

**HB**

**71**

SFIN

FILE

**SENATE FINANCE COMMITTEE REPORT**

DATE: 2/26/03

REPORTED OUT  
  
MAR 31 2003  
  
SENATE FINANCE  
COMMITTEE  
HOUSE BILL NO. 71

FURTHER:

DATE TURNED  
IN TO OFFICE: 3/31/03

Finance Committee considered

**HB 71 EXTEND BOARD OF MIDWIVES**

"An Act extending the termination date of the Board of Certified Direct-Entry Midwives."

and recommends:

- be replaced with S CS HB 71 (FIN)
- adopt previous CS CS Forthcoming ( )
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

**Senate Bill:**

- same title
- new title

**House Bill:**

- same title
- technical title
- new: SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#
DCED	2/10/03	28.2		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
COCHAIR: <i>[Signature]</i>	✓			
COCHAIR: <i>[Signature]</i>				

MAR 31 2003

SENATE FINANCE  
COMMITTEE

# FISCAL NOTE

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

Fiscal Note Number: 1  
Bill Version: HB 71  
(H) Publish Date: 2/12/03

Revision Date/Time (Note if correction):  
Title An Act extending the termination date of the Board of Certified Direct-Entry Midwives  
Sponsor House State Affairs  
Requester House Labor & Commerce

Dept. Affected: DCED  
BRU Occupational Licensing (117)  
Component Occupational Licensing  
Component No. 2360

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personal Services	14.6	14.6	14.6	14.6	14.6	
Travel	5.1	5.1	5.1	5.1	5.1	
Contractual	8.5	8.5	8.5	8.5	8.5	
Supplies	0.0	0.0	0.0	0.0	0.0	
Equipment	0.0	0.0	0.0	0.0	0.0	
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES (1156)</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156- Receipt Supported Services	28.2	28.2	28.2	28.2	28.2	
<b>TOTAL</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>28.2</b>	<b>0.0</b>

Estimate of any current year (FY2003) cost: 28.2

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The bill extends the Board of Certified Direct-Entry Midwives to June 30, 2007. In accordance with AS 08.03.020, funding is extended one year following the termination date allowing the board to conclude its affairs. The information above identifies direct expenditure and revenue information included in the FY 2004 Operating Budget request. New funds are not required to implement this bill.

Prepared by: Jennifer Strickler, Administrative Manager  
Division: Occupational Licensing  
Approved by: Edgar Blatchford, Commissioner  
Agency: Department of Community & Economic Development

Phone (907) 465-2144  
Date/Time 2/10/03 12:00 PM  
Date 2/10/2003

23-LS0810A  
Lauterbach  
3/12/03

**SENATE CONCURRENT RESOLUTION NO.  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-THIRD LEGISLATURE - FIRST SESSION**

**BY THE SENATE FINANCE COMMITTEE**

**Introduced:  
Referred:**

**A RESOLUTION**

1 **Suspending Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State**  
2 **Legislature, concerning House Bill No. 71, relating to the Board of Certified Direct-**  
3 **Entry Midwives.**

4 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 That under Rule 54, Uniform Rules of the Alaska State Legislature, the provisions of  
6 Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State Legislature, regarding  
7 changes to the title of a bill, are suspended in consideration of House Bill No. 71, relating to  
8 the Board of Certified Direct-Entry Midwives.

23-LS0439D  
Lauterbach  
3/13/03

SENATE CS FOR HOUSE BILL NO. 71(FIN)  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-THIRD LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:  
Referred:

Sponsor(s): HOUSE STATE AFFAIRS COMMITTEE

A BILL  
FOR AN ACT ENTITLED

1 "An Act extending the termination date of the Board of Certified Direct-Entry  
2 Midwives; and relating to the regulation of certified direct-entry midwives."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 \* Section 1. AS 08.03.010(c)(8) is amended to read:

5 (8) Board of Certified Direct-Entry Midwives (AS 08.65.010) --  
6 June 30, 2007 [2003];

7 \* Sec. 2. AS 08.65.060 is amended to read:

8 Sec. 08.65.060. Examinations. The board shall conduct examinations at least  
9 once each year. Examinations may be written, oral, or practical or a combination of  
10 these. The board shall utilize the examination provided by a nationally certified  
11 midwives organization recognized by the board. An applicant who has failed the  
12 examination may not retake the examination for a period of six months. An applicant  
13 who has failed the examination more than one time may not retake the examination  
14 unless the applicant has participated in or successfully completed further education

1  
2  
3

and training programs as prescribed by the board. The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives.

