

Midwifery Scope of Practice Comments January 2 through January 9, 2013

I am writing on behalf of the OB-Gyn Committee of Scottsdale Healthcare in my capacity as department chair. We have followed the Scope of Practice proceedings and have serious reservations regarding the desire of lay midwives to perform breech, multiple gestation and vaginal birth after-section (VBAC) deliveries. It is our medical opinion that this would be a significant disservice to women as well as their unborn children.

The medical literature is clear that multiple gestations, breech deliveries and vaginal births after caesarians pose increased risks to patients and their pregnancies. The Term Breech Trial (TBT), published in 2000, was an international randomized multicenter study which compared 941 planned elective c-sections with 591 vaginal breech deliveries. The conclusions were published in *The Lancet*, a highly regarded peer-reviewed British medical journal. The results revealed a 5.0% risk of neonatal morbidity and/or mortality in the vaginal breech delivery group versus a 1.6% risk in the planned c-sections group. This study has changed the way breech deliveries are performed in most industrialized countries.

The risk of the uterus rupturing during labor in a woman who has previously undergone a c-section is 0.7%. Though it may seem like a low figure, 1 out of 140 VBAC deliveries will result in a potentially life-threatening condition for both the mother and the unborn infant. It is for that reason that the American College of Obstetrics and Gynecology has defined the obstetrical standard of care for VBAC Trial of Labor as having an obstetrician and c-section personnel immediately available to ensure the delivery of the infant within 30 minutes in case of a uterine rupture.

In regard to multiple gestations it is a well known that the position of the second twin is often unstable and a vertex presentation can quickly flip to that of a breech. Cord prolapses can occur as well. A cord prolapse is an obstetrical emergency in which the umbilical cord comes out before the baby. The results is the compression of the cord by the fetus's head which prevents blood from reaching the fetus. The only treatment to prevent permanent injury to the fetus is an immediate c-section.

Though we recognize the strong desire some women may have for a home birth there are multiple situations in which the risks of a home birth far outweigh the benefits. It is not a question of whether a mother or infant will be harmed but rather how long until it will occur. As practicing ObGyns we have all taken care of patients brought into the Emergency Department after having labored at home ... unsuccessfully. When complications arise (as they eventually always do) the resources available in a hospital setting is what make the difference between a good outcome and a tragedy. It is with this in mind that we recommend the committee exclude multiple gestation, fetal malpresentation and VBAC deliveries from the scope of practice of lay midwifery.

I am a mother who is pregnant with her sixth child. All of my previous births have been in a hospital. One was with a CNM, and the other four were with naturally-minded OBs, both of whom have retired. All five previous births were all-natural, unmedicated, and not induced. Even though I am a natural childbirth advocate and practitioner, I am not rabidly anti-hospital or anti-MD/OB-GYNs. However, since my first birth 15 years ago, I have seen that even when a medical caregiver (such as an OB or a CNM) are naturally-minded and supportive of my decisions, the staff RNs and hospital policies are often anti-natural birth. When birthing in a hospital, one can choose her CNM and/or her OB (or occasionally, family practitioner), but one is powerless when it comes to crabby RNs or restrictive hospital policies. The support for birthing unmedicated, for exclusively breastfeeding, for rooming in with one's newborn -- among other things -- is spotty, at best. For these reasons, when I became pregnant with our sixth child, my husband and I decided to go for a home birth with a Licensed Midwife.

We have one potential problem, though: I am measuring very large for dates. My midwife (a state-

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licensed LM) believes that I am either carrying twins, or a month further along than my LMP would indicate.

My husband and I wanted to avoid all ultrasounds, but my midwife encouraged me that if I am, indeed, having twins, I really need to know in advance, both to prep for the birth AND to monitor any difficulties that may arise with a twin pregnancy. We had considered NOT having an ultrasound, because if it turns out that I am carrying twins, my current midwife will not, under the current laws, be able to oversee the home birth of those twins.

I think that is ridiculous. I chose her after an extensive interview process. I trust her. I'm angry that the licensing board doesn't allow home births of multiples. I would prefer to keep her as my midwife for the entire journey.

I will have an ultrasound in about three weeks, when I'm at 18 weeks gestation. At that point, we'll have to decide what to do. What I will probably do, if I'm carrying twins, is add an additional midwife -- one who is a Naturopathic Medical Doctor (NMD) as well as a Certified Professional Midwife (CPM) to my prenatal care and delivery team. My midwife says that since NMD/CPMs are governed by a different board, they ARE allowed to attend home births of multiples.

In other words, if I am carrying twins, my choices are to: Birth unassisted (which is unlikely, but VERY tempting); birth in a hospital (been there, done that, and I don't want to go back); or PAY FOR TWO MIDWIVES to attend my birth -- both my current LM and the additional CPM -- in order to birth legally at home.

It would be much simpler, much more sensible, much more practical, and much less costly for me to only have ONE midwife for this birth. I very much regret the way the current law stand, and would love to see it changed.