor for the good and health of both the mother and the child I feel as though my rights, the rights of my children and our safety in our right to chose home birth has been so utterly violated and i am so sickened by it. and justifiably angered For whatever your reasons for meddling with a long tradition and natural event, and meddling with the rights of thousands of mothers all over the Country, Please stop Sincerely Charissa Garver

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please reconsider your updated guidelines. These new proposed guidelines are unjust and do not respect the decision of the birthing mother. If a mother makes a decision to have a home birth, please know that it is not without lots of time and research that goes into her decision. She most definitely has chosen her midwife with care and then to go and undermine the midwife, disrespects the whole birthing experience and women everywhere. My midwife assisted birth was the best experience of my births (following two hospital births). Please let midwives do what they do best and make decisions and administer medications if their patient should need it. Sincerely, Anna Padilla

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 815 of 821 respondents [« Prev](#) [Next »](#) Jump To: [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 24 255 9 13

Response Started: Friday, May 24, 2013 9:30:50 AM

Response Modified: Friday, May 24, 2013 9:39:33 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I just read director Humble's blog post about the demonstrations that have been happening in regards to this issue. I am happy to hear that revisions are being considered. I am a little troubled, however, by "The mom-to-be can still refuse the tests, but that means she wouldn't be able to have a Licensed Midwife present during the home-birth because it wouldn't be possible to determine if the birth is low-risk and suitable for a home delivery." Who determines whether or not a birth is "suitable" for home delivery? Is that not the right of the mother (any patient)? And as long as the mother is properly informed of risks she assumes by refusing a test or procedure, should it not be up to that mother, in consultation with her chosen health care provider, to determine her preferred course of action? Midwives go through rigorous education and training. It is my understanding that if they, or any other health care providers for that matter, feel that a transfer of care IS necessary, they advise their clients/patients appropriately. The way the current regulations are written, the rights of the patient (mother) to self-determined health care are essentially ceded to the state. I am not certain that this is acceptable policy-making. I do hope that the pending revision addresses both this highly critical issue, as well as the other ones.

Browse Responses

 Displaying 816 of 821 respondents

 Jump To: 816

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 206 19 235.174

Response Started: Friday, May 24, 2013 9:16:22 AM

Response Modified: Friday, May 24, 2013 9:50:08 AM

1. 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:

Mr. Humble, I am writing as a concerned citizen. As a supporter of the family's right to choose how and where to birth their children, and a mother of a daughter who was born safely at home at a planned home birth and a woman who is 8 weeks pregnant with her second child, I have been closely watching the scope of practice meetings and reading the draft rules. I know that there is a lot of upheaval regarding LMs carrying certain medications, and I know that there are certain limitations in today's statute that might prevent them from carrying them legally; however I implore you to look into ways that will allow my LM to legally obtain medications that could save my life or my baby's life. As I mentioned before, I had a planned home birth with my daughter. I had a healthy pregnancy and an uneventful delivery. Neither me, nor my daughter, needed life saving medications and for that I am thankful, but I am also thankful that they were with my LM "just in case." For my next baby, the fact that my LM might not have them available makes me take pause, but it doesn't detour me from planning a home birth. If my pregnancy is healthy I will choose a home birth regardless of whether there are medications available, but that is not a choice the state should want me to make. That is not a choice you should want me to make. You have said throughout this scope of practice examination that you want to improve the system and the regulations; however this limitation does not improve the system. It does the opposite. Families will choose to have home births even though that very important safety net is not readily available. Please try to find a way that midwives can obtain life saving medications so that you can honestly say you improved the system. Another point that concerns me regarding the current draft of the regulations is a family's right to refuse certain tests. With my daughter I did not have an ultrasound, and amniocentesis, or a number of other tests that my husband and I either deemed unnecessary or too risky. I did have a glucose level blood test and I regularly had my urine checked for protein. I did have a standard blood panel but I refused HIV and STD testing. I have been in a loving, trusting monogamous relationship with my husband for over a decade. I am not an IV drug user, I have not had a blood transfusion, and therefore my family did not deem it necessary for me to have HIV or STD testing performed. As you can see from my previous experience with my health care, I choose the tests that my family deems add value while being low risk. I would have that right at any doctor's office and in any hospital and I should have that right with my LM as well. I know your group is being bombarded with comments similar to mine, and I know that your group has already made up your mind regarding several of the points that the home birth community has issue with, so this letter is going to fall on deaf ears. I was skeptical when the regulations were initially opened up that a good process would be ruined by people who don't understand homebirth and don't trust those who do. Unfortunately I was right, that is exactly what is happening. You have good intentions but you are not improving the system or the regulations. There might be small improvements, but as a whole the regulations will be more broken than they were and because of that my second pregnancy and home birth will be vastly different from my first – and not for the better. Please don't let this fall on deaf ears. Thank you for your time, Katie Miller Mother, Wife, Quality Assurance Manager, Biomedical Engineer, & Concerned Citizen

Browse Responses

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1. 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:

Midwife licensure is not for the purpose of credentials, respect from peers, self affirming certificates or any other reason but to provide high quality health health to women, particularly pregnant woman A pregnant woman and her unborn child should not be viewed with suspicion and made to PROVE low risk Childbirth should be seen as low risk until proven otherwise Mothers have the right to choose what tests they consent to and to deprive them of skilled midwives in home birth certainly does not protect mothers or babies It is unconscionable! So then what is the purpose of licensing midwives if not to provide high quality care to mothers and newborns For midwives to be respected amongst their colleagues or to have pretty credentials behind their names? Also, I am deeply concerned about not allowing midwives to dispense medication like pitocin, which I needed to stop bleeding when I gave birth to my daughter Maternal outcomes should be improved by regulations Mothers should not be under unnecessary risk, nor should midwives be subjected to felony drug charges for providing appropriate care. Furthermore, mothers elect to have home birth because we eschew the traditional medical birth model No hospital need be made aware of home births in progress/completed as this would also not improve outcomes and is intrusive of families rights to privacy and rights to choose their own healthcare providers

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 818 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 818

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 75 167 61 6**Response Started:** Friday, May 24, 2013 10:19:15 AM**Response Modified:** Friday, May 24, 2013 10:25:48 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I understand that rules and regulations have to abide by the law. It does seem that the Dept of Health has not had a clear picture of what has been allowed, what is legal or how it needs to change since they first began licensing midwives in this state. I have been involved in midwifery in Arizona since 1992. In every communication regarding our practice it was always maintained that we needed certain things to practice safely. It was even required in certain circumstances. There was a period of time that we were actually all sent Prescriptions yearly to make that practice legal and safe. Why the Licensed Midwives are under Division of Licensing Services and were ever moved from Maternal and Child Health care is a strange and surprising occurrence. It should be the Arizona Dept of Health who rectifies these glitches that have been written into laws, rules and regulation in the first place. For the Dept of Health to tell us we have been breaking the law all along and there is nothing the Dept of Health can do about it is a cop out.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I support Will Humbles suggestion of "scraping the entire effort" and using the current scope of practice. Carol Denny LM CPM

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 820 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 820

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 24 255 35 89**Response Started:** Friday, May 24, 2013 11:22:12 AM**Response Modified:** Friday, May 24, 2013 11:39:18 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am still confused as to what is legal and not legal for midwives. The department has allowed for physician's standing orders for certain things in current rule, but i think standing orders are illegal unless the provider that has Rx ability has a waiver or the patient has been seen by the physician. If a patient has been seen by a legal Rx writer then certain things can be administered, as per their directions. Or is it that even with an Rx midwives cannot administer meds to clients? I also am guessing that certain statutes must have changed, because the rules requireing midwives and other providers to administer eye ointment to newborns is from the 1950's and is nearly as old as the midwife statutes. So what has changed? What does not allow the health department to instruct midwives with rule? What are the limits of the scope that can be put into rule?

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 821 of 821 respondents

[« Prev](#)[Next »](#)

Jump To: 821

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 66 108 123 125**Response Started:** Friday, May 24, 2013 1:03:57 PM**Response Modified:** Friday, May 24, 2013 1:09:15 PM

1. 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:

Every woman should have the right to choose which prenatal tests she wants to consent to or to refuse. Every pregnant woman should have the right to choose her health care provider. If a pregnant woman chooses to refuse certain or all prenatal tests, she should still have the right to choose a midwife for her home-birth

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 822 of 829 respondents

[« Prev](#)[Next »](#)

Jump To: 822

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 72.223.75.93**Response Started:** Friday, May 24, 2013 12:25:57 PM**Response Modified:** Friday, May 24, 2013 12:44:27 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am very concerned about the Director's statement (and the rules going along with it) that women who refuse blood testing including HIV, cannot be attended by a LM. This is a gross violation of a woman's right to refusal of medical treatment! Refusal of treatment needs to be documented, and a midwife absolutely should have the right to refuse care, but to have her hands tied, and to FORCE women to subject to testing in order to have a safe home birth is absolutely ridiculous. Please change this rule immediately, before women give up on having trained birth attendants at their home births. Women will continue to birth at home, and restricting access to midwives is dangerous

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 823 of 829 respondents

[« Prev](#)[Next »](#)

Jump To: 823

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 75.170.158.250**Response Started:** Friday, May 24, 2013 12:28:09 PM**Response Modified:** Friday, May 24, 2013 12:49:46 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, Of greatest concern to me in the current draft rules is the topic of consent/refusal on the part of the client. In all other situations pertaining to my health care, I have the right to refuse care. This includes birthing in a hospital. I have the RIGHT to refuse a test or procedure in a hospital without fearing the loss of my care provider. I should have the right to make an informed refusal of any test or procedure in a home birth setting as well, without fearing the loss of my care provider. The way the rules are now, if I refuse a recommendation set forth by the state, I can no longer seek the care of my midwife. As a consumer, I am willing to read any and all literature on a topic, and also willing to sign a waiver saying that I understand the risks/benefits associated with refusing a procedure. But any woman of sound mind deserves the right to refuse that procedure if she does not feel it is appropriate for her. Additionally, I still take issue with the concept of informing a charge nurse before and after labor has begun. If we are truly interested in keeping better statistics of the outcome of home birth, let's require all midwives to submit their statistics to the MANA study that is already taking place (as many midwives already do). I sincerely doubt that hospitals will be tracking home birth outcomes, nor is it their place. If I wanted a hospital involved in my birth in any way, I would go to a hospital to give birth. It feels like this is becoming a police state where the hospitals are the authoritarian. Additionally (back on the topic of refusal) I am granted privacy rights under HIPAA, and I should be granted the right to decide who my medical information is shared with. I firmly believe that forcing families to notify hospitals of their labor/delivery status against their will is a significant violation of HIPAA rights. Thank you for your time.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 824 of 829 respondents

[« Prev](#)[Next »](#)

Jump To: 824

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 66 108 123 125**Response Started:** Friday, May 24, 2013 1:03:57 PM**Response Modified:** Friday, May 24, 2013 1:09:15 PM

1. 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:

Every woman should have the right to choose which prenatal tests she wants to consent to or to refuse. Every pregnant woman should have the right to choose her health care provider. If a pregnant woman chooses to refuse certain or all prenatal tests, she should still have the right to choose a midwife for her home-birth

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 825 of 829 respondents

[« Prev](#)[Next »](#)

Jump To: 825

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 66 65 7 130**Response Started:** Friday, May 24, 2013 1:02:54 PM**Response Modified:** Friday, May 24, 2013 1:23:37 PM

1. 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:

Our family feels very strongly that women should not have to submit to testing in order to have a professional attend her home birth

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 826 of 829 respondents

[« Prev](#)[Next »](#)

Jump To: 826

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 255 35 89**Response Started:** Friday, May 24, 2013 1:09:08 PM**Response Modified:** Friday, May 24, 2013 1:29:36 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

thank you for your time and consideration most of the administrative changes are good- the move to CPM would cost the state less in time and effort

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I have been reading about the proposed changes for midwives and I oppose these changes. I am concerned that this infringes on a parent's rights to choose how they want to birth their babies, and it certainly makes it more difficult for a midwife to do the amazing job that she has been trained to do. I feel that it is wrong to criminalize the practice of administering life-saving drugs during a home birth. I have had two home births and I greatly appreciated the knowledge and professionalism of my midwife. I trusted her because I knew that she could handle whatever situation arose. I've also been present an attempted home birth when the baby got stuck. The midwife was very smart about knowing when it was time to go to the hospital for a C-section. Midwifery needs to be supported by the Arizona Dept. of Health Services so that women may continue having this valuable option for childbirth.