# ALASKA STATE LEGISLATURE

REPRESENTATIVE BRUCE WEYHRAUCH



ALASKA  
STATE CAPITOL  
JUNEAU, ALASKA  
99801-1182

(907) 465-3744  
FAX (907) 465-2273

## STATE AFFAIRS COMMITTEE

HB 71

### Sponsor Statement

#### Extend The Board of Certified Direct-Entry Midwives

The Board of Certified Direct-Entry Midwives consists of five members appointed by the Governor: one public member, two certified direct-entry midwives (CDMs), one certified nurse midwife, and one physician who is either an obstetrician or who has specialized obstetric training. The duties of the board include examining and certifying applicants, permitting apprentices, holding hearings and ordering disciplinary sanctions. The board also adopts regulations to establish certification and certification renewal requirements.

The board has served as a means to make people practicing midwifery aware of the level of experience and education expected of them. Also, by having a board, the individuals that practice midwifery are held accountable to an established standard of care. Women seeking an alternative to hospital care for normal pregnancy and birth rely on the diligence of the board to enhance both the quality and accessibility of their healthcare. One notable enhancement: the board worked with the State of Alaska to establish Medicaid procedures for CDM services, thereby placing Alaska among eight states which both license their traditional midwives and provide Medicaid reimbursement for their services.

The board is scheduled to terminate on June 30, 2003, and if the legislature does not act this session, the board will have one year to conclude its administrative operations. Based upon recommendations by the Division of Legislative Audit, HB 71 would extend the board's termination date to June 30, 2007.

*Released: February 1, 2003*

*Contact: Rep. Bruce Weyhrauch's office at 907.465.3744*

# Audit Report



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DEPARTMENT OF COMMUNITY  
AND ECONOMIC DEVELOPMENT  
BOARD OF CERTIFIED  
DIRECT-ENTRY MIDWIVES  
SUNSET REVIEW

August 15, 2002

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Audit Control Number:

08-20016-02

Division of Legislative Audit

P.O. Box 113300, Juneau, Alaska 99811-3300

# LEGISLATIVE BUDGET AND A

## DIVISION OF LEGISLATIVE A

The Legislative Budget and Audit Committee is a permanent. The committee is made up of five senators and five representatives, two from the House. The chairmanship of the committee rotates between the Senate and the House of the Alaska legislature.

The committee is responsible for providing the legislature with information on the programs and activities of state government now cost money. As administrators try increasingly to allocate state revenues more efficiently, they need information to evaluate the work of government. The Division of Legislative Audit helps provide that information.

As a guide to all their work, the Division of Legislative Audit follows the standards established by the American Institute of Certified Public Accountants and the standards established by the U.S. General Accounting Office.

Audits are performed as mandated by Alaska Statutes or at the direction of the Legislature. Individual legislators or committees can submit requests for audits or for a study of a program for consideration. Copies of all completed audits are available from the Division of Legislative Audit in Juneau, Anchorage, or our web site <http://www.legis.state.ak.us/legaudit>

### BUDGET AND AUDIT COMMITTEE

Senator Gene Therriault, Chair  
Senator Dave Donley  
Senator Lyman Hoffman  
Senator Randy Phillips  
Senator Jerry Ward  
Senator Gary Wilken (alternate)

Representative Hugh Fate, Vice Chair  
Representative John Harris  
Representative Reggie Joule  
Representative Ken Lancaster  
Representative Eldon Mulder  
Representative Bill Williams (alternate)  
Representative John Davies (alternate)

### DIVISION OF LEGISLATIVE AUDIT

Pat Davidson, CPA  
Legislative Auditor

P.O. Box 113300  
Juneau, AK 99811-3300

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J U N E A U  
FAMILY BIRTH  
C E N T E R

## Juