HB

382

Alaska Legislators
Judiciary Committee
Alaska State Legislature
POB V
Juneau, Alaska 99811

Dear Legislator:

I write in support of passage of HB 382, An Act Relating to Regulating the Practice of Midwifery.

For many reasons I support this legislation for licensed midwifery. Birth is a normal event, not a medical event or a pathology to be diagnosed and treated. In the U.S.A. and Alaska, because we have medicalized the birthing process, we rank 23rd in infant mortality - a shameful statistic. We need competent midwives assisting women during their childbearing years to assure safe, accessible and affordable prenatal, labor, delivery and postpartum services. The World Health Organization supports midwifery care during the normal pregnancy and since nurse midwives do not practice in the home setting due to their restrictive collaborative arrangements, licensed midwifery should be a safe choice for Alaskan women seeking a home birth. HB382 will provide for the much needed establishment of a Midwifery Board to regulate the safe practice of midwifery.

As an Advanced Nurse Practitioner in Women's Health Care in my own private practice, I daily encounter women who could benefit from midwifery services. Let's offer to Alaskan women the same safety and comfort enjoyed by European women during their childbearing years. I urge you to support passage of this bill so that Alaskan women can have a safe choice.

Sincerely,

C. Trollan 3/31/92

Constance Trollan, RNC,ANP
Immediate Past President
Alaska Nurses' Association

February 10, 1992

Dear Representative Kerttula,

I am writing this in regards to HB 382, establishing the licensing of midwives in the state of Alaska and a designated Midwifery Board to write the regulations that will then govern the licensed Midwife.

Currently I am employed as a doctor's assistant, a volunteer for a borough ambulance squad with EMT II certification, and a student of Via Vita Missions School of Midwifery. I am in full support of this bill.

My husband and I used the services of midwives in Fairbanks for my prenatal care and the delivery of our third child and I would fully recommend such care for other expecting mothers. I feel that women in the state of Alaska would greatly benefit from such services and would at last have confidence in their choice of whether to have a hospital or a home birth.

To assure that a high standard of care would exist, HB 382 would establish a Midwifery Board consisting of 3 midwives, a certified nurse-midwife and one person from the general public. The Board would then screen potential applicants of their knowledge in both clinical and practical aspects of midwifery. A standardized test from the Midwives Alliance of North America (MANA) would then be used to test these skills. I feel a great sense of importance in providing a uniform standard of care throughout the state of Alaska and this bill would provide such a standard.

I urge you to support HB 382, considering the professional standard of care this would provide to our communities along with an underwritten statement of support by our Alaskan legislators.

I would also like to state my support for HB 381 allowing midwives to accept medicaid. There are many women who cannot afford the services of a midwife but would prefer this service as opposed to the services a hospital would provide. Many expecting mothers with low incomes contact our clinic in regarding our acceptance of medicaid. At this time we are unable to accept medicaid because of the lack of a midwifery licensing program in Alaska.

I urge you to support HB 381. Remember, the services of midwives cost considerably less to both the client and the state of Alaska.

Thank you for your time and your support.

Sincerely,

Kathie Gettinger

Kathie L. Gettinger, EMT II
Doctor's Assistant, Student Midwife
1628 Market St.
Fbks, AK 99709

DAVID M. CAMMACK, M.D.

3040 Riverview Drive
Fairbanks, AK 99709
Telephone: (907) 452-3117

February 11, 1992

To All Legislators;

I support HB 381 and HB 382; midwives in Alaska need licensing, their own regulating board, and medicaid provider status. I know and work with several midwives and find them to be very well qualified to handle the birth process, and in many ways are better than traditional doctor care.

All boards should be independent politically and should be self-supporting financially. By this I mean that physicians should not have regulating power over midwives; nor should midwives have regulatory power over physicians. Each board should regulate its own members and require its own members to support its costs at no cost to state funds. This should be a pattern for all boards including medical, nursing, dental, etc.

Please expedite these bills; this issue has languished in the "Black Hole" of Juneau for many years - way too long. The health of Alaskan women is being compromised because of inaction!

Sincerely,

David M. Cammack, M.D.

February, 18 1992

Mark Restad
Emergency Medical Technician III
P.O. Box 3975
Palmer, Ak 99645

Dear House Hess Committee

I am writing you to inform you of the importance of House Bill 381. This bill creates a License board for the Midwives of Alaska to work under. It is currently legal for Lay midwives to practice in the state of Alaska. This license would:

1. Legislate a safe and prudent standard of midwifery in the state.
2. Create a mechanism to update midwives in developments of new advances in their field.
3. Encourage the development of options in obstetric care, which is scarce and costly to access.

The midwives in the state have created an association that promotes the safe and prudent practice of midwifery in the state. This organization also maintains members skills through continuing education for its members. Yet all of the midwives in the state are not members of this organization. Licensing is required to insure quality of this profession in the state.

May I also remind you of the growing need for the State's health care system to address current and future needs. There is a shortage of available obstetric care in the state. This shortage is even evident in Anchorage. The need to encourage mid-level health care in the state is a current need that will grov increasing strong if not addressed.

Sincerely,

Mark Restad

Mark Restad
Emergency Medical Technician III

Womens Bay Midwifery

Comprehensive Maternity Service for Kodiak Island

February 19, 1992

Hello:

My name is Kathleen Short, Certified Childbirth Educator, E.M.T., and Midwife. I began attending births and midwifery trainings here in Alaska in 1982, and opened my practice in Kodiak in 1987. This was after 5 years of intensive learning situations, hundreds of hours in classes and workshops, 2 months plus in a midwifery school in Texas, and a years apprenticeship with another midwife in Kodiak, followed by a 3-month internship in advanced midwifery at a birth center in Texas. In my work as a midwife, I have attended more than 250 births, including the 100 or so homebirths in my practice in Kodiak. I can document attendance at thousands of prenatal and postpartum checkups, in the home and clinic, and in the hundreds of childbirth classes that I have taught. The statistics I keep from my practice are consistent with other midwives, including C.N.M.s, in Alaska, and essentially reflect low rates of complications and problems for the mothers and babies of the families we serve.

I am asking you, our representatives, to listen to the voices of these people, through teleconferences, and through the letters and public opinion messages you receive. Let <u>them</u> speak to you of wanting to make their best choices for maternity care. Let them tell you about their needs met by the midwifery standard of care. Let me write to you, as a mother, as an Alaskan, as a midwife, of the need in our state to bring the traditional practice of midwifery, married as it now is, with the tools and knowledge of modern medecine, into step with the 21st century; this means creating a measureable and well defined standard of care for the purpose of regulation, including licensure, of Alaska's non-nurse midwives. I support House Bill #381, and House Bill #382, as the means to that end. I also firmly believe that our goals, the best care for our clients, will best be served with a highly motivated board governing the process, like, possibly, the other boards governing health care providers in Alaska through occupational licensing. I'd like to add, that in the last few years, I have had many women approach me as their choice for maternity caregiver, only for them to discover that I could not be an eligible caregiver for reinbursement by Medicaid because of existing lack of recognition for any midwife, other than C.N.M's. Many have gone away to see a doctor, resigning themselves to "2cd best choice," 2cd best to them, but which cost the state 2-4 times more than the same basic care with a midwife. Other of my clients in the low-income bracket, have gone to great lengths with me making "barter arrangements," rather than settle for their 2cd best. Licensure should be available for the midwives of this great state, and licensed midwives should be designated caregivers for clients receiving state assistance.through

Thank you for receiving my words,

Kathleen Short

Kathleen Short, Certified Midwife and Certified Childbirth Educator
Box 831, Kodiak, Alaska 99615 (907) 487-4028

486-6169

February 26, 1992

Diane Fuller, RN, BSN
PHS Hospital
Barrow, Ak 99723

RE: House Bill 382

Dear Legislator:

I am writing in reference to the above bill regarding the licensing of midwives. I am wholly agree that midwives assisting in home or birth center deliveries should be licensed and practice under safe standards of care. I encourage you to support this bill and see that it passes through this legislative session.

I am a registered nurse, having completed the four year BSN program at the University of Alaska almost three years ago. Prior to that I was a midwife, assisting women who chose to deliver outside of the hospital setting. With these two experiences, I feel qualified to comment on this issue.

I feel very strongly that the midwives effected by this bill should not be titled "lay midwives", as they truly are not. While most of these midwives have not been through traditional American educational systems, they have gone to great lengths to obtain academic and clinical knowledge in order to provide safe care. The midwives to be regulated by this bill are in no way "lay" practitioners. You should be aware that in the United States there are several two and three year training programs for direct entry midwives. One of these being located in Fairbanks. The College of Midwifery in New Mexico offers degree programs for direct entry midwives. These type of programs have been used successfully in many European countries, and I believe are becoming more acceptable in the U.S. The programs have a didactic component to guide the midwifery student in obtaining the academic knowledge necessary to plan and provide health care individualized to each woman's unique needs, as well as the knowledge necessary to screen for high risks indicators. The clinical portion of these programs are based on the apprenticeship model. This is very important because it provides for learning and performing clinical skills under the supervision of a skilled midwife.

It is my understanding that there is some discussion of calling the midwives licensed under this bill, "non nurse midwives". I find that ridiculous and offensive. For one thing no license should carry a title discribing what the holder is not. The license should state what the licensee is doing. Secondly, there are many nurses currently and futuristically who may choose to be licensed and practice under this bill. They may also be licensed as a nurse. This title would definitely not be applicable in such a case. As in my case, a person can be a nurse and a midwife, without being a certified nurse midwife (CNM).

In my opinion, the correct title for these direct entry midwives who will be effected by this bill is Licensed or Registered Midwife.

I would like to place strong emphasis on my belief that a midwife does not have to be a nurse to be a competent and qualified practitioner. In fact, most of what I learned in my nursing education is not applicable to being a midwife. This is why I feel that midwifes should have their own board. Nursing has its own licensing board because we realize that physicians do not really understand what the profession of nursing is all about. I fully believe that nursing does not understand the full scope of what the profession of midwifery is all about. Therefore, they should not be given the task of licensing and supervising direct entry midwives.

GLENNA WILDE, N.D.
DOCTOR OF NATUROPATHIC MEDICINE
369 S. FRANKLIN SUITE 300, JUNEAU, AK. 99801, 907-586-6810

March 10, 1992

To all Legislators

Re: House Bill 382

Dear Legislator,

I have had the occasion to work with several midwives in the Juneau area as part of my professional practice. I understand that House Bill 382, introduced by Rep. Nilo Kopenon, will initiate a midwifery board consisting of two licensed midwives, a public member, a health care professional, and certified nurse midwife.

I would like to voice my complete support for HB 382. The patients that I serve as a naturopathic doctor are generally that segment of the community that choose and support freedom of choice in health care. This is our right as citizens of the United States, and as long as the midwives are regulated by their own profession and other health care providers, I feel it is essential that Alaska continue to be a frontrunner in providing freedom of choice in health care options for the people that live here.

I urge you to support this HB 382. Please do not hesitate to contact me if I may give any supporting information to you regarding this bill.

My kinds regards,

Glenna Wilde

Glenna Wilde, N.D.

GW/ed

PRIMAL HEALTH RESEARCH CENTRE

HEAD OF RESEARCH
Dr Michel Odent
59 Roderick Road
LONDON NW3 2NP

Tel. (071) 485 0095
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Attention: Sherry Paul
Representative Niilo Koponen
Pouch V
Juneau
Alaska 99811

11 March 1992

Dear Niilo Koponen

Alaska is one of the American states I visited in 1987 when preparing a report to be published by the World Health Organization (1).

One of the conclusions of my report is that the higher ratio of midwives to obstetricians, the better the outcomes, and the lower the rates of cesarean sections and other interventions. Also the management of childbirth is more cost effective in countries where there is a great number of midwives and where midwifery is a well established professional body.

That is why I endorse the House Bill No 382 and indeed any legislation that can open the way for midwifery to grow.

Yours faithfully

Dr Michel Odent

(1) Odent Michel, Planned Home Birth in Industrialized Countries, W H O, 1991, 4977B, Copenhagen

Registered Company No. 2323676
Registered Charity No. 328090

April 2-92

Dear Legislator,

I am writing to support House Bill 381 + 382 concerning the Midwifery Laws. The midwives have been important to myself and the birth of my son, and to many friends. They have given us the best care possible. It was complete, personal (and the best deal in town!) Many of us had unhappy hospital birth experiences and turned to the midwives for help. At the time I was pregnant I had no insurance and little money. In order to pay for my prenatal visits I modeled my nude belly for a group of women artists. This worked out fine for myself but many women have a hard time with the financial end. Again, I support the midwives and I know they need support too.

Sincerely,

Nancy King
Mile 1414 Alaska Hwy
Delta, Alaska
99737

Alaska State Legislature

Mike Navarre
Co-Chair
(907) 465-3706

INTERIM ADDRESS
34824 Kalifornsky Beach Rd.
Soldotna, Alaska 99669
(907) 262-7842

Eileen MacLean
Co-Chair
(907) 465-3722

INTERIM ADDRESS
P.O. Box 290
Barrow, Alaska 99723
(907) 852-7111

House of Representatives
Committee on Finance
P.O. Box V, Juneau, Alaska 99811

April 21, 1992

Bobbie Behrens, M.D.
35251 Kenai Spur Hwy., Suite 3
Soldotna, AK 99669

Dear Dr. Behrens:

Thank you for your letter regarding your opposition to HB 382 and to the proposed elimination of the Alaska State Medical Board. I appreciate your taking the time to comment about these issues; however, HB 382 passed the House on Friday, April 10, and, regrettably, I only received your letter today. However, I will send a copy of your letter to the Senate Labor and Commerce Committee where the bill has been referred, so that they may take your concerns into consideration when the bill is heard.

I share your concern about the Governor's Task Force on Boards and Commissions' recommendations as, I believe, do many other legislators. Any recommendations pertaining to statutorily created boards will have to pass legislative approval, and I believe some of these recommendations will run into some problems. I will certainly keep your comments in mind.

Sincerely,

Mike

Representative Mike Navarre, Co-Chair
House Finance Committee

cc: Senator Drue Pearce, Chair
Senate Labor and Commerce Committee w/encl.

MN:lsg

Dr. Bobbie Behrens, M.D.

35251 Kenai Spur Hwy., Suite 3 • Soldotna, AK. 99669 • (907) 262-2602

7 April, 1992

Mike Navarre
Alaska State Capitol
House of Representative
Juneau, Ak 99801-1182

Dear Mr. Navarre,

This is a letter in reference to House Bill 382 concerning the practice of midwives.

I am a physician practicing OB-GYN and I have concerns about this bill because it doesn't really regulate lay midwives. I have had exposure to a lay midwife in this area and I have had some bad experiences. There does need to be some regulation of lay midwives and enclosed is a copy of the standards for the practice of nurse midwifery which was written by the American College of Nurse Midwives. There is also a statement policy from the American Obstetrics and Gynecology which is also enclosed. Nurse midwives are required to have a physician back-up and, in fact, I am a physician back-up for Cat Shackleton, who is a nurse midwife in the area. She provides excellent care for patients and follows the standards for the practice of nurse midwifery. Maybe the standards that are enclosed would aid in developing a bill to establish a board for the lay midwives.

Another concern I have is the proposed elimination of the Alaska State Medical Board. I understand that there is a Governor's Task Force on boards and commissions that has recommended eliminating the Alaska State Medical Board. If this comes to be, a Citizen's Health Board was recommended which includes pharmacists, nurses, physical therapists, optometrists, dentists, and chiropractors. Physicians in this state would lose the ability to conduct their own peer review and if physicians decide to become licensed in other states,and if the licensure in Alaska is not done by a state medical board comprised of physicians, it would become difficult for physicians to become licensed in another state via reciprosity. The State Medical Board is self supporting through the licensure fees and I do not feel that by eliminiating this board the state would save any money. Physicians need to be able to police themselves, to provide the best medical care possible for the people in the state of Alaska.

In conclusion, I would strongly urge you to vote against House Bill 382 until some better standards can be employed for the practice of midwifery. I would also urge you vote against eliminating the Alaska State Medical Board.

Sincerely,

B Behrens MD

Bobbie Behrens, M.D.

mab

STANDARDS

FOR THE

PRACTICE OF

NURSE-MIDWIFERY

American College of
Nurse-Midwives

STANDARDS FOR THE PRACTICE OF NURSE-MIDWIFERY

Nurse-midwifery practice is based upon academic preparation in the sciences and upon clinical skills necessary for the management and care of essentially normal women and newborns. The care, as defined by the American College of Nurse-Midwives (ACNM), includes the antepartum, intrapartum, and postpartum/newborn periods and family planning/gynecology. The nurse-midwife is committed to maintaining a high standard of professional care, to participating in the education of nurse-midwives, and to promoting the concepts of nurse-midwifery practice in the community.

STANDARD I

NURSE-MIDWIFERY CARE IS PROVIDED BY QUALIFIED PRACTITIONERS.

The practitioner:

1. Is certified by the American College of Nurse-Midwives.
2. Shows evidence of continuing competency as required by the American College of Nurse-Midwives.
3. Is in compliance with the legal requirements of the jurisdiction where the nurse-midwifery practice occurs.

STANDARD II

NURSE-MIDWIFERY CARE SUPPORTS INDIVIDUAL RIGHTS AND SELF-DETERMINATION WITHIN BOUNDARIES OF SAFETY

The certified nurse-midwife:

1. Supports the **Philosophy of the American College of Nurse-Midwives.**
2. Provides clients with a description of the scope of nurse-midwifery services and information regarding the client's rights and responsibilities.
3. Provides clients with information on other providers and services when requested or when care required is not within the scope of practice of the individual nurse-midwife.
4. Promotes involvement of support persons in the practice setting.

STANDARD III

NURSE-MIDWIFERY CARE IS COMPRISED OF KNOWLEDGE, SKILLS, AND JUDGMENTS THAT FOSTER THE DELIVERY OF SAFE AND SATISFYING CARE.

The certified nurse-midwife:

1. Collects and assesses client care data, develops and implements a plan of management, and evaluates the outcome of care.
2. Demonstrates the clinical skills and judgments described in **Core Competencies in Nurse-Midwifery.**
3. Practices in accord with the **Standards for the Practice of Nurse-Midwifery** of the American College of Nurse-Midwives.
4. Practices in accord with the policies of the nurse-midwifery service/practice that meet the requirements of the particular institution or practice setting.
5. Expands clinical practice in accordance with **ACNM Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice.**

STANDARD IV

NURSE-MIDWIFERY CARE IS BASED UPON KNOWLEDGE, SKILLS, AND JUDGMENTS WHICH ARE REFLECTED IN WRITTEN POLICIES.

The certified nurse-midwife:

1. Establishes policies for each practice area, which include but are not limited to:

Antepartum

a) criteria for admission to the nurse-midwife service.
b) parameters and methods for assessing the progress of pregnancy.
c) parameters and methods for assessing fetal well-being.
d) indicators of risk in pregnancy and appropriate intervention.
e) medications used during pregnancy.

Intrapartum

a) parameters and methods for assessing progress of labor and birth.
b) parameters and methods for assessing maternal and fetal status.

c) medications/solutions used during labor and birth.
d) management of the birth.
e) methods to facilitate the newborn's adaptation to extrauterine life.
f) significant deviations from normal and appropriate interventions.
g) parameters and methods for assessing the immediate well-being of the newborn.

Postpartum/Newborn

a) parameters and methods for assessing the postpartum status of the mother.
b) parameters and methods for assessing the well-being of the newborn.
c) medications used in the puerperium.
d) significant deviations from normal and appropriate interventions.

Family Planning/Gynecology

a) parameters and methods for assessing general physical and emotional status of the client.
b) medications and devices used.
c) significant deviations from normal and appropriate interventions.

2. Defines nurse-midwifery management, collaborative nurse-midwife/physician management, and physician management for the nurse-midwifery service/practice.

STANDARD V

NURSE-MIDWIFERY CARE IS PROVIDED IN A SAFE ENVIRONMENT.

The certified nurse-midwife:

1. Assesses the practice setting for reasonable freedom from environmental hazards.
2. Promotes adequate staffing in the clinical setting where the nurse-midwife practices.
3. Knows the location and use of emergency equipment.
4. Uses infection control procedures.
5. Demonstrates accessibility to an emergency transport system appropriate for the practice setting.

STANDARD VI

NURSE-MIDWIFERY CARE OCCURS INTERDEPENDENTLY WITHIN THE HEALTHCARE SYSTEM OF THE COMMUNITY, USING APPROPRIATE RESOURCES FOR REFERRALS TO MEET PSYCHOSOCIAL, ECONOMIC, AND CULTURAL OR FAMILY NEEDS.