Browse Responses

Filter Responses

Download Responses

View Summary

Displaying 828 of 829 respondents

« Prev

Next »

Jump To: 828

Go »

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 72.201.242.147**Response Started:** Friday, May 24, 2013 2:45:27 PM**Response Modified:** Friday, May 24, 2013 2:52:53 PM

1. 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:

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 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, Candace

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1. 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:

So if I'm understanding correctly, Its MY choice and MY body to terminate and kill my baby during my pregnancy if I want to, but I'm not allowed to refuse testing that YOU deem necessary to ensure a safe DELIVERY of my baby?! I'm so confused I'm choosing to give birth and give LIFE to my baby, obviously I care about doing that the best way for us. Please let us, along with a trained professional make the decision that is best for OUR body and OUR baby! How is THIS any less an issue of women's rights and women's choice than abortion

Browse Responses

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Displaying 830 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 830

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 68 104 207 146**Response Started:** Friday, May 24, 2013 3:09:45 PM**Response Modified:** Friday, May 24, 2013 3:39:22 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Thank you for your hard work and for your responses I am concerned about a few things but one I'd like to highlight is in regards to an emergency measure "R9-16-111 A 5 Release of shoulder dystocia by rotating the shoulders into one of the oblique diameters of the pelvis;" This needs to read broader to be inclusive of all the accepted methods for resolving shoulder dystocia that are already being practiced and those that will come This is important for many reasons please look into it.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 831 of 831 respondents

[« Prev](#)[Next »](#)

Jump To: 831

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 134 29 114**Response Started:** Friday, May 24, 2013 3:59:33 PM**Response Modified:** Friday, May 24, 2013 4:01:21 PM

1. 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:

All women should have the right to birth how they choose -- to be forced to submit to mandatory tests to "qualify" for one provider or another seems unreasonable, and a clear infringement on her rights

Browse Responses

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Displaying 832 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 832

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 166.137.156.158**Response Started:** Friday, May 24, 2013 6:52:28 PM**Response Modified:** Friday, May 24, 2013 6:52:38 PM

1. 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:

A certified and adequately midwife should be able to take care of everything from first prenatal visit through delivery in every non-surgical birth both in hospital and at home. It is important that patient's rights be respected regardless of place of delivery. Any motherhood can refuse any and all testing in a hospital birth. When a mother refuses an intervention (even a blood draw) with informed consent/refusal a hospital must honor her decision, and the hospital proceeds to deliver the baby taking universal precautions. There is no reason a home birth should be any different.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 833 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 833

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98 225 122 2**Response Started:** Friday, May 24, 2013 7:35:25 PM**Response Modified:** Friday, May 24, 2013 7:42:08 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director, in the new rules you are now requiring testing for Hepatitis B and C as well as GBS while still making it a termination of care for a parent to elect to not choose to test. Your purview is not to regulate the choices that parents make but to regulate the services that your Midwives *offer*. It should be a requirement that these tests are offered, their benefits and risks and what is to be done with the results and the parents decision documented by their midwife. Declining of these tests should not result in a termination of care. These tests are readily declined in the freestanding birth center setting without requiring a CNM to terminate care. The assertion that women under OB care will be birthing in hospitals with the necessary emergency equipment/measures at their fingertips is not a valid argument when freestanding birth centers offer the same right to decline and retain care. Require documentation of these prenatal tests being offered and the parents consent or declination, do not require a termination of care. The current rebuttal as to why this is included in the rules does not work when other out of hospital options are supportive in the parent's right to decline these tests

Browse Responses

[Filter Responses](#)[Download Responses](#)[Print Summary](#)

Displaying 834 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 834

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 56 46 138**Response Started:** Friday, May 24, 2013 7:56:11 PM**Response Modified:** Friday, May 24, 2013 7:58:41 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I have just read the current draft rules and I can no longer support the changes that are being made. As much as I support a mother that has previously had a c-section to birth at home, with this current revision it strips all of our rights as consumers away from us. It strips of all our bodily rights. It strips us of all of our rights as women and as mothers. I can't support this any longer.

Browse Responses

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Displaying 835 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 835

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 68 3 150.5**Response Started:** Friday, May 24, 2013 8:00:57 PM**Response Modified:** Friday, May 24, 2013 8:01:21 PM

1. 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:

Regarding R9-16-108 Please remove "Refer a client for an ultrasound at 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;" (pg16) According to ACOG practice guidelines: "the accuracy of estimated fetal weight using ultrasound biometry is no better than that obtained with clinical palpation (Leopold's maneuvers)." <http://www.aafp.org/afp/2001/0701/p169.html>-Melissa Kimball

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 836 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 836

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 75 171 13 41**Response Started:** Friday, May 24, 2013 7:59:17 PM**Response Modified:** Friday, May 24, 2013 8:03:44 PM

1. 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:

GBS does not make a pregnancy high risk. It is an unreliable test that is not accurate. If no woman was tested for GBS 005% of babies would die. Your department pushes many other "health" items that have far greater risk. Take this out. Give women the option to make a choice. Who do you think will be the most devastated if a baby dies, you and the state or the mother? This isn't about safety. Women are currently opting out of these tests and having births at home with healthy babies that grow up just fine. Stop saying that this is about safety and lets call it what it really is a noose around homebirth's neck.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 837 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 837

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 56 46.138**Response Started:** Friday, May 24, 2013 8:28:12 PM**Response Modified:** Friday, May 24, 2013 8:29:17 PM

1. 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:

This new rule draft is not even following Evidence Based Care Please consider scrapping this entire thing

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 838 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 838

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 68.3.239.108**Response Started:** Friday, May 24, 2013 8:21:24 PM**Response Modified:** Friday, May 24, 2013 8:31:03 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

As a mother of two babies born at home and as a woman, these new laws are a direct violation to my rights to choose my care as well as my rights to choose what tests I receive. This is nothing short of cohesion for something that is not even a real threat or concern. In a process that was meant to streamline midwifery, we have moved backwards taking the rights away from birthing mothers and making it more difficult for midwives to give care. Every woman deserves the right to choose how she births. I do not take this very lightly. Please listen to the women who are birthing. We should have a voice. Midwifery has been an extremely successful and beautiful way for women to birth with low risks. Do not take this from us and do not take our right to choose what is done to our bodies

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 839 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 839

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 71.209.149.30**Response Started:** Friday, May 24, 2013 8:33:35 PM**Response Modified:** Friday, May 24, 2013 8:35:21 PM

1. 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:

A woman must be allowed to birth her baby where she chooses, how she chooses, with whom she chooses. She should be informed of risk, but the choice must rest with her, not a government agency. More than this is inappropriate intrusion into a private matter, and is intolerable.

Browse Responses

 Displaying 840 of 879 respondents Jump To: 840

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 70.176.248.30

Response Started: Friday, May 24, 2013 8:30:56 PM

Response Modified: Friday, May 24, 2013 8:39:07 PM

1. 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:

These changes do not improve safety. Women seeking midwifery care are seeking options which respect their autonomy and which are safe. The proposed testing requirements serve as a barrier to many women. Many uninsured women choose homebirth as a safe, cost-effective option. Adding unnecessary tests will only serve to drive up the costs, potentially ensuring that they birth without trained birth attendants. Women attended by physicians are not required to have these tests, thus autonomy over their medical decisions is respected. Women seeking home birth deserve the same rights to make decisions about testing.

Browse Responses

Filter Responses

Download Responses

Print Summary

Displaying 841 of 879 respondents

< Prev

Next >

Jump To: 841

Go >

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98 167 178 199**Response Started:** Friday, May 24, 2013 8:47:50 PM**Response Modified:** Friday, May 24, 2013 9:04:46 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am very pleased with some of the changes in the current draft. However, I am concerned about what is written about GBS. The Royal College of Obstetricians and Gynaecologists (RCOG) has done studies on GBS; seen here [http://www.rcog.org.uk/files/rcog-corp/Preventing%20Group%20B%20Streptococcus%20\(GBS\)%20Infection%20In%20Newborn%20Babies.pdf](http://www.rcog.org.uk/files/rcog-corp/Preventing%20Group%20B%20Streptococcus%20(GBS)%20Infection%20In%20Newborn%20Babies.pdf) From the RCOG: "Currently the evidence suggests that screening all pregnant women routinely would not be beneficial overall. You can be tested privately for GBS but the RCOG does not recommend this because a positive test may possibly result in unnecessary and potentially harmful interventions." Also from the RCOG: "If you carry GBS in your vagina, you should not need antibiotic treatment: • if GBS was detected in your vagina in a previous pregnancy and the baby was not affected • during pregnancy, unless you have a symptomatic infection (for example, a urine infection) though you may require antibiotics in labour. • if you have a planned caesarean section before you go into labour and before your waters break. The reason why antibiotics are not usually needed in these situations is that the risk of your baby becoming infected with GBS is so low and because antibiotics do not reduce your chances of carrying GBS at the time of the birth." I would love to see more added to the GBS statement. Retesting should be an option before terminating care. A woman should not have to terminate care if GBS tested positive in a previous pregnancy and the baby was not affected. Or simply if the lines about GBS were taken out all together. Please do research on GBS.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 842 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 842

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 72 223 75 93**Response Started:** Friday, May 24, 2013 8:02:53 PM**Response Modified:** Friday, May 24, 2013 9:08:15 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

What on earth is this new GBS requirement in the draft rules? This is not evidence based, and is completely ridiculous! Another case of coerced consent! Even the CDC website (<http://www.cdc.gov/groupbstrep/about/prevention.html>) states: Antibiotics During Labor "Pregnant women who do not know whether or not they are group B strep positive when labor starts should be given antibiotics**if** they have: labor starting at less than 37 weeks (preterm labor); prolonged membrane rupture (water breaking 18 or more hours before delivery); or fever during labor " (emphasis on "if" mine) So if you suddenly are playing the GBS card, at maximum, you should only require transport IF those criteria are met! And even then, the choice to screen, and the choice to treat are STILL THE MOTHER'S CHOICE This state-mandated testing and treatment is taking us back years I expected more from an educated, liberal man with a Master's in Public Health.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 843 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 843

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98.167.178.199**Response Started:** Friday, May 24, 2013 9:11:17 PM**Response Modified:** Friday, May 24, 2013 9:13:06 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I would love to see this draft tossed out and for things to stay the way they are. I think it was fine the way it was. It doesn't allow for vbac, but I believe the old rules were working just fine. Thanks!

Browse Responses

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1. 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:

If we believe that a woman is in charge of her body "enough" to choose an abortion then why in the world would we not trust a woman to birth HOW WHERE and WITH WHOM she chooses keep birth non medicalized !!!

Browse Responses

Filter Responses

Download Responses

Summary

Displaying 845 of 879 respondents

< Prev

Next >

Jump To: 845

Go >

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 24 119 51 93**Response Started:** Friday, May 24, 2013 9:37:24 PM**Response Modified:** Friday, May 24, 2013 9:55:05 PM

1. 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:

We had a midwife for the delivery of our baby and have many friends in the midwifery industry. They are all very concerned about the following. Please change these in the final draft: 1) It will be a Class 6 felony for midwives to administer life-saving 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 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 working with the Midwives to create a better community without restricting their rights and our rights as parents. Sincerely, Katrina Wallace

Browse Responses

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1. 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:

Get out of my vagina. If you're not the one getting inside of it, you have no place telling me how I'll get a baby out of it

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

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

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 848 of 879 respondents [« Prev](#) [Next »](#) Jump To: 848 [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 98 225 122 2

Response Started: Friday, May 24, 2013 10:46:54 PM

Response Modified: Friday, May 24, 2013 10:47:20 PM

1. 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:

Regarding refusal of tests resulting in termination of care please consider this: "Client's Rights to Self-Determination In recognition of the client's right to refuse that recommendation as well as other risk-reduction measures and medical procedures, the client may, after having been fully informed about the nature of the risk and specific risk-reduction measures available, make a written informed refusal. If the licensed midwife appropriately documents the informed refusal in the client's midwifery records, the licensed midwife may continue to provide midwifery care to the client consistent with evidence-based care as identified in this document and the scientific literature."
http://www.mbc.ca.gov/allied/midwives_standards.pdf

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 849 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 849

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 174.255.241.57**Response Started:** Friday, May 24, 2013 10:53:03 PM**Response Modified:** Friday, May 24, 2013 10:54:30 PM

1. 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:

My right to choose a home birth should not be controlled by anyone but me. I will not accept this abuse of power from my government.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 850 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 850

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 68 3 211 237

Response Started: Friday, May 24, 2013 10:49:09 PM

Response Modified: Friday, May 24, 2013 10:56:08 PM

1. 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:

While I understand that DHS is trying to implement rules and regulations that they deem fit and safest for mother and babies, there is an option for refusal of care while retaining the chosen care provider being left out. If we trust women to make the informed decision to birth at home, with a licensed midwife, why must we remove her right to bodily autonomy? I applaud DHS for coming up with regulations to protect women, yet these should be seen as more suggestions than rule. In California, after all of their recommendations are stated, they allow for the mother to give informed refusal and continue on with care from her midwife, as long as the midwife is willing and capable to meet those requirements. Here is what is in the midwives standards of care for California state:

http://www.mbc.ca.gov/allied/midwives_standards.pdf Page 8, Section V, A and B: "V RISK FACTORS IDENTIFIED DURING THE INITIAL INTERVIEW OR ARISING DURING THE COURSE OF CARE A. Responsibility of the Licensed Midwife With respect to the care of a client with a significant risk factor as identified by the client selection criteria in section IV or other science-based parameters, the licensed midwife shall inform the client about the known material risks and benefits of continuing with midwifery care relative to the identified risk factor and shall recommend to the client that her situation be evaluated by a medical practitioner and if appropriate, to transfer her primary care to a licensed physician who has current training and practice in obstetrics B Client's Rights to Self-Determination In recognition of the client's right to refuse that recommendation as well as other risk-reduction measures and medical procedures, the client may, after having been fully informed about the nature of the risk and specific risk-reduction measures available, make a written informed refusal. If the licensed midwife appropriately documents the informed refusal in the client's midwifery records, the licensed midwife may continue to provide midwifery care to the client consistent with evidence-based care as identified in this document and the scientific literature "

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Thank you, thank you, thank you! For making some very reasonable and evidence based changes. Most especially 1 Consultation with a CNM 2 removed- "failure to progress or dilate" for VBAC 3. Verbal consultation. But not good enough! 1 Women should have the right to informed refusal. There is collaborative care taking place! 2. Freidman's curve is severely outdated and unreasonable- strike it 3. GBS!!!! Please look at all the studies that have been done on this. Especially European and Canadian studies- which as we know have better statistics than the US. This bacteria can come and go- testing positive one week and negative the next. There has been great success treating GBS This absolutely must be removed

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 852 of 879 respondents [« Prev](#) [Next »](#) Jump To: [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 66 87 133 165

Response Started: Saturday, May 25, 2013 5:58:05 AM

Response Modified: Saturday, May 25, 2013 6:04:54 AM

1. 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:

It is my vote to scrap the whole draft. Perhaps keep the midwifery scope committee for a future possible plan of action, but please just scrap this whole draft. I would rather keep to my original plan for an unassisted VBAC home birth than punish EVERY mother wishing for a natural home birth. Sincerely, Dr Jenny Dubisar Jdubisar@gmail.com

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Displaying 853 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 853

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 75 170 130 245**Response Started:** Saturday, May 25, 2013 6:34:06 AM**Response Modified:** Saturday, May 25, 2013 6:37:49 AM

1. 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:

With the current draft as is, I would prefer to scrap the draft and keep the current rules in place. As I see it, the current proposal harms us more than it helps us. If we can't reach a truly agreeable consensus, then I feel this issue must be tabled at this time. I think we should keep the advisory committee intact to perhaps revisit this issue at a future date and time. Imposing additional restriction and burden on all low risk home births in the name of allowing a handful of VBACs every year does not seem like a logical compromise to me.

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 854 of 879 respondents [« Prev](#) [Next »](#) Jump To: [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 68 99 230 124

Response Started: Saturday, May 25, 2013 7:03:00 AM

Response Modified: Saturday, May 25, 2013 7:15:30 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, If there are no resources left to put towards creating a safer final draft for home birth, please scrap the current final draft. As a consumer, I have heard many mothers around me express that with the final draft in place they would rather birth unassisted than work with a midwife who is so limited in what she can provide for her clients because of the new regulations in this draft such as the removal of the right to refuse tests without terminating the relationship with the midwife and having to transfer if GBS positive. I have always been GBS positive, even when NOT pregnant. It is a normal bacteria that lives in 40% of women. 40%, Director! I would rather birth unassisted than birth in a hospital because of something so inconsequential as GBS. Thanks for your time.

Browse Responses

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Displaying 855 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 855

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 98 167 178 199**Response Started:** Saturday, May 25, 2013 7:33:38 AM**Response Modified:** Saturday, May 25, 2013 7:34:07 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please just leave the old scope of practice in place

Browse Responses

 Displaying 856 of 879 respondents Jump To:

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 98.167.178.199

Response Started: Saturday, May 25, 2013 7:34:13 AM

Response Modified: Saturday, May 25, 2013 7:34:42 AM

1. 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:

Can the GBS positive be with consult?

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Displaying 857 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 857

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98 167 178 199**Response Started:** Saturday, May 25, 2013 7:34:45 AM**Response Modified:** Saturday, May 25, 2013 7:39:39 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Why can't we just treat GBS at home? Clients could obtain a Rx from a doctor for Penicillin to be administered during labor.

Browse Responses

Filter Responses

Download Responses

Print Responses

Displaying 858 of 879 respondents

« Prev

Next »

Jump To: 858

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 72.223.10.78

Response Started: Saturday, May 25, 2013 7:47:09 AM

Response Modified: Saturday, May 25, 2013 7:52:17 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

In response to the most recent draft rules concerning GBS screening. Please consider revising the scope to specific parameters for those mothers who test positive. Please include the addition for CNM consult. Please consider limiting the transfer of clients to those who are also showing other risks for a GBS + baby. Based off of UK standards - Extremely rarely, GBS infection during pregnancy can also cause miscarriage, early (premature) labour or stillbirth. If a baby develops GBS infection less than seven days after birth, it's known as early-onset GBS infection. Most babies who become infected develop symptoms within 12 hours of birth. It's estimated that about one in 2,000 babies born in the UK and Ireland develop early-onset GBS infection. This means that every year in the UK (with 680,000 births a year) around 340 babies will develop early-onset GBS infection. There are a number of clinical risk factors which increase the risk of EOGBS sepsis. These include preterm birth (less than 37 weeks gestation), prolonged rupture of the membranes and maternal fever in labour. In the UK healthcare professionals are encouraged to identify and manage high risk pregnancies on the basis of an assessment of these risk factors.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 859 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 859

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 70 190 211 43**Response Started:** Saturday, May 25, 2013 7:30:55 AM**Response Modified:** Saturday, May 25, 2013 8:12:30 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please allow parents to make their own educated choices To have a safe home birth. It is their right I had two safe home births under the care of a very well educated and trained midwife She was prepared with the necessary medical supplies and drugs and I chose not to have certain tests done, because I Was educated about my choices and was able to decide what I did and didn't need Please allow women to have safe home births by getting rid of the new proposed plans

Browse Responses

Displaying 860 of 879 respondents

Jump To: 860

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 75 171 4 118**Response Started:** Saturday, May 25, 2013 12:43:33 PM**Response Modified:** Saturday, May 25, 2013 12:48:01 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am wondering if it is at all possible to rethink the position on GBS+ mothers. What if, when a mother tests positive for GBS she can go see either an OB/GYN or her PCP, get an IM injection of ABT and be retested before the birth of her child. If her second test comes back negative she could continue on with her homebirth plans. The test results would be given to her midwife and kept in her file. Although I am not a fan of forcing testing on people or demanding that they take medication (which I feel these new rules do) I also feel that this might be an acceptable middle ground for the state, midwives, and their clients

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 861 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 861

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174.52.131.88**Response Started:** Saturday, May 25, 2013 12:56:38 PM**Response Modified:** Saturday, May 25, 2013 1:03:18 PM

1. 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:

Seriously? I have had 5 children born at home and one all natural in hospital my first and I will never go back I have the right to choose how my children are brought into this world it gets to work for me not some doctor who sees me for what 10 minutes before I actually bring them into this world I just do not get why doctors get to choose how I do something with my body Its ok for me to have an abortion cause its my body but I cant comfortably birth where I want? I cant have access to the best homebirth experience I can get because you have to limit my midwifes ability to help me and keep my baby safe? Ridiculous! Women have given birth at home or in fields for centuries since when did it become a sickness that required medical interference? I am not sick! Why should I have to give birth in a hospital with ill people just to get access to decent help as I bring MY child into this world?

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 862 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 862

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 75 69 45 195**Response Started:** Saturday, May 25, 2013 1:19:03 PM**Response Modified:** Saturday, May 25, 2013 1:24:25 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I strongly oppose considering Group B Strep testing to be mandatory for a home birth or that, if positive, considered a transfer of care situation. I was Group B Strep positive with my second child, received antibiotics from a naturopathic doctor, and delivered a healthy baby girl with no complications at home. With my third child, I declined GBS testing, used cleansing wipes before and during labor and delivered a healthy baby girl at home. I would not have considered transferring care to an OB or delivering in a hospital in either of these circumstances, which would have left me with an unassisted home birth. This would actually decrease the safety of me and my baby and take away my rights and right to choose where I want to give birth. It also leaves the midwife in a situation to either abandon her client who refuses to transfer care or to break the law by attending the birth to ensure everyone's safety. Surely, this cannot stand as it is in the current draft. Please, I implore you, give me my rights, give me my own informed choices, and allow midwives to practice safely as they have been for hundreds of years. At home.

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 863 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 863

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 255.35 89**Response Started:** Saturday, May 25, 2013 1:26:02 PM**Response Modified:** Saturday, May 25, 2013 1:29:00 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I would suggest that women who have already had a successful vbac can birth with midwives, no matter the cause for the initial c-section These women have the highest likelihood of successful vbac.

Browse Responses

[Filter Responses](#)[Download Responses](#)[Go](#)

Displaying 864 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 864

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 24 255 35 89**Response Started:** Saturday, May 25, 2013 11:10:47 PM**Response Modified:** Saturday, May 25, 2013 11:19:00 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am requesting a consideration of leaving Rh testing or treatment refusal in consult, there are forms of Rh sentization that there are no treatments for, and that are not an issue for infant health There are also types of testing where a sample of mom's blood can be evaluated and the baby's blood type can be discovered. If the baby is also Rh - then there is no issue. Additionally if a woman has been our client thru another pregnancy, then we would know blood type and a repeat of the same tests are just an expense if the mother is Rh positive or if dad is also Rh - and we have already done the testing So documentation that we trust

Browse Responses

Filter Responses

Download Responses

View Summary

Displaying 865 of 879 respondents

« Prev

Next »

Jump To: 865

Go »

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 149.169.132.126**Response Started:** Sunday, May 26, 2013 12:34:15 AM**Response Modified:** Sunday, May 26, 2013 12:37:28 AM

1. 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:

R9-16-115 (pg25-26) Midwifery Advisory Committee currently only has two midwives, two consumers, one physician, one CNM o Should have majority representation of midwives o Physician should have "significant experience with midwifery services" (just like consumer(s)) o During the meeting in May, it was agreed to take a consumer off the future committee in favor of a 3rd midwife, and include this statement with the CNM and MD, "who have used or who have significant experience with midwifery services"

Browse Responses

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Displaying 866 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 866

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24.255.35.89**Response Started:** Sunday, May 26, 2013 8:36:51 AM**Response Modified:** Sunday, May 26, 2013 8:51:42 AM

1. 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:

Can provide prenatal care for women who intend to give birth in the hospital.

Browse Responses

Filter Responses

Download Responses

Displaying 867 of 879 respondents

« Prev

Next »

Jump To: 867

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 24 248 10 67

Response Started: Sunday, May 26, 2013 10:38:16 AM

Response Modified: Sunday, May 26, 2013 10:38:29 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, The homebirth community is a passionate group of people and I think emotions are running extremely high right now as real and valid concerns are being put forth. I think there has been a lot of knee jerk reaction and inflammatory behavior lately that has not been constructive or helpful and I hate to see that happening. I wanted to just say that, while I do think the revised rules still need work, I do not at all support the notion of throwing out all of the hard work that has been happening for the last year just because there are a few (albeit significant) points that need to be worked out. I personally do believe that you are working WITH us and not against us and I very much appreciate how you have demonstrated time and time again that you are willing to do that. I consistently see you responding to concerns, keeping lines of communication open, being respectful in the face of less than tactful comments and accusations and – most importantly – I see you giving genuine consideration to solutions and compromises when they are proposed. I fear that you may be under the impression that the homebirth community as a whole is not appreciative of your efforts during this process. I want to assure you that this is not the case. I think there are some very serious issues of concern on the table and I hope to see the autonomy of homebirthing families respected when the department finalizes the changes to the rules. As the mother of two healthy children born at home I can assure you that I take my health and the health of my babies very seriously and I have done extensive research on all issues that would affect a healthy pregnancy and a safe and healthy labor and delivery for myself and my babies. That includes understanding all the testing and procedures made available to me, as well as the risks and benefits of both accepting and declining all those various things. Our goals are the same – healthy mom, healthy baby. I strongly believe that we should not lose the ability to continue care with our chosen provider simply because we decline a test, especially when we have made an INFORMED decision. I fully understand the department's concern for healthy babies and healthy moms and I appreciate that the best outcome is the goal. However, that is what informed consent is all about. If we, as the birthing mom, understand the risks and benefits and still choose to decline, and our chosen care provider feels comfortable continuing care as well, then the mom assumes the responsibility for the outcome – whatever that may be. If these tests can be declined for births at freestanding birth centers, I see no reason why they cannot be declined for homebirth. Couldn't there simply be formal 'refusal' forms that ensures that the mother understands the risks before declining? Specifically in regards to the GBS test, a very well respected Licensed Midwife, Stephanie Soderblom, published a very thorough blog post regarding this test and if you haven't seen it before it would be great if you'd read and consider the information there. Here is a link <http://www.nurturingheartsbirthservices.com/blog/?p=790> Many women, like myself, chose homebirth in large part because we choose to be a more active participant in our care and we want to work with care providers who treat us as informed consumers capable of making informed decisions. My midwife provides me with lots of information and allows me to make my own decisions, with the understanding that I will take responsibility for those decisions. The simple fact is that most homebirthing women would rather have an unassisted homebirth than be forced to work with an OB. So if the state requires our midwife to abandon care because we chose to decline a test, the result is not going to be what you would like to have happen – that mom is most likely going to instead choose to birth at home unassisted (not birth with an OB in a hospital), and I think we both agree that this is not the safest option for anyone. I understand that you believe that you'd be protecting mom and baby by having her birth in a hospital instead, but that is not going to happen in the majority of cases. It just isn't. Just as many VBAC mothers have chosen to birth unassisted because the current rules and regulations for homebirth don't allow it, so will be the case for women who decline these tests. Please support informed consent and informed refusal. Again, I thank you for continuing to work WITH us to find mutually agreeable solutions to the issues that need to be resolved before the new rules become final. There are many good changes being proposed and I sincerely hope that this process continues to move forward. ~Rachael Pena

Browse Responses

 Displaying 868 of 879 respondents

 Jump To: 868

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 68 228 54 16

Response Started: Sunday, May 26, 2013 1:28:33 PM

Response Modified: Sunday, May 26, 2013 2:13:51 PM

1. 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:

Dir Humble, You said on your blog "However, my team is exploring other options that might be available for preventing GBS transmission to babies " I would like to encourage you to look into all the research out there about using Chlorhexidine or "Hibiclens" as a highly effective alternative to antibiotics. Here are some quality references to pursue if you wish to learn more about this subject: Helen references the 1992 Am Journal of Obstetrics and Gynecology, 162(1):1171 Vaginal disinfection with chlorhexidine during childbirth. Stray-Pedersen B, Bergan T, Hafstad A, Normann E, Groggaard J, Vangdal M Int J Antimicrob Agents 1999 Aug;12(3):245-51 Lancet: Burman LG et al Prevention of excess neonatal morbidity associated with group B streptococci by vaginal chlorhexidine disinfection during labour. Lancet 1992; 340: 65- 69. Chlorhexidine versus sterile water vaginal wash during labor to prevent peripartum infection. Sweeten KM, Eriksen NL, Blanco JD. Am J Obstet Gynecol 1997 Feb;176(2):426-30 GBS/Vaginal Wash Alternative-long J Matern Fetal Med 2002 Feb;11(2):84-8 Chlorhexidine vaginal flushings versus systemic ampicillin in the prevention of vertical transmission of neonatal group B streptococcus, at term Here are some links of articles that include excerpts of these studies:

http://www.blackhillsportal.com/dbs/womankind/files/File/GBS_information.pdf

<http://www.ncbi.nlm.nih.gov/pubmed/10461843?dopt=AbstractJ> <http://rixarixa.blogspot.com/2008/01/group-b-strep-information.html> This last was a blog but it included well documented information about other studies I request that you consider requiring midwives to treat those who wish to decline GBS testing or those who test positive for GBS with Chlorhexidine or "Hibiclens" as outlined in the above studies. Either with or without Physician consultation As a mother, who is a natural carrier of GBS, I have carefully researched this topic and have used Chlorhexidine or "Hibiclens" in both of my births as an alternative treatment to antibiotics, because of the associated risks with antibiotics. Thank you for your consideration, Danielle

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 869 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 869

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 24 255 35 89**Response Started:** Sunday, May 26, 2013 11:26:55 PM**Response Modified:** Sunday, May 26, 2013 11:30:28 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Thank you for adding this, it helps in many ways, it establishes the ability to order useful tests right now and will sustain midwifery thru some innovation that may be standard care in the future. Referral of a client for lab tests or other assessments, if applicable, based upon examination or history

Browse Responses

[Filter Responses](#)[Download Responses](#)[Print Responses](#)

Displaying 870 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 870

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 75 172 251 87**Response Started:** Monday, May 27, 2013 6:29:14 AM**Response Modified:** Monday, May 27, 2013 6:31:39 AM

1. 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:

It is my vote to scrap the whole draft. I don't believe it is right to expand to allowing VBACS to be born at home at the same time making EVERYONE including the non VBAC women to be subject to unnecessary tests and if refused must terminate care. This is not right and I will not be forced to go to a provider I do not want to nor feel comfortable with ie: an OB or anything to do with a hospital Birth is natural and we are not sick and should be allowed to birth at home with a highly trained midwife who should be able to have access to life saving medication

Browse Responses

Filter Responses

Download Responses

Displaying 871 of 879 respondents

« Prev

Next »

Jump To: 871

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 68 231 32 116

Response Started: Monday, May 27, 2013 9:56:56 AM

Response Modified: Monday, May 27, 2013 9:57:49 AM

1. 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:

Dear Director Humble, Thank you again for your efforts in this matter, it is truly appreciated. Throughout the entire process you have displayed a genuine concern to accommodate the concerns of the consumers and to protect the practice of midwifery. I recognize that as a whole the proposed changes would result in a better system, with the exception of the disregard for the right to self-determination. The principle of self-determination is of utmost concern and the determining factor in either embracing the new rules or remaining with the existing ones. Please considering the following as a solution to the issue of testing since it would be a suitable middle ground to harmonize the suggested standard of care endorsed by the medical community and the already existing Patient's Bill of Rights. California has a great self-determination clause which has been re-worded by a fellow midwife in the following way; "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, and the state of Arizona, of legal responsibility/risk for the direct outcome as a result of that refusal. The pregnant patient has the legal right to self determination." In addition, I would like to address the newly added GBS positive provision requiring GBS positive clients to transfer care at 36 weeks. My concerns are the following: 1. According to the CDC <http://www.cdc.gov/groupbstrep/about/fast-facts.html> and other studies- 25-40% of women harbor GBS which would rule out these women right before they are due to have their baby; which leaves them the options of either relinquishing their planned home birth or venturing into an unassisted birth. There can be great difficulty finding another care provider so late in the pregnancy. 2. GBS is inconsistent in its growth, it progresses and recedes sometimes from one week to the next, hence a client could test positive one week and negative the next, and therefore rendering this test unreliable is assessing the total risk. In addition, the home birth environment minimizes the exposure to bacteria and infections which are much more prevalent in the hospital setting. 3. There are alternative treatments other than the current medical standard. Studies on the use of chlorhexidine vaginal washes has shown great success in preventing newborn transmission and infection here: <http://www.ncbi.nlm.nih.gov/pubmed/10461843?dopt=Abstract> and <http://www.sciencedirect.com/science/article/pii/S014067369290393H> and <http://www.ncbi.nlm.nih.gov/pubmed/12375548> 4. Following the clause stated above in reference to self-determination, a suitable proposal for GBS is an informed refusal such as this: <http://www.betterbirth.com/pdf/BetaStrep> 5. Moving GBS positive testing to consultation is acceptable, yet this falls under the same topic of testing and the right to informed refusal. 6. Other options, including the involvement CNM's, have been suggested as well, please consider all these alternatives. Thank you again for your concern and efforts in seeking to improve care that will affect so many families and midwives currently and in the future. I hope to see these matters resolved in a satisfactory way that upholds the innate freedom and right for informed consent/refusal and self-determination. Thank you, Cheyanne Gastelum, home birth mother and licensed midwife

Browse Responses

Displaying 872 of 879 respondents

Jump To: 872

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 184 98 238 102**Response Started:** Monday, May 27, 2013 7:53:07 PM**Response Modified:** Monday, May 27, 2013 8:12:33 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please allow families the freedom to choose homebirths with a midwife. The proposed changes in the law would restrict midwives too much. There are times when they need medications and oxygen to give the mother and baby. I was with my daughter with both of her homebirths. She had two different midwives. Both were highly trained and knowledgeable. Please do not turn your back on them. Let them have the ability to treat mothers and babies after birth. Please give families the FREEDOM TO CHOOSE! Why is it that the United States had so much more freedom than other countries, but falls short in respects to Home Births. Sandra Teeple, Grandmother of Two Healthy Home Birthed Grandsons, Gold Canyon, AZ

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 873 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 873

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 174 22 208 161**Response Started:** Monday, May 27, 2013 9:09:52 PM**Response Modified:** Monday, May 27, 2013 9:13:24 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I value my freedom of choice! I have had a very successful home birth and pray to have more! I wish to choose who my provider is! Many families believe that home births are safer and better for them and their situation Please do not take away our choices!

Browse Responses

Filter Responses

Download Responses

Displaying 874 of 879 respondents

« Prev

Next »

Jump To: 874

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 72.168.96.123

Response Started: Monday, May 27, 2013 11:31:50 PM

Response Modified: Tuesday, May 28, 2013 12:09:57 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I had my first baby at 43 I wanted a homebirth but because of my age I wanted a CNM That left one option in my town and we didn't hit it off, so I opted for a birth in a free-standing birth center So, four hours total labor with an hour of discomfort and an hour of pushing and our son was born I did have trouble with my placenta delivering and the ob advised my CNM to administer pitocin. An hour later my placenta finally decided to leave its nest. Because of the pitocin my son and I did not have to go through the ordeal of a hospital transfer We were allowed to just be together to get to know each other. Please excuse me that I haven't read your minutes. As a mother to two young children I don't have much free time So, if I get details wrong, please just look at my general opinions and not the specifics I hear you are considering denying women who opt for out of hospital births pitocin Excuse me? Women should be at risk of needing hospital transfers or even bleeding to death for whatever bizarre reasons you have? And women can't refuse pre-natal ultrasounds? My dog was part of a research project for bones that would not heal. I exposed her to ultrasounds twice a day and it stimulated her bone to grow and eventually heal. If ultrasounds can do that to an old dog's non-healing bone cells I can see why parents would be concerned about the long-term effects of ultrasound on fetal cells Since there isn't a single 85 year old walking on this planet who was exposed to ultrasounds in utero we can't know the true long-term effects are of ultrasound yet And if a mother wants to avoid exposing her child to an unknown risk she would be denied a homebirth? I am a registered nurse I worked in a hospital based birth center with CNMs and Obs on staff I worked in two different NICUs Also at a free-standing birth center More recently I instructed at a community college nursing program and took students to a local hospital for their obstetrical rotations Frankly, my first hand observation is that hospitals are dangerous places to have a baby I saw high numbers of complications to healthy, uncomplicated pregnancies caused by physicians and their unnecessary interventions I used one laboring woman as a prime example of how dangerous physicians are for my nursing students The doctor had a dinner party that night (the patient didn't know this) so the doctor tried various interventions (it's been 5 years so I don't remember the details) I told my students, "You watch, this doctor is leading this patient down the road to a c/s " Sure enough, that is what happened. Yet, with the exception of one, every midwife assisted birth I attended was gentle and without attendant induced complications. (The one exception was when a midwife ruptured membranes and pushed the baby's head up to try and get extra amniotic fluid out There was a prolapsed cord and an emergency c/s) That's it One complication. Yet I saw babies with forcep or vacuum injuries, unnecessary c/s from physician hurry, women whose labor did not progress because they were in bed and strapped to a fetal monitor (had we been allowed to get them out of bed as we did with similar midwifery patients I am certain most would have not needed a c/s,) etc Childbirth is not without risks I cared for one term infant in the NICU whose mother died during birth--the hospital staff could not save her I have introduced many parents to their stillborn babies (usually because of placental abruption) And I cared for an unknown number of infants in the NICU with an assortment of issues, usually prematurity However, the first 2,000 births I was exposed to were in a small hospital without 24 hour anesthesia or surgical staff. We had to call in teams for off-hours emergency c/sections (and once, during a placental abruption, a c/s was performed under a local and the baby still died) So with all my years experience caring for mothers and newborns both in and out of the hospital, I find the safest way to have a baby for an uncomplicated pregnancy is with a midwife Not every woman wants to have an out of hospital birth But some women do Please do not do anything that would sabotage that option Do not take necessary medications away from these women Do not force them into procedures they worry may be unsafe. Plus, be aware there are many women out there that are so against hospitals and physicians that they will birth at home without any attendants If midwives are limited in their scope, the number of unassisted births will rise. So, should there be attempts to try and direct women away from midwives, you will not be steering them towards physicians, you will be steering them towards unassisted births. And, as dangerous as I have seen physicians can be, I think an unassisted birth could be as risky Midwife births are beautiful and gentle I can't say that about many physician births I have seen Please, support women's rights to provide gentle, safe passage for their babies Because that is why women choose midwives, so that their babies can be safe and they can be nurtured during the most momentous moment of their lives

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am happy that the committee is working to make changes. This is a step in the right direction and I thank Director Humble for adding some of the requests of the midwives. I still have some concerns about additions to the draft that do not appear in the original request from the midwives. Testing should be explained as part of informed consent. If the right to refuse (written or verbal) requires a transfer of care, this is a violation of human rights. In order to assess risk, can a mom consult with an OB or CNM and decide if a particular test is necessary for her? If a mom feels her rights will be violated or she will be exposed to unnecessary testing, I fear she will birth unassisted. Every woman deserves a caregiver of her choice. The possibility of a woman requiring a transfer of care late in her pregnancy seems high according to the draft. Knowing she may need to begin a relationship with a new care provider, a mom planning a homebirth may have undue anxiety. It can affect when and how she labors. This is not healthy physically or mentally. I know the topics the midwives would like to see in their scope, and the issues they would like removed from the draft, can be agreed upon through discussion and awareness. Together with the midwives, the committee can reach a solution. There is no need to throw away all the hard work the committee has done. Please read the studies the midwives have submitted and make this last draft the best one yet.

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 876 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 876

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 98 167 178 199

Response Started: Tuesday, May 28, 2013 8:29:12 AM

Response Modified: Tuesday, May 28, 2013 9:01:03 AM

1. 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:

With my first pregnancy, I tested positive for GBS. My midwife gave me a list of vitamins to take that included garlic, probiotics, grapefruit seed extract, and vitamin c. This completely took care of the GBS and my daughter was unaffected. I even retested and was negative. I tested negative with my second pregnancy, so I didn't worry about it. These were both home births.. both in which my water did not break until right before the baby was born, both were water births, and both were after 37 weeks gestation. Risk factors from the CDC guidelines (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5910a1.htm?s_cid=rr5910a1_w): "delivery at <37 weeks' gestation, intrapartum temperature $\geq 100.4^{\circ}\text{F}$ ($\geq 38.0^{\circ}\text{C}$), or rupture of membranes for ≥ 18 hours." My midwife was trained to watch for these risk factors during my labor and would certainly have made a transfer if it was needed. I am currently pregnant with my third child. I couldn't even imagine risking out of a homebirth at 37 weeks because of a positive with GBS test. My midwife creates a trusting relationship with me. She knows me and my family and my new baby. She cares for me and is available for me 24/7. She gives me the ultimate care and respect. I couldn't imagine having to transfer care to someone I don't know at that point in my pregnancy. I would be devastated. The risk of infection in the infant is so incredibly low that many women don't even test for GBS. Midwives are trained to look for signs of infection in the infant and make sure the babies receive treatment immediately when necessary. Home birth parents know the risks and should be able to make their own decisions. I am totally OK with having to test for GBS, but risking out of a home birth seems unnecessary when I know the risks. My midwife did give me two other options for treatment: getting a shot of Penicillin or getting IV antibiotics to use during labor. There is a study (found here: <http://www.ncbi.nlm.nih.gov/pubmed/9241301>) that shows that "In pregnant women, penicillin G benzathine levels are high enough to inhibit the growth of group B streptococcus for more than 4 weeks after injection with 4.8 million units." I would gladly take a shot of Penicillin to still have a home birth. Please consider this as an option for home treatment of GBS. Also, I have heard very good things about Hibiclens (which I'm sure other comments have discussed this). Many women use this Hibiclens wash during labor and have had great success with it. You know what an uproar this GBS issue has caused amongst the homebirth community. Please do something to fix this issue. Please don't risk us out of home birth with our trusted midwives.

Browse Responses

[Filter Responses](#)[Download Responses](#)

Displaying 877 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 877

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 70 162 242 170**Response Started:** Tuesday, May 28, 2013 10:12:00 AM**Response Modified:** Tuesday, May 28, 2013 10:15:52 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble: First of all, thank you for working on this issue with everyone. We realize you are very busy and that this process has been fraught with challenges. I would like to address a critical point of HB2247 that may, perhaps give some clarity and breathing space. Specifically that it states, "On or before July 1, 2013, the department of health services shall consider adopting rules regarding midwifery that concern the following: 1. Reducing the regulatory burden on midwives who are licensed pursuant to title 36, chapter 6, article 7, Arizona Revised Statutes, and streamlining the regulation process. 2. Consistent with the requirements of title 36, chapter 6, article 7, Arizona Revised Statutes, revising the midwifery scope of practice pursuant to subsections B, C and D of this section." In subsection B, it states, "Any party that is interested in increasing the scope of practice of midwifery must submit a report to the director of the department of health services that contains the following:" and goes into details about the contents of the required report and the timeline for it to be considered. First, due to the fact that HB2247 only makes reference to items that are "reducing the regulatory burden" and "any party that is interested in increasing the scope of midwifery," many people are concerned that several items in the draft rules do the opposite. Second, some of the same items were submitted into the draft rules without the required report by an interested party. Therefore, I would suggest that current draft rules be adjusted to include only changes requested by the consumer and midwives unless a new report is submitted and processed by the committee before July 1st. The health of mothers and babies is paramount, absolutely. However, there is room to address those items in the regular rules process. HB2247 was very specific that only increases in scope be discussed. If we cut this down into manageable portions, adequate time can be spent on additional items as needed, rather than addressing so many items all at once. Again, thank you for your efforts, and your willingness, to continue this dialogue. I sincerely hope that by the end of this process, we have a clear line of communication for continuing to make Arizona a safe and forward-looking home-birth friendly state. Sincerely, Dr Jenny Dubisar

Browse Responses

Displaying 878 of 879 respondents

Jump To: 878

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** *empty***IP Address:** 208 54.5 232**Response Started:** Tuesday, May 28, 2013 1:20:39 PM**Response Modified:** Tuesday, May 28, 2013 1:22:03 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Please give women the right to make educated choices for their births! Please allow midwives to assist in safe deliveries !