The certified nurse-midwife:

1. Demonstrates an agreement with a physician for a safe mechanism of obtaining medical consultation, collaboration, and referral.
2. Uses community services.
3. Demonstrates knowledge of psychosocial, economic, cultural, and family factors that may affect care.

STANDARD VII

NURSE-MIDWIFERY CARE IS DOCUMENTED IN LEGIBLE, COMPLETE HEALTH RECORDS.

The certified nurse-midwife:

1. Uses records that facilitate communication of information to consultants and institutions.
2. Facilitates clients' access to their records.
3. Provides written documentation of risk assessment, course of management, and outcome of care.
4. Provides for prompt entry on the health record of laboratory tests, treatments, and consultations.
5. Provides a mechanism for sending a copy of the health record on referral or transfer to other levels of care.
6. Treats records as confidential documents.

STANDARD VIII

NURSE-MIDWIFERY CARE IS EVALUATED ACCORDING TO AN ESTABLISHED PROGRAM FOR QUALITY ASSESSMENT THAT INCLUDES A PLAN TO IDENTIFY AND RESOLVE PROBLEMS.

The certified nurse-midwife:

1. Participates in a program of quality assurance for the evaluation of nurse-midwifery practice within the setting in which it occurs and within legal requirements.

2. Collects client care data systematically and is involved in analysis of that data for the evaluation of the process and outcome of care.
3. Seeks consultation to review problems identified by the quality assurance program.
4. Acts to resolve problems that are identified.
5. Participates in peer review.

GUIDELINES FOR THE INCORPORATION OF NEW PROCEDURES INTO NURSE-MIDWIFERY PRACTICE

Nurse-midwifery practice will continue to evolve, depending on the needs of the client, the needs of the site, the expectations of the institution, and the nurse-midwife's desire to improve care to women and their families. Procedures incorporated into the practice of nurse-midwifery should be in concert with the **Philosophy of the American College of Nurse-Midwives** and the **Standards for the Practice of Nurse-Midwifery** of the American College of Nurse-Midwives (ACNM) and should not conflict with any current clinical practice statements of the ACNM.

While the ACNM does not approve or disapprove the incorporation of new clinical procedures into nurse-midwifery practice, the following guidelines were developed by the Clinical Practice Committee and approved by the Board of Directors to assist the nurse-midwife in expanding clinical practice:

1. Identify need for the procedure, taking into consideration:
   a) consumer demand
   b) safety considerations
   c) institutional request
   d) lack of other appropriate personnel
   e) interest of nurse-midwives
2. Cite relevant statutes/documents that would constrain or support procedure, including:
   a) Statutes and regulations
   b) institutional bylaws
   c) legal opinions

3. Evaluate procedure as a nurse-midwifery function, including:
   a) relevant literature
   b) use by other nurse-midwives
   c) risks/benefits
   d) management of complications
4. Develop process for educating nurse-midwives to perform this procedure, using:
   a) bibliography
   b) formal study
   c) supervised practice
   d) protocols
   e) evaluation of learning
5. Evaluate use of procedure, documenting:
   a) outcome statistics
   b) satisfaction with procedure
      —consumer
      —institution
      —nurse-midwifery practice
   c) maintenance of competency

Standards for the Practice of Nurse-Midwifery, 1987, Supercedes **Functions, Standards, and Qualifications**, 1983.

Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice, 1987
Supercedes **Guidelines for Evaluation of Nurse-Midwifery Procedural Functions**, 1979

acog **statement of policy**

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

JOINT STATEMENT OF PRACTICE RELATIONSHIPS BETWEEN OBSTETRICIAN/GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES*

It is critical that obstetrician/gynecologists and certified nurse-midwives have a clear understanding of their individual, collaborative and interdependent responsibilities. As agreed upon in previous Joint Statements by the American College of Nurse-Midwives, the American College of Obstetricians and Gynecologists, and the Nurses Association of the American College of Obstetricians and Gynecologists, the maternity care team should be directed by a qualified obstetrician/ gynecologist. The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives believe that the appropriate practice of the certified nurse-midwife includes the participation and involvement of the obstetrician/gynecologist as mutually agreed upon in written medical guideline/protocols. The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives also believe that the obstetrician/gynecologist should be responsive to the desire of certified nurse-midwives for the participation and involvement of the obstetrician/ gynecologist. The following principles represent a joint statement of the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives and are recommended for consideration in all practice relationships and agreements.

1. Clinical practice relationship between the obstetrician/ gynecologist and the certified nurse-midwife should provide for:
   a. mutually agreed upon written medical guidelines/protocols for clinical practice which define the individual and shared responsibilities of the certified nurse-midwife and the obstetrician/gynecologist in the delivery of health care services;
   b. mutually agreed upon written medical guidelines/protocols for ongoing communication which provide for and define appropriate consultation between the obstetrician/ gynecologist and the certified nurse-midwife; and other health care providers in the services offered;

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
409 12th STREET, SW • WASHINGTON, DC 20024-2188 • (202) 638-5577

c. informed consent about the involvement of the obstetrician/gynecologist, certified nurse-midwife, and other health care providers in the services offered;
d. periodic and joint evaluation of services rendered, e.g. chart review, case review, patient evaluation, review of outcome statistics; and
e. periodic and joint review and updating of the written medical guidelines/protocols.

2. Quality of care is enhanced by the interdependent practice of the obstetrician/gynecologist and the certified nurse-midwife working in a relationship of mutual respect, trust and professional responsibility. This does not necessarily imply the physical presence of the physician when care is being given by the certified nurse-midwife.

3. Administrative relationships, including employment agreements, reimbursement mechanisms, and corporate structures, should be mutually agreed upon by the participating parties.

4. Access to practice within the hospital setting for the obstetrician/gynecologist and the certified nurse-midwife who have a practice relationship in concurrence with these principles is strongly urged by the respective professional organizations.

The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives strongly urge the implementation of these principles in all practice relationships between obstetrician/gynecologists and certified nurse-midwives, and consider the preceding an ideal model of practice.

* This statement supersedes previous Joint Statements of Maternity Care by the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, and the Nurses Association of the American College of Obstetricians and Gynecologists dated 1971 and 1975.

The American College of Nurse-Midwives
The American College of Obstetricians and Gynecologists
November 1, 1982

acog **statement of policy**

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

Statement on Maternity Care as Provided by the Obstetrician-Gynecologist and Nurse-Midwife*

Certain basic principles are essential to the professional practice relationship of the obstetrician-gynecologist and the nurse-midwife to assure quality of care as defined in medical terms. The principles which follow maintain and promote such quality of care.

1. A most critical element in providing quality care is the continued sharing of information on the progress of the patient by chart review and direct communication between the obstetrician-gynecologist and the nurse-midwife as part of their written protocol. The important provider/patient relationship is enhanced when all members of the maternity health care team are known to the patient. Physician/patient encounters are strongly encouraged.

2. Optimum quality of care is assured only when the physician maintains a degree of professional responsibility for progress and outcome of care that cannot be delegated to or assumed by a non-physician; at all times during the progress of patient care, the physician must be able to reassert his or her authority as that individual bearing final responsibility for the outcome.

3. The ACOG is strongly opposed to the independent practice of obstetrics and/or gynecology by non-physicians.

4. No physician should be compelled to practice with a non-physician.

5. The employment relationship is not relevant to a determination of quality of care and therefore is to be established as mutually agreeable to the participating parties.

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
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6. Reimbursement policy is not relevant to a determination of quality of care and therefore is to be established as mutually agreeable to the participating parties, within the structure of the prevailing reimbursement system.

7. While recognizing the authority of the hospital administration to establish conditions for access to the hospital setting, the ACOG encourages extension of such access to all members of the maternity health care team.

* Qualified persons fulfill the education and training requirements of the ABOG and ACNM.

Approved by the Executive Board
April 23, 1982

acog statement of policy

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

THE RESPONSIBILITIES OF THE HEALTH TEAM IN MATERNITY CARE

The American College of Obstetricians and Gynecologists reaffirms its policy that the health team necessary to provide optimal maternity care must be directed by a qualified obstetrician-gynecologist. Fully recognized in this policy is the role of the certified nurse-midwife who, as a member of this team, may assume responsibility for the complete management of the uncomplicated pregnant woman.

The ACOG supports the worldwide standards endorsed by the World Health Organization concerning the education of midwives. Midwives should have a minimum of three years of formal training, including at least one year of nursing. For those midwives who have already completed nursing education, two years of midwifery education is the minimum requirement. The American College of Nurse-Midwives has set comparable additional standards in the United States which are also supported by The American College of Obstetricians and Gynecologists. The certified nurse-midwife meets these standards. Lower standards are unacceptable for the care of women in the United States.

The ACOG supports actions and programs which encourage family-centered maternity care while continuing to provide the mother and her infant with the accepted standards of safety available only in a hospital setting.

The ACOG supports regional planning which provides for easy access to quality care at the primary level and the availability of more specialized care at regional centers when necessary. This planning should provide continuity of care for the individual women throughout pregnancy and the interconceptional period.

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The ACOG supports the right of the pregnant woman to informed consent while recognizing that at the same time the woman assumes responsibility for decisions which she makes in the interest of her own health and the health and welfare of her infant. Government and its agencies have a responsibility to insure that inadequately trained personnel and unsafe facilities are not approved.

Approved by the Executive Board
December, 1977
Amended April, 1978

FACTS

AMERICAN COLLEGE OF NURSE-MIDWIVES

PHILOSOPHY

OF THE

AMERICAN COLLEGE OF NURSE-MIDWIVES

Nurse-midwives believe that every individual has the right to safe, satisfying health care with respect for human dignity and cultural variations. We further support each person's right to self-determination, to complete information and to active participation in all aspects of care. We believe the normal processes of pregnancy and birth can be enhanced through education, health care and supportive intervention.

Nurse-midwifery care is focused on the needs of the individual and family for physical care, emotional and social support and active involvement of significant others according to cultural values and personal preferences. The practice of nurse-midwifery encourages continuity of care; emphasizes safe, competent clinical management; advocates non-intervention in normal processes; and promotes health education for women throughout the childbearing cycle. This practice may extend to include gynecological care of well women throughout the life cycle. Such comprehensive health care is most effectively and efficiently provided by nurse-midwives in collaboration with other members of an interdependent health care team.

The American College of Nurse-Midwives (ACNM) assumes a leadership role in development and promotion of high quality health care for women and infants nationally and internationally. The profession of nurse-midwifery is committed to ensuring certified nurse-midwives are provided with sound educational preparation, to expanding knowledge through research and to evaluating and revising care through quality assurance. The profession further ensures that its members adhere to the Standards of Practice for Nurse-Midwifery in accordance with the ACNM philosophy.

Revised and approved October, 1989

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AMERICAN
COLLEGE OF
NURSE-MIDWIVES

CODE OF ETHICS FOR CERTIFIED NURSE-MIDWIVES

A Certified Nurse-Midwife has professional moral obligations. The purpose of this code is to identify obligations which guide the nurse-midwife in the practice of nurse-midwifery. This code further serves to clarify the expectations of the profession to consumers, the public, other professionals and to potential practitioners.

1. Nurse-midwifery exists for the good of women and their families. This good is safeguarded by practice in accordance with the ACNM Philosophy and ACNM Standards for the Practice of Nurse-Midwifery.

2. Nurse-midwives uphold the belief that childbearing and maturation are normal life processes. When intervention is indicated, it is integrated into care in a way that preserves the dignity of the woman and her family.

3. Decisions regarding nurse-midwifery care require client participation in an ongoing negotiation process in order to develop a safe plan of care. This process considers cultural diversity, individual autonomy, and legal responsibilities.

4. Nurse-midwives share professional information with their clients that leads to informed participation and consent. This sharing is done without coercion, or deception.

5. Nurse-midwives practice competently. They consult and refer when indicated by their professional scope of practice and/or personal limitations.

6. Nurse-midwives provide care without discrimination based on race, religion, life-style, sexual orientation, socio-economic status or nature of health problem.

7. Nurse-midwives maintain confidentiality except when there is a clear, serious and immediate danger or when mandated by law.

8. Nurse-midwives take appropriate action to protect clients from harm when endangered by incompetent or unethical practices.

9. Nurse-midwives interact respectfully with the people with whom they work and practice.

10. Nurse-midwives participate in developing and improving the care of women and families through supporting the profession of nurse-midwifery, research, and the education of nurse-midwifery students and nurse-midwives.

11. Nurse-midwives promote community, state, and national efforts such as public education and legislation, to ensure access to quality care and to meet the health needs of women and their families.

Source: Ad Hoc Committee on Code of Ethics

Approved by Board of Directors May 18, 1990

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AMERICAN COLLEGE OF NURSE-MIDWIVES

FACTS

NURSE-MIDWIFERY PRACTICE

Nurse-Midwifery practice is the independent management of care of essentially normal newborns and women, antepartally, intrapartally, postpartally, and/or gynecologically, occuring within a health care system which provides for medical consultation, collaborative management, or referral and is in accord with the Standards for the Practice of Nurse-Midwifery as defined by the American College of Nurse-Midwives.

Accepted January, 1978
Revised August, 1987

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AMERICAN
COLLEGE OF
NURSE-MIDWIVES

STATEMENT ON UNIVERSAL ACCESS TO CARE FOR WOMEN AND INFANTS

The American College of Nurse-Midwives believes that all women and infants should have equal access to health care, especially prior to conception, during pregnancy and birth, and during the first year of life. Access to health care is highly dependent on the availability of providers and reimbursement of appropriate services. Certified Nurse-Midwives have been recognized as effective providers of both maternity and gynecologic care. Therefore, the American College of Nurse-Midwives advocates legislation that guarantees comprehensive health care coverage for all women and infants and supports the role of the Certified Nurse-Midwife as a provider of these services.

Source: Board of Directors
Approved by: Board of Directors, June 21, 1990

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AMERICAN
COLLEGE OF
NURSE-MIDWIVES

ACNM POSITION STATEMENT
ON
NURSE-MIDWIFERY EDUCATION

The American College of Nurse-Midwives (ACNM) reaffirms its commitment to nursing as the foundation for nurse-midwifery education in the United States. The ACNM does not intend to develop a non-nurse direct-entry professional midwifery program. However, the ACNM is committed to sharing its expertise and resources in working with others who are developing an alternate educational route to professional midwifery.

Source: ACNM Board of Directors

Approved: ACNM Board of Directors, 7/30/90

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AMERICAN
COLLEGE OF
NURSE-MIDWIVES

ACNM POSITION ON PROFESSIONAL MIDWIFERY

In August 1989, the Board of Directors of the American College of Nurse-Midwives adopted the following position on direct entry professional midwifery:

"The ACNM will actively explore, through the Division of Accreditation, the testing of non-nurse professional midwifery educational routes."

Explanation:

For many years there has been discussion within and outside the ACNM about ways to increase the number of qualified nurse-midwives. Several of these discussions also extended into the preparation of non-nurse, direct entry professional midwives. In July 1989, at the request of interested nurse-midwives and with funding from the Carnegie Foundation for Higher Education, a group of certified nurse-midwives, licensed midwives, educators and clinicians met in Princeton, New Jersey. One result of that meeting was near unanimous agreement that we should have one standard of professional midwifery in the United States, and that the ACNM has set that standard. However, an important part of that agreement was recognition that there are several ways to meet the standard for professional midwifery. Nursing has worked well in the United States and elsewhere as one base for that standard.

In recognition of the tremendous need for more health professionals to care for women and childbearing families, in recognition that nurse-midwives alone will never be able to meet all those needs, and in recognition that professional midwifery is a viable and important profession worldwide, ACNM is willing to review proposals from groups interested in defining the core competencies in health skills analagous to nursing that are needed in order to prepare individuals with the core competencies in midwifery already defined by ACNM. These are currently titled Core Competencies in Nurse-Midwifery, but since nursing is prerequisite, the "core competencies" are really for professional midwifery. Trusting in the standards for accreditation of nurse-

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midwifery educational programs, it seems logical and wise to have the Division of Accreditation be responsible for the review of direct entry midwifery programs applying for recognition.

Therefore, the ACNM Board of Directors, with support from the Division of Accreditation, has charged the DOA to explore for possible review and accreditation proposals from schools intending to prepare professional midwives. The DOA has already begun this exploration. It is the Board's hope that such programs will meet the standards of DOA with core competencies in health skills reviewed and accepted by them. It is expected that this exploration and testing of core competenices will take a minimum of one year.

It is also expected that these new educational programs will take some time to develop and test, and for graduates to become certified. The Board appreciates the efforts of all nurse-midwives working together with others in order to maintain one standard of professional midwifery in the United States.

3/1/90 Proposed by ACNM President, J. Thompson

3/26/90 Approved by the ACNM Board of Directors

AMERICAN
COLLEGE OF
NURSE-MIDWIVES

GUIDELINES FOR EXPERIMENTAL EDUCATION PROGRAMS

DIRECT ENTRY MIDWIFERY PROGRAM

These criteria do not negate the existence of the Criteria for the Evaluation of Educational Programs in Nurse-Midwifery as set forth by the ACNM Division of Accreditation. In fact the criteria here may be a reiteration of DOA criteria verbatim or at least in the spirit of that document. The Education Committee members who worked on these guidelines felt that the criteria listed below warranted special attention to insure that the outcome be a safe competent beginning professional midwife. The committee further believes that this is not a definitive document and that further study be given to insure that all aspects of this experimentation be considered. It is expected that in addition to DOA criteria that the following criteria be considered in the evaluation of a direct entry program.

Criteria for Site

1. Affiliated with a recognized institution of higher learning.
2. Has an established midwifery service and/or contracts to insure adequate clinical experiences for students.
3. Services/practices adequately staffed with CNMs and other professional midwives.
4. Sufficient clinical experience available to educate the number of students in that site within the established time limits of the educational program for acnieving objectives.
5. Sufficient space provided to utilize the learning resources.

Criteria for Faculty

1. No discrimination as to age, sex, race, ethnic origin, religion, sexual orientation, etc.
2. Majority of faculty are CNMs and other professional midwives with graduate degrees and legally recognized to practice in jurisdiction.
3. Demonstrates evidence of competence for assigned program responsibilities (e.g., curriculum development, education administration, classroom and clinical teaching and evaluation).
4. The faculty as a group meets requirements for practice in the program's clinical sites.

Criteria for Student Admission

1. No discrimination as to age, sex, race, ethnic origin, religion, sexual orientation, etc.
2. Baccalaureate degree required. (Will be viewed as equivalent to nursing preparation plus experience)

Criteria for Student Evaluation and Competency

1. Evaluation to be performed by qualified faculty.
2. Evaluation based on performance of midwifery core competencies according to the most recent revision of the ACNM Core Competencies Document.

Criteria for Annual Review and Evaluation of the Program

1. Mechanism in place for analysis of attrition or failure of the ACNM Certification process that includes a review of criteria for admission in relation to outcome.
2. Clear statement of program objectives.
3. Curriculum is clearly outlined with philosophy, purpose and objectives which reflect the ACNM Core Competencies Document.

Source: Education Committee
Approved: ACNM Board of Directors May 19, 1990

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Robert G. Thompson, M.D., F.A.C.O.G.
Reproductive Surgeon — Society of Reproductive Surgeons
Diplomate — American Board of Obstetrics and Gynecology

APR 27 1992

April 22, 1992

The Honorable Drue Pearce, Chairperson
Labor and Commerce Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Re: House Bill 382, "An Act Relating to the Practice of Midwifery"

Dear Senator Pearce:

I am deeply concerned about the wisdom of House Bill 382, "An Act Relating to the Practice of Midwifery" as sponsored by Representative Niilo Koponen (D-Fairbanks) which in its present form appears to be an extremely dangerous bill and an example of very poorly drafted legislation.

I recently received a copy of "Alaska Vital Signs" (produced by the Alaska Bureau of Vital Statistics), summarizing the goals and objectives for health indicators in Alaska and year 2000 national health objectives. This document calls for public health objectives which would reduce infant mortality, reduce the incidence of low-birth-weight infants, and reduce the incidence of complications of labor and delivery, including infant mortality rates. While there are many problems associated with these goals and objectives, they are noble and place a tremendous burden on obstetricians and gynecologists to provide leadership and guidance with regard to legislation which may impact the public health and well-being as it pertains to obstetrics and gynecology in the State of Alaska. I believe that the legislators of the State of Alaska are also responsible for ensuring that these goals are achieved.

I have carefully reviewed the regulations pertaining to midwifery registration in the State of Alaska, as drafted by Dr. Peter M. Nakamura, Director of the Department of Health and Social Services, and find these regulations to be very thorough and well-written with very minor changes.