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 879 of 879 respondents

[« Prev](#)[Next »](#)

Jump To: 879

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 68.231.127.15**Response Started:** Tuesday, May 28, 2013 12:48:47 PM**Response Modified:** Tuesday, May 28, 2013 3:16:55 PM

1. 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:

To Whom It May Concern, I gave birth to my two children through the assistance of a midwife in 2004 and 2006 and I believe it was a much safer and healthier experience than I could have ever had otherwise. And when I am ready to have my third child I would like to have the same freedoms I chose with my other two children. In regards to R9-16-108C(1)g I declined the HIV test when asked if I wanted it to be taken. I knew my husbands and my own health history and both my husband and I were virgins when we married so taking the test would have been a waste of time, resources, and money. To think that my midwife would have had to refuse me as a patient because of my personal right to choose is truly concerning and disheartening. I was fully informed of my decision and should not have been penalized for making my own health choice. In California a patient who refuses tests must make a written informed refusal. If the midwife appropriately documents the informed refusal she may continue working with the client. I propose that the state of Arizona adopt this same law. Thank you for your time and consideration. Brenna Smith

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 880 of 883 respondents

[« Prev](#)[Next »](#)

Jump To: 880

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 24.121.177.26**Response Started:** Tuesday, May 28, 2013 7:07:10 PM**Response Modified:** Tuesday, May 28, 2013 7:23:24 PM

1. 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:

One has to wonder who is promoting this change and who really benefits. Who drafted the changes and why? Where is the data that suggests it's needed, and who interpreted that data? Are our midwives not sufficiently trained to give the drugs that will be restricted? What is their track record so far? Think about the un-intended consequences. What is a charge nurse going to do with the information? Are our midwives unable to decide correctly when to call 911? Where is the data?

Browse Responses

 Displaying 881 of 883 respondents Jump To: 881

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 148 167 4 10

Response Started: Wednesday, May 29, 2013 8:54:09 AM

Response Modified: Wednesday, May 29, 2013 8:54:41 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I had two birth center births administered by licensed Midwives with excellent outcomes and healthy babies. During the first, I need a dose of pitocin and I had GBS for the second birth and the Midwives did an excellent job caring for me and my daughters. Why do the rules need to change? For low risk births, a midwife is safer than a hospital, imho. There is no need to change rules for out of hospital births, however I would look into the practice of giving birth in a hospital. This is ridiculously unnecessary and a waste of the State's precious funding when there are other issues that need to be addressed by AZDHS, such as poor families and their healthcare. Start there and come back to out of hospital birthing when it's a problem. Your process is broken and you are hobbling midwives to do this most precious work.

Browse Responses

[Filter Responses](#) [Download Responses](#) [Print Responses](#)Displaying 882 of 883 respondents [« Prev](#) [Next »](#) Jump To: 882 [Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 68 104 248 162**Response Started:** Wednesday, May 29, 2013 12:28:41 PM**Response Modified:** Wednesday, May 29, 2013 12:29:17 PM

1 The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I fully support a woman's rights and I see this as a huge women's rights issue. The proposed changes effect women who are and have always been capable of making decisions in regards to their own medical treatment as well as the midwives who have been providing excellent care for generations. I take issue with several parts of the proposed changes: It is an infringement on my patient rights to be forced into testing. You cannot have informed consent without the option of informed refusal. I may choose to do all of the testing or I may choose a different less invasive option, the point is, it is my right to make an informed decision. If you take away informed refusal, you have forced testing and an infringement on my rights. Also these tests are not "only way for the midwife to establish that the birth will be low risk and safe for the health of the newborn and mom". Very specific practice guidelines should not be in rules and regulations. The board (established in the rules) should be able to provide practice guidelines based on evidence-based care, which will allow practice guidelines to stay up-to-date. Midwives should be allowed to carry lifesaving medications. I find it ridiculous to even entertain the notion of removing this ability. I am a fan of logic, evidence-based care and thoughtful practices. It seems that this was a misstep that was not thought through. If your goal is improved or safer care, removing lifesaving options and putting a midwife in the position to call first and treat second is not going to help you achieve that goal. There is a lot of passion for birthing options to remain exactly that: OPTIONS. Please take all of these comments and suggestions with your best logic and give women in Arizona the options they want and deserve.

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am wondering why I have to pay for testing of my blood type when I already know what it is? Or why I have to pay for testing of rubella, HIV and Hepatitis when I already know the results? I also have recent documentation to back up the results of these tests. I shouldn't be forced to have these tests done when I know the results for a fact. It seems absolutely unnecessary and a waste of money. And if you are thinking that my husband is unfaithful to me, you are most certainly wrong. If I had any doubt, I would have him tested.

Browse Responses

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Displaying 884 of 894 respondents [« Prev](#) [Next »](#) **Jump To:** [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 68 230 65 101

Response Started: Wednesday, May 29, 2013 5:17:41 PM

Response Modified: Wednesday, May 29, 2013 5:18:30 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I hope mom with GBS are able to make a informed choice 30% of moms should not have to transfer out of care

Browse Responses

Filter Responses

Download Responses

Displaying 885 of 894 respondents

< Prev

Next >

Jump To: 885

Go >

Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98 177 148 187**Response Started:** Wednesday, May 29, 2013 5:27:15 PM**Response Modified:** Wednesday, May 29, 2013 5:45:02 PM

1. 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:

Pursuant to HB2247, Laws 2012, § 1(E), the Director is required to published reports within 30 days of each scope of practice public meeting containing the recommendations submitted to you from the Midwifery Scope of Practice Advisory Committee I can find no such reports available for review on the website Will you please direct me to where they are so that interested parties can prepare their public comments for the final meeting accordingly? All I can find are the actual reports that are to be reviewed by the committee, the agenda, minutes and public comments of these meetings Also, it is confusing as to how the final draft is to be prepared What is the Department's take on the timeline of when and how the final draft is to be prepared and submitted? It does say you are to conduct a public meeting to receive public comment on the final draft at some point As we are nearing the end of this process and timeline it looks like several aspects of the bill are being mismanaged Particularly the part where you are to only review and discuss the reports submitted and consider them to INCREASE scope of practice You are also only given the duty to streamline and reduce regulatory burden and adopt national licensure standards for midwives if available Any other changes (of which many are being attempted, some frivolous and some damaging, in the numerous drafts) are NOT AUTHORIZED in this process according to HB2247 and it would be a shame if the Department wasted valuable time and resources and did not accomplish it's simple directives as put forth, in effect disregarding the legislature, the taxpayer and disenfranchising those who went to incredible lengths to get this bill passed and submit reports for change, namely the consumers and the midwives

Browse Responses

 Displaying 886 of 894 respondents

 Jump To: 886

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 174 251 164 62

Response Started: Wednesday, May 29, 2013 5:28:37 PM

Response Modified: Wednesday, May 29, 2013 5:58:27 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I am the mother of four healthy children. I have experienced birth in three different settings. My first was born with the help of a MD in a hospital. My second was born with the help of a CNM in a birth center. My third and fourth births were with the help of a Licensed Midwife in my home. I am concerned that the recent draft changes are decreasing rather than increasing the scope of practice for midwives in Arizona. I have closely read the old rules and the current draft. My greatest concern is the need for true informed consent with the legal right to decline tests, refuse treatments or the transfer of care. ACOG gave this statement about informed refusal: "Once a patient has been informed of the material risks, benefits and alternatives, as well as the option to refuse, the patient has the right to exercise complete autonomy in deciding whether to undergo the recommended medical treatment, surgical procedure, or diagnostic test; to choose among a variety of treatments, procedures or tests; or to refuse to undergo these treatments, procedures or tests." American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 306. Informed Refusal. Obstet Gynecol. Dec 2004; 104(6): 1465-1466, p 1466. www.ncbi.nlm.nih.gov/pubmed/15572515. The emergency action plan requirement to notify the hospital when labor begins and ends is also concerning to me. I would not hesitate to transfer to a hospital if my midwife had any concerns about my labor or in an emergency. I do not feel that this respects patient privacy in a normal labor and birth. As I have reviewed the Summary of the HIPAA Privacy Rule, it would seem to be a violation of disclosure of protected health information. It requires that both covered entities (such as a midwife and a hospital), "have or had a relationship with the individual and the protected health information pertains to the relationship." I would prefer that my individually identifiable health information, which would include my past, present or future physical health or condition, name, address, birth date, social security number, not be disclosed without a true medical reason. I do not think required notification in a normal labor should be required. The Summary of the HIPAA Privacy Rule also states that "a central aspect of the Privacy Rule is the principle of "minimum necessary" use and disclosure." I also hope that the requirement to transfer care for a positive Group B strep culture can be removed. I have received excellent prenatal care, labor support and postpartum care from my midwife. Thank you for your efforts to update the midwifery scope of practice. Christie

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I have had 3 home births now and have never had a problem I do not want my rights changed for the system can make more money I do not agree with the new laws and rules they are trying to pass for future births for all women in Arizona Let midwives do their jobs and help protect my rights as a mother to make the decision on how I choose to birth my children.

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 98 177 148 187

Response Started: Wednesday, May 29, 2013 6:45:04 PM

Response Modified: Wednesday, May 29, 2013 7:46:03 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Why require a consult for a woman who has a parity of 5? A woman who has multiple births that have all been normal should not be legislated to seek care she does not desire and increase her costs this way, particularly a woman obviously with other children to provide for. There is nothing that a consult with another type of care provider can do for her based on this alone, her own history is more valuable an indicator of her health and risks. What information do you expect this woman to receive at such a consultation? There are also no proven risks with a higher number of births of significant value to indicate a need for this other than she has a marginal chance for a more rapid labor which IF that happens she also has a marginal chance of increased bleeding, possibly. I am due with my 7th child now, 3rd at home and when I've seen OBs in the past they have indicated no concerns about the number of pregnancies I've had. However, I did have to sit there and hear everyone in their office express concern and dismay over home birth, even their receptionist. I should not have to pay for a visit to hear that during my pregnancy. I do not need anyone legislating a course of action for me that does not help me in any way. Please consider striking this from REQUIRED consult, it has no value.

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Displaying 889 of 894 respondents

« Prev

Next »

Jump To: 889

Go »

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 98 177 148 187

Response Started: Wednesday, May 29, 2013 7:46:15 PM

Response Modified: Wednesday, May 29, 2013 7:50:19 PM

1. 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:

Can we ask where this GBS+ transfer of care suddenly came from? The reason I ask is because you've said you are not to be giving preference with a listening ear to any stakeholders. Yet this was not mentioned in any previous draft or public meeting and has been thrown in there without proper discourse or understanding of the consequences. It may have been given to you with an ulterior motive considering anyone who understands GBS and pregnancy will know that the way it is in the draft as a required transfer of care will throw out up to 30% of all women from midwifery care right at the end of pregnancy and will suddenly end a trusted relationship based on mutual respect that was meant to culminate in a specific birth plan without justification. And now the only choice this mother has is being forced into an entirely different care model, hospital or unassisted birth, and both are not supportive to that mother. This is important when you understand that the general risk you are saving us from is a 05% chance overall and a 0 5% for the mother who does test positive. This is one we are more than capable of weighing for ourselves and to put in perspective has less risk than many other things in the draft. There are also treatment options that should be presented and left up to the mother to choose that do not require IV antibiotics in a hospital, such as an IM shot that will last 30 days (through birth) and has been proven effective for GBS. She has a right to be informed by her midwife and seek a consult for the treatment (until the med issue gets resolved), but this should always be her choice because there are risks/benefits to even this and if she refuses it, being at home or a hospital for birth will not improve the outcomes because in both scenarios the baby is monitored and informed. There is no preconception or early treatment that has been proven to reduce risk as you state. That was a red flag to me that this issue was not fully understood. It really bothers me that this is suddenly restricting scope without proper evidence and reasonable perspectives on that evidence. I think you have a responsibility to divulge how and why you came to putting this into this nearly final draft. Nothing should be put in this draft without being presented to the entire committee and public first, for very good reason. You would already have all of this information if this was done properly instead of listening to unnamed stakeholders who do not necessarily care what happens to home birth clients or their midwives and most likely thinks they should not be at home at all, even though it has been proven to be very safe and with healthy overall outcomes. This is precisely what you are here for, to protect mothers and babies, even us the 1% who deserve to be informed and respected at the same time, not unreasonably forced into someone else's model of care. I hope you found this to be civil, even while addressing a concern in accountability. I would want the same if I were in your shoes. I would want evidenced based care first and foremost, making sure that gets into the hands of mothers with informed consent but at the same time with proper, not inflated, perspectives on risks while still respecting patient autonomy. Also, this goes directly against HB2247 which only authorizes increasing scope based on reports filed with the department for that specific purpose. This isn't even legal for you to include in this particular process. No one has filed any such report asking for this and it wouldn't matter because it restricts scope of practice. This is a huge problem considering this bill was written to provide evidenced-based care and to protect the public and midwives from such reckless behavior in a rapid change process like this. Thank you Director Humble for your attention to all the comments and for listening.

Browse Responses

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Displaying 890 of 894 respondents

[« Prev](#)[Next »](#)

Jump To: 890

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98 165 95 89**Response Started:** Wednesday, May 29, 2013 10:41:40 PM**Response Modified:** Wednesday, May 29, 2013 10:46:07 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

As an alternative to vaginal exams, I would suggest this non-invasive assessment of cervical dilation: the purple line in the natal cleft. See studies published at least as far back as 1990 for details on assessment: <http://www.scienceandsensibility.org/?p=5547> This measure would significantly reduce the potential of infection being introduced via vaginal exams during the labor and birth process.

Browse Responses

[Filter Responses](#) [Download Responses](#) [View Summary](#)Displaying 891 of 894 respondents [« Prev](#) [Next »](#) Jump To: [Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 68 109 168 89

Response Started: Thursday, May 30, 2013 12:12:15 AM

Response Modified: Thursday, May 30, 2013 12:12:23 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, After reviewing the bill which has prompted this entire conversation, I am concerned about a number of developments in the draft. The bill clearly states that it is intended to decrease the regulatory burden for midwives as well as to cause the consideration of an increase in scope of practice for midwives. The mandatory consults, hospital notifications, and other items that have been added to the draft constitute an added regulatory burden. The increase in transfer of care that these other items will cause will result in a decrease in scope of practice. My next concern is how these additional items entered into the draft. The bill clearly requires that any proposed changes in scope must be submitted in a report that includes data which shows that the proposed change will benefit midwives and mothers. These additional items, such as the GBS restrictions, were added to the draft without the submission of a report and without any data to show that they will benefit midwives and mothers. Including changes without the changes being requested through a report that includes evidenced-based research is literally against the law (this particular law - HB2247). Director Humble, I humbly request that you adhere to both the letter and the spirit of HB2247. The letter regarding the reports and research that must be submitted for any changes, and the spirit regarding the stated intent to decrease regulatory burden and increase scope of practice. Any changes that are not implemented in accordance with the law will not stand up in court. In reviewing the public comments and your responses, I see that you have considered scrapping the entire draft and just using the old rules. Considering that the legislature passed the bill requiring you to go through this process with the intent of increasing the choices available to Arizona families, it would be a shame for you to come up empty-handed. That, and it would be a missed opportunity for the families of the state of Arizona.

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 72 211 185 201

Response Started: Thursday, May 30, 2013 7:14:52 AM

Response Modified: Thursday, May 30, 2013 7:18:55 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, I have a couple of comments so I am going to post them separately so I don't make each one really long. First of all, thank you for working on this issue with everyone. We realize you are very busy with all of the different things that the Department has to work on around Arizona. In previous comments, you have expressed concerns about transparency. A lot of the consternation over some, not all, of the proposed draft rules centers around the perception of transparency. HB2247 specifically states that, "On or before July 1, 2013, the department of health services shall consider adopting rules regarding midwifery that concern the following: 1. Reducing the regulatory burden on midwives who are licensed pursuant to title 36, chapter 6, article 7, Arizona Revised Statutes, and streamlining the regulation process. 2. Consistent with the requirements of title 36, chapter 6, article 7, Arizona Revised Statutes, revising the midwifery scope of practice pursuant to subsections B, C and D of this section." In subsection B, it states, "Any party that is interested in increasing the scope of practice of midwifery must submit a report to the director of the department of health services that contains the following:" and goes into details about the contents of the required report and the timeline for it to be considered. First, due to the fact that HB2247 only makes reference to items that are "reducing the regulatory burden" and "any party that is interested in increasing the scope of midwifery," many people are concerned that several items in the draft rules do the opposite. Second, some of the same items were submitted into the draft rules without the required report by an interested party. It doesn't appear that there is a deadline for submitting new reports. Therefore many of the proposed changes that are beneficial, but not addressed in the consumer or midwives report submitted at the beginning would be fair game for inclusion if they had been submitted in a new report by an interested party. From what I see, any party could be yourself or anyone else at ADHS and there is still time to write those up. However, since a new formal report was not submitted, people feel that transparency is lacking because the statutory process was not followed. The GBS issue is only one of those items and therefore caused a lot of consternation because evidence-based research was not given as required by law in subsection B-2. Other items in contention include increasing the age of entry to 21, requiring notification to charge nurses of normal homebirth labors, and implementing emergency action plans that may include limitations on birth plans. Therefore, I would suggest that current draft rules be adjusted to include only changes requested by the consumer and midwives unless a new report is submitted and processed by the committee before July 1st. We appreciate that the health of mothers and babies is paramount. However, there is room to address those items in the regular rules process. HB2247 was very specific that only increases in scope be discussed in the diamond lane. Thank you, Robert Haasch

Browse Responses

[Filter Responses](#)[Download Responses](#)[View Summary](#)

Displaying 893 of 894 respondents

[« Prev](#)[Next »](#)

Jump To: 893

[Go »](#)

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: *empty*

IP Address: 198.228.216.158

Response Started: Thursday, May 30, 2013 9:05:18 AM

Response Modified: Thursday, May 30, 2013 9:24:59 AM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I strongly disagree with the restrictions being put on parents, women, unborn children, and the field of midwifery in general. Women should not be forced to accept decisions made for them by government officials and health care providers (particularly when their major concern in the matter is financial). As parents, we make decisions that are in the best interest of our children and their health; that is our first and foremost concern. The decisions that we make (i.e. refusal of certain tests or procedures) are based on an increased understanding, after serious research and study, not based on ignorance. Let us choose what's best for ourselves. Don't take away our right to choose our healthcare provider, simply because you feel your methods are somehow superior. That's simply not the government's place or purpose, to force a citizen into a course of action directly related to the birth, health, and life of their children and themselves. We know what's best for our families. The information is out there, but let us make those choices for ourselves. Tracy Sarmiento Glendale, AZ resident

Browse Responses

 Displaying 894 of 894 respondents

 Jump To: 894

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 74 131 92 157

Response Started: Thursday, May 30, 2013 10:37:20 AM

Response Modified: Thursday, May 30, 2013 10:42:58 AM

1. 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:

Direct Contact: <http://www.improvingbirth.org/contact-us/> Dear Mr. Humble et al, ImprovingBirth.org is a national nonprofit that advocates for evidence-based care and humanity in childbirth. We became aware of your efforts to update Arizona's midwifery guidelines after some of our supporters brought it to our attention. First, we want to thank you for reconsidering the guidelines to expand the scope of midwifery care to include women who may benefit the most from individualized, supportive care: women who, otherwise, might be given no other options than Cesarean section. This is invaluable for these women who wish to avoid the increased risks that come with major abdominal surgery. Second, we want to encourage you to push through. The guidelines you inherited do need some more work if they are to reflect a current understanding of the scientific evidence around best birth practices and of women's legal rights in birth (for example, vaginal exams in and of themselves do not yield better health outcomes, but do increase the risk of infection, and we feel strongly that no woman under any circumstances should have to undergo an unwanted exam involving her sexual organs). But putting in that work means safer, healthier, happier, and more positive experiences for mothers and babies on the most important day of their lives. You have a unique opportunity to make a lasting impact on the forward movement of quality healthcare in Arizona. Your leadership on this effort is sorely needed and much appreciated. We work with obstetricians, midwives, lawyers, and researchers, and would be happy to submit an opinion to you on how the guidelines might specifically be updated to reflect current practices and rights. We have made a preliminary review of the guidelines and believe that some fairly simple edits would go a long way towards bringing them current. Thank you for undertaking such a meaningful task. As maternity care across the country changes, your efforts will set an example for other states as they look to improve their own practices to benefit families. Please don't hesitate to contact us if we may be of help in any way. Gratefully, Dawn Thompson, President; Cristen Pascucci, Vice President; Rebecca Dekker, Secretary; Dallas Bossola, Member; Amanda Hardy Hillman, Member. ImprovingBirth.org. Direct Contact: <http://www.improvingbirth.org/contact-us/>

Browse Responses

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Displaying 895 of 898 respondents

[« Prev](#)[Next »](#)

Jump To: 895

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98 167 178 199**Response Started:** Thursday, May 30, 2013 12:04:26 PM**Response Modified:** Thursday, May 30, 2013 12:09:10 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

I very, very, very much like that you said you are "willing to move the testing requirement from a requirement to the physician consultation part of the rule (consultation between the CPM and physician).. include(ing) Group B Strep (GBS)." This is definitely a very good option for us home birth families who choose not to test for certain things. Also, allowing us to still birth at home if positive for GBS. Thank you for giving us the right to refuse testing and still continue care with our midwives. I absolutely love my midwife. who has delivered my first 2 babies, and soon my 3rd

Browse Responses

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1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director Humble, It is of great concern to me that you seem absolutely determined to include a regulation that requires midwives to notify the obstetrical charge nurse at the nearby hospital at the beginning and end of a homebirthing mother's labor. You have stated that this is an effort to ease the relationship between hospitals and homebirth midwives. However, this is your PERSONAL agenda and has nothing to do with the desires of either mothers or midwives. It does nothing to increase safety. It increases the regulatory burden on midwives which is in opposition to the intent of the bill. It is a violation of a mother's privacy and probably also a HIPPA violation. In addition, you have failed to properly spell out what kind of information would need to be shared with the hospital, how that information will be used by the hospital or whether or not this new regulation has even been discussed with the hospitals. I personally have asked you and the committee these questions SEVERAL times now, as have many other consumers. Your insistence on forcing this regulation is unacceptable. This will be an issue that the homebirth community pursues legally if you include it in the final rules revision. It may seem minor to you, and you may be under the impression that it will be a positive change. You are wrong on both counts. PLEASE remove this unnecessary regulation and remember the purpose of the bill and the purpose of the rules revisions. PLEASE drop your personal agenda in favor of what we, the consumers, are asking for.