A Professional Corporation. 4001 Dale Street, Suite 117, Anchorage, Alaska 99508
(907) 562-5328 FAX (907) 562-4363, Fertility (907) 562-3562

The conception of a bill which would create a "State board for lay-midwives" as established under Bill 382 is asking for this splinter group of "health care personnel" to achieve a status which is beyond their scope and is, in my opinion, poor judgment for a responsible Legislator entrusted with responsibility for public health and well-being. As a Senator in the State of Alaska, you should be aware of the fact that statistics generated by articles and information collected by lay-midwives on their behalf and to support their cause are largely unreflective of their practice as we as obstetricians view it.

Lay-midwives' complications are referred to hospitals, frequently necessitating medical intervention for serious complications or problems which have developed due to their lack of training, lack of experience, and their misdirected or over-zealous actions on behalf of their unsuspecting patients. This frequently involves medical judgement which can only be achieved after a great deal of experience, education, and training. The regulations drafted by Dr. Nakamura would at least allow for a sense of responsibility in this arena, would provide guidelines for the continuing education of these individuals, and would allow for a review of adverse actions of lay-midwives "medical care" which may have placed an individual patient or infant at inappropriate risk.

The seriousness of this legislation and the impact on public health in this regard cannot be underestimated. I hope you will reevaluate your position in this matter and act appropriately in the interest of public health and maternal and infant health and well-being.

Sincerely,

Robert G. Thompson, MD, FACOG
Reproductive Surgeon

RGT:sd

cc: Governor Hickel
Alaska Senate
Alaska Senate Labor and Commerce Committee
Alaska House Labor and Commerce Committee
Peter M. Nakamura, MD, MPH
Alaska State Medical Association
Anchorage Times Editorial Desk
Wendy Thon, Section Maternal, Child and Family Health
Representative Bettye Davis
Representative Fran Ulmer, sponsor
Representative Kay Brown, sponsor
Representative Kevin Parnell

April 14, 1992

APR 2 1 1992

Drue Pearce
Rm. 510, Capitol
P.O.Box V
Juneau, Alaska 99811

Dear Drue Pearce,

As a health care consumer and homebirth advocate, I would like you to support HB 382.

Midwives are essential to homebirth families. I had my last three children at home. Practicing midwives understand their unique role in homebirth. They are best able to create their own regulations for the special circumstances of homebirth. For this reason HB 385 needs to be passed so midwives will have a licensing board made up of practicing midwives. Presently Health and Social Services is playing a political game with the midwifery regulations by trying to create regulations that would make midwife attended homebirths impossible. This department is ignoring the intent of the midwifery legislation passed in 1985.

Once again please support HB 382 to create a midwfery board and the best licensing proceedures for midwives and homebirth families.

Thank you for your attention.

Sincerely,

Heather Muench

Heather Muench
Box 6811
Ketchikan, Alaska 99901

Via Vita Health Project, Inc.

"The Way to Life" through health ministries worldwide.

Headquarters: 600 3rd Street, Fairbanks, Alaska 99701 • USA • (907) 456-3719

April 23, 1992

Dear Senator Drue Pearce,

I am writing in strong support of House Bill 382. This bill just passed the House unanimously, and I now ask you to give it your full support in the Senate.

I have been a midwife in Alaska for the past 11 years, although I did go to New Mexico for a period of time to get a license as a midwife. It is long overdue to license midwives in Alaska.

In spite of some opposition from the nursing professionals in this state, consumers desire midwife care in this state, and midwives have a long history of good outcomes and satisfied families.

I do feel that it would be best if the "prohibited" section was taken out of the bill and put in regulations. I do not feel that regulations should be in the law.

Governor Hickel has written a letter in strong support of this bill. Please help House Bill 382 to get through the committee and onto the Senate floor for a vote this session. Thank you.

Vicki Penwell

Vicki Penwell

New Mexico Licensed Midwife
Vice President- Midwives Association of Alaska
Executive Director-Via Vita Health Project, Inc.

Alaska Family Health & Birth Clinic
600 3rd Street, Fairbanks, Alaska 99701 • (907) 456-3719

April 23, 1992

Dear Senator Drue Pearce,

I am writing to express my strong support of House Bill 382. I urge you to pass HB 382 this session. The licensing of midwives in Alaska is long overdue. Please put this legislation through.

I have practiced midwifery in Alaska for 8 years and obtained a New Mexico License while waiting for Alaska to license the profession. Licensing will up-grade the profession and give mothers a health care option that they seek out and desire. Alaska Licensed Midwives for a healthy future!

Sincerely,

Dana Everson

Dana Everson
New Mexico Licensed Midwife

Kaija Anderson
1725 University Ave. #D48
Fairbanks, AK 99701
907-474-8076

April 23, 1992

Dear Senator Drue Pearce,

I am writing in regards to House Bill 382, licensure of midwives. I believe that midwives serve a vital role in Alaska. Not only are they willing to do home births for families, unlike 99% of the medical profession, but also the price to see amidwife is usually half the cost of a hospital delivery. I believe that healthy women who are experiencing a normal uncomplicated pregnancy should have the right to choose whether or not to have their babies in a hospital. Please calendar and pass this bill this session. I ask you as a voter and as a person who will never have a baby in a hospital. Make it legal and keep midwifery alive in Alaska.

Kaija Anderson

Kaija Anderson

April 23, 1992

Dear Senator Drue Pearce,

I am writing this in regards to HB 382, establishing the licensing of midwives in the stae of Alaska and a designated Midwifery Board to write the regulations that will then govern the licensed midwife.

Currently I am employed as a doctor's assistant, a volunteer for a borough ambulance squad with EMT II certification, and a student of Via Vita Missions School of Midwifery. I am in full support of this bill.

To assure that a high standard of care would exist, HB 382 would establish a Midwifery Board consisting of 3 midwives, a cerfified nurse-midwife and one person from the general public. The Board would then screen potential applicants of their knowledge in both clinical and practical aspects of midwifery. A standardized test from the Midwives Alliance of North America (MANA) would then be used to test these skills. I feel a great sense of importance in providing a uniform standard of care throughout the state of Alaska and this bill would provide such a standard.

I urge you to support HB 382, considering the professional standard of care this would provide to our communities along with an underwritten statement of support by our Alaskan legislators.

Please calendar this bill and pass it this session. Thank you for your time and your support.

Sincerely,

Kathie L. Gettinger

Kathie L. Gettinger, EMT II
Doctor's Assistant, Student Midwife

1628 Market Street
Fairbanks, AK 99709

Dear Legislator,

I am writing to you to ask that you vote to pass HB's 381 & 382 supporting Alaska's Midwives.

I am currently under the care of a Midwife and am very pleased with the care I receive. I am also very fortunate to have an insurance company that will cover their services. Unfortunately not all women have this privilege. I know that if Midwives could be licensed in this State that more women with insurance would be able to have the choice of having their prenatal & childbirth care done by a Midwife.

From what I understand women with Medicaid do not have the option of using a Midwife's services either. I think this is very unfortunate and would like to see this changed.

Again I urge you to support Alaska's Midwives and allow them to have their own licensing board. Please support HB's 381 & 382.

Thank you for your time & support!

Glenda Pedersen
PO Box 72635
Fairbanks, AK 99707

Dear Legislator,

I am writing in support of HB 381 and HB 382.

Our Midwives are truely an asset to our Communities. They are proffesional and for many Women and Families provide affordable care.

With our first child we wanted to go with the midwives but could not afford it. We had our child on Medicaid, which was a very hard decicion. Medicaid does not cover midwives so we had no choice but to go to the Doctors and then the Hospital. However we could not spend thousands just because it was there and we qualified. So I went to the Dr. a total of 3 times and refused such super-flousice proceedures as ultra Sound (ect, ect, ecti) and only stayed at the Hospital for 12. hours.

Our second child was born in the same sceanario. With our third child we went again to the Midwives and We were able to afford thier tender services.

Our Midwives were licenced by one of the Lower 48 States. I find it hard to belive that The State of Alaska does not already licence these Women of Vocation that provide such an affordable and needed alturnitive to the Doctors and Hospitals (Who soak the System by ordering unnessisary and expensive proceedures).

The Midwives and the Women and Families of this State deserve a Midwifery Board to govern this Vital group of carebakers for those of us who chose this alternate, but truly more traditional path

We the expectant Mothers and Families also deserve a free and equitable choice. Medicare and Insurance companies ought to cover this service So We who might chose the midwives care are not forced out through a lack of legislative action on these Bills.

Once again please Pass

HB 381 and HB 382!

P.S. Please confirm Dr. Rowen to the State Medical Board. One appointee representing a large group of citizens who belive there are alternatives is long over due!

Sincerly Lorraine L. Fabrizio
registered voter
Lorraine Fabrizio

H.C.-1 Box 3957
Healy AK 99743-9502

April 24, 92

Dear Senator,

I am writing to express my support of HB 382. As you know, it recently passed the house with a vote of 37-0. As the remaining time in this year's session is growing short, I urge you to calendar and pass this bill immediately!

This bill would establish safe standards for midwifery in Alaska. It is also a good protection for consumers and midwives alike.

Midwives presently provide safe, professional and personalized care for 10% of the babies born in Alaska, and should be licensed by the state. The demand will continue.

Again I urge you to support this bill, and see that it is passed this session.

Sincerely,

Bridget Dinnel

Bridget Dinnel
PO Box 73515
Fairbanks, AK 99707

April 24, 92

Dear Senator,

I am writing to you concerning the passage of HB 382. As a mother & a student of midwifery I urge you to support this bill, which would provide a means for the practice of midwifery to be governed by a board, and also a means by which midwives may be licensed in our state.

The practice of midwifery & the need for midwives is growing both in Alaska & many other states as well. Women are asking for the quality, compassionate, individualized care that a midwife can provide, and have a right to be able to choose who their health care provider will be. It is an ancient art that has only recently been usurped by the patnologically oriented medical community.

Licensing of midwives would protect both the midwife and the consumer.

I must remind you that this bill has recently passed the House 37-0, an indication of the consumer demand in the state! Please schedule this bill for hearing & pass it "unscathed" this session!

Sincerely,

Cindy Weis
745 Bennett
Fairbanks, Ak
99712

APR 2 9 1992

Alaska Used Computer Source

Date: 4-27-92

To: All Senators

From: Ak. Used Computer Source, Inc.; Harry Davidson, Pres.

Re: H.B.382, Licensing of Certified Direct Entry Mid-Wives.

Dear Senator,

I am asking for your support of H.B.382. Please give this bill your immediate attention. This is an excellent piece of legislation that will help assure quality alternative maternal health care for Alaskan women that choose to deliver their babies with an Alaskan Mid-wife. This bill has under gone scrutiny by the Alaska Nurse Practitioner Association and the Alaska Chapter of the American College of Midwives with their concerns being met and incorporated into the bill. Direct Entry Mid-wives are legal in the state of Alaska but are currently unregulated. This legislation will provide for that regulation. The Mid-Wives will have a Board comprised of health care professionals. They will draft regulations and review procedures that will help assure a professional level of health care Alaskan women deserve.

Vocal resistance from a limited number of health care providers is to be expected, but this bill is widely supported by the women that prefer to use a mid-wife for their maternal health care needs. Please remember that Direct Entry Midwifery has been legal in the State of Alaska since 1985, and this is not a bill to legalize the practice of Midwifery. This is a bill to license and regulate Direct Entry Mid-Wives. This bill deserves your support, Alaskan women deserve your support, and Alaskan Mid-Wives deserve your support. Thanks for your thoughtful consideration of this important bill.

Sincerely,

Harry Davidson

601 W. 36th Street, Suite 15 • Anchorage, Alaska 99503 • Ph: (907) 562-7107 Fax: (907) 562-5524
Outside Anchorage 1-800-478-7107

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ

REGIONAL OFFICE FOR EUROPE
BUREAU REGIONAL DE L'EUROPE
REGIONALBÜRO FÜR EUROPA
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Date: 11 July 1990

Governor Cowper
PO Box A
Juneau
Alaska 99811
USA

Our reference
Notre référence
Unser Zeichen
См. наш номер

MCHB/NR

Your reference
Votre référence
Ihr Zeichen
На Ваш номер

Dear Governor Cowper,

We have been informed that the State of Alaska is considering new legislation with regard to midwifery. The purpose of this letter is to inform you that there is strong evidence worldwide, most especially in the highly industrialized countries, that midwifery is an essential profession in the care of the woman during pregnancy and at birth. Therefore, this profession needs to be strengthened and supported in every way posssible. This profession would be particularly important in a state such as yours where there are long geographical distances and small isolated groups of people. Indeed, I visited Alaska last year and met with doctors and midwives both in Anchorage and and in Fairbanks and it is clear that there is an urgent need to expand and strengthen midwifery in Alaska.

Unfortunately, the proposed regulations contain certain aspects which would not support and expand midwifery in your state, but rather do the opposite. Every birthing woman in Alaska should have the freedom of choice with regards to birth attendants. This means that your legislation should do nothing to inhibit this free choice. Insisting on requiring 25 births a year for midwives is unheard of in any of the health professions in any of the industrialized countries and is certainly totally inappropriate for a state such as Alaska. Furthermore, all of the countries in the world have the regulating board for midwifery with a majority of midwives and a minority of physicians or nurses.

For all of the above reasons we would strongly urge that the proposed regulations not be approved but that new legislation be drafted that would truly provide the women of Alaska with freedom of choice in their own birthing.

Yours sincerely,

Marsden G. Wagner
Responsible Officer, Maternal and Child Health

cc: Lieutenant Governor McAlpine, PO Box AA, Juneau, Alaska 99811

8, Scherfigsvej
DK-2100 Copenhagen

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TELEGRAM: UNISANTE
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170 PUBLIC OPINION MESSAGES IN SUPPORT OF CS HB 382

Melissa Allsup
8941 Mast Circle
Anchorage AK 99502

Kaija Anderson
1725 University Ave.
Fairbanks AK 99709

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