Browse Responses

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Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 75 121.82.41

Response Started: Thursday, May 30, 2013 2:12:26 PM

Response Modified: Thursday, May 30, 2013 2:12:57 PM

1. The Department is soliciting public comment on the Midwifery Scope of Practice. Please be mindful that comments received will be posted in their entirety unless redacted due to inappropriate content. Please provide your comments or concerns below:

Director, I appreciate your response above and please forgive me for being so direct however, you have not sufficiently responded to valid inquiries and concerns as to the legality of introducing ANY changes in rule at this time that have not been proposed in a properly submitted report, (namely the Midwife and Consumer reports), specifically items that request a DECREASE in regulatory burden and an INCREASE in scope of practice. Your statement above "the overall package is less burdensome" lends me to believe that your interpretation of HB 2247 is that as long as the NET effect is in "favor" of midwives and their clients, that it was a job well done, so to speak. I strongly beg to differ with you! The text of HB 2247 states that the task at hand for the Department is to consider 1. REDUCING regulatory burden, 2. INCREASING scope of practice pursuant to subsections B, C and D of the bill, and 3. Adopting national licensure testing standards. I do not read anywhere in the bill that up for consideration are adding ADDITIONAL burdens or REDUCING scope of practice as long as the "average" result is sufficient by anyone's definition. PLEASE help me to understand because from my viewpoint the department is not following the letter or the intent of the law which GREATLY concerns me. I recommend in your final draft to consider this matter very seriously, and follow the task your department was given: To consider the issues that were properly submitted for request in DECREASING regulatory burden, INCREASING the scope of practice and adopting a national licensure testing standard. If you simply can not agree to the requests being made, then decline them all and leave the rules language as it is (which would be a HUGE disservice to all invested). If you are able to agree with at least some, or all, of the requests, then I encourage you to approve those that have been properly submitted with evidence-based backing, and leave the rest of the issues off the table, to be discussed during a REGULAR rule-making process sometime in the future. Thank you. Trena Murphy

Browse Responses

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Displaying 898 of 898 respondents

[« Prev](#)[Next »](#)

Jump To: 898

[Go »](#)**Respondent Type:** Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 174 254 1 153**Response Started:** Friday, May 31, 2013 10:56:33 AM**Response Modified:** Friday, May 31, 2013 11:09:11 AM

1. 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:

To whom it may concern: I am writing because I am a little distraught about some of the rules being implemented in the Scope of Midwifery rule changes. One in particular is the forced termination of care of my selected provider, if I choose to refuse certain tests. What concerns me, is that my husband and I saved up enough money to pay a midwife outright before we conceived. Our insurance does not cover any pregnancy related visits or tests. Therefore, any and all testing is out pocket for us. If we wished to continue care with our midwife upon refusing the tests, we would have to see an OB or CNM, and we do NOT have the funds to do so. With the loss of care, and the inability to pay for an OB or a CNM if we had to transfer care, I would be reduced to birthing unassisted. I do not wish to do so, but I would have no other options. I also know that I am not alone in this regard. But, the MOST important aspect that is being missed in ALL of the drafts is patient autonomy. Just because a one is pregnant, does not mean she is no longer covered under the patient's bill of rights. One could not force tests and treatments on a pregnant woman in the hospital, why is at home an exception?

Browse Responses

 Displaying 899 of 919 respondents

 Jump To: 899

Respondent Type: Normal Response

Collector: midwifery scope of practice (Web Link)

Custom Value: empty

IP Address: 216 160 137 119

Response Started: Friday, May 31, 2013 3:47:14 PM

Response Modified: Friday, May 31, 2013 3:52:50 PM

1. 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:

May 31, 2013 Office of the Director 150 N. 18th Avenue Phoenix, AZ 85007 Re: Public Comment on Proposed Guidelines, Title 9, Chapter 16, Article 1 Licensing of Midwifery To whom it may concern: We are writing to express concern regarding several elements of the proposed guidelines for licensed midwives in the state of Arizona. As written, several of the proposed guidelines violate bodily autonomy, privacy, equal protection, and due process. The legal issues involved in childbirth combine constitutional, administrative, civil, criminal and antitrust law. Such a system is optimal when each of these areas is free of bias, applied evenly, and supports the logic of the overall system, including the supremacy of the constitution and the distinct role of each branch of government. Ideally, the regulatory system will set forth the parameters of a certain profession without constraining the privacy or free market rights of potential consumers even when the risk to consumers is grave. The right to refuse unwanted medical treatment and the right to make decisions for ones children are constitutionally protected privacy rights. Courts take this individual right so seriously that they have held that one person cannot be required to undergo medical treatment to save another person, and that pregnant women have ultimate right of decision-making over their care, even to such an extreme as when their death is at stake. "For our law to compel the Defendant to submit to an intrusion of his body would change every concept and principle upon which our society is founded. To do so would defeat the sanctity of the individual and would impose a rule which would know no limits and one could not imagine where the line would be drawn." The proposed guidelines threaten this right at R9-16-109 in each instance where the client's ability to choose midwifery services is automatically restricted. The focus of the regulations should be on the profession of midwifery, and not on the choices of the client or the nature of her body. (See R9-16-109(A)8, and (A)19.) The issue before us, however, is not the theoretical right of a mother to put herself or her baby at risk—but the very real right of any mother to protect herself and her baby by making informed decisions about the maternity care that directly impacts them both. It can, should, and must be assumed that any mother has the best interest of herself and her baby in mind when she is making decisions about care, and that she has the ultimate right to do so. When the state steps in to override that assumption and make care choices on behalf, or in spite of, the mother, it is a deeply problematic proposal. The problems intrinsic to such a stance are particularly troubling in reference to two specific medical treatments included within the proposed guidelines: a vaginal exam as part of standard care and an episiotomy in case of emergency. These are two procedures—both invasive, almost certainly painful, and with risks of complications—that any woman must be free to decline. To impose upon a woman's sexual organs the preferences of the state in her maternity care is unacceptable, in any setting: home or hospital. When the European Court of Human Rights ruled in 2010 that birthing women have a fundamental human right to choose the circumstances in which they give birth, it held that the State violates that human right if "health professionals" cannot support women's decisions without fear of legal punishment. In addition, the Supreme Court of the United States prohibits professionals from limiting participation of other professionals in the marketplace, even when they aim to prevent "unwise and even dangerous choices." The proposed rules threaten this right to the marketplace in each instance where the consumer is left with only a medical option. (See R9-16-108(K)2, (K)4c, (L)1g, (L)2c, not to mention R9-16-110, and R9-16-111(A)3, and R9-16-111(B).) Medicine and midwifery are different professions with distinct standards in an overlapping field. Although collegiality and continuity of care are ideal, mandating consultation between competing professionals opens the door to illegal monopoly through collusion and boycotting in violation of the Sherman Act. The proposed rules also conflate scope of practice (regulatory) law with informed consent (negligence). Informed consent is an ethical and common law duty for all care providers. While the right to make medical decisions is not absolute, constraining that right requires the protections afforded by due process. The state can only override an individual's decision-making process through proper adjudication. The proposed rules risk overstepping the state's role in informed decision making at R9-16-108(C)g. In fact, the obstetrician's trade union, American College of Obstetricians and Gynecologists, states: Seeking informed consent expresses respect for the patient as a person; it particularly respects a patient's moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to support of the patient's freedom to make decisions within caring relationships. Informed consent not only ensures the

protection of the patient against unwanted medical treatment, but it also makes possible the patient's active involvement in her medical planning and care. Informed consent is a meaningful right only when the complementary right of informed refusal is respected. Women in Arizona retain the services of doctors and midwives for their expertise, knowledge, and advice—not to enforce certain methods by which their babies must be born. Finally, it is worth noting that the only person capable of performing a vaginal delivery is the person who is giving birth, not the care provider. (See R9-16-108(B), and R9-16-109(C) and (D)) This clarification has important implications for all care providers in negligence law, while supporting the autonomy and privacy and pregnant people. This is an important foundation of human rights in childbirth. Everyone involved in childbirth benefits from a legal and regulatory system that protects bodily autonomy, privacy, equal protection, and due process. Many jurisdictions have successfully enumerated regulations of the profession of midwifery without threatening these fundamental rights. We understand that the state has to balance the constitutional rights of Arizona residents, with the need to promote health and safety. We believe that it is not only possible, but optimal, to respect the human rights and best interests of Arizona's mothers by ensuring that state guidelines do not conflict with the rights of the individual. Please contact us at any time if we may be of assistance in the future. We share with you a desire to see the best possible outcome for the mothers and babies of Arizona. Sincerely, Hermine Hayes-Klein, J.D. Director, Human Rights in Childbirth hermine@bynkershoek.eu Indra Lusero, J.D. Director, HRIC Legal Defense Network lusero.indra@gmail.com References: Cruzan v. Director, Missouri Department of Health, 497 U.S. 261 (1990); Troxel v. Granville, 528 U.S. 1151 (2000). In re A.C., 573 A.2d 1235 (1990); McFall v. Shimp, 10 Pa. D. & C.3d 90 (Pa. Com. Pl., July 26, 1978). McFall v. Shimp, 10 Pa. D. & C.3d 90 (Pa. Com. Pl., July 26, 1978). See R9-16-109(A)8, and (A)19. FTC v. Indiana Fed'n of Dentists, 476 U.S. 447 (1986). See R9-16-108(K)2, (K)4c, (L)1g, (L)2c, not to mention R9-16-110, and R9-16-111(A)3, and R9-16-111 (B). "Exceptions to the Sherman Act for potentially dangerous goods and services would be tantamount to a repeal of the statute. In our complex economy, the number of items that may cause serious harm is almost endless." National Soc'y of Prof. Engineers v. United States, 435 U.S. 679 (1978). ACOG Committee Opinion on Informed Consent available at: <http://www.acog.org/Resources%20And%20Publications/Committee%20Opinions/Committee%20on%20Ethics/Informed%20Consent.aspx> See R9-16-108(B), and R9-16-109(C) and (D). See for example Texas Midwifery Regulations.

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1. 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:

NO! You have NO authority to restrict scope of practice for midwives You have NO right to transfer clients who are GBS+ out of midwifery care You have NO right to force additional consult You have no right to increase costs of care for women and put that money in certain pockets with your rules You have NO right to add things that do NOT increase scope of practice You have NO right to mandate vaginal exams. You have NO right to put more women and babies at risk by threatening their right to birth at home with a midwife with your arbitrary non-evidenced based one-size-fits-all rules.

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1. 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:

Regarding 911 and thinking of my specific situation and location, semi-rural unincorporated county and not the fastest call time out there, it practically seems negligent to call 911 instead of just calling the hospital directly while getting in the vehicle and heading there ourselves with a care provider who can actually deal with my specific type of emergency instead of a slow response time that will be answered by someone who when finally arrives will act like they know what to do when they probably really don't and would automatically take me to that one hospital YOU DON'T want to go to, when the good one is just a little farther We need room for individual situations and the the experience to know what will truly help the most.

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Respondent Type: Normal Response**Collector:** midwifery scope of practice (Web Link)**Custom Value:** empty**IP Address:** 98.177.148.187**Response Started:** Friday, May 31, 2013 11:30:16 PM**Response Modified:** Friday, May 31, 2013 11:34:41 PM

1. 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:

Many of the situations you place women in with these rules makes them choose between an obstetric provider or unassisted home birth. You are taking away their preferred care provider for no reason and may create more fetal and maternal deaths because of your disrespect for informed consent and informed refusal. The obstetric model is not working for women, it is working for OBs. It's insulting the way OBs have been treating women and midwives for a long time and the fact that it's gotten worse says a lot about their agenda. They are not experts on natural birth by any stretch of the imagination. They are experts on complications and intervention, much of which is unnecessary and fear-based and they largely participate in a business model that sacrifices the patient's welfare to increase patient volume and get through births in less time. Women have been physically injured and damaged because of these practices. The last two OB offices I've been to in my area, the ones most women use out here, look like they are herding cattle. Their medical record keeping has me giving birth in 3 different locations to different children on the same day. All I gotta say is at least my midwife knows my name and she knows my medical history without even having to look it up. She knows my body and the way I work through a birth and she knows how to wait and watch. Her agenda is a healthy mom and baby and nothing else and she is there, the whole time, involved, making sure that is where we are headed. It is COMPLETELY DIFFERENT and there is a reason they do not understand it at all. It is real health CARE and I don't believe that is a title we can give to the obstetric model. An OB wouldn't have time to witness even one home birth so that should tell you how much time they have to create an environment that promotes the same outcomes for their own patients.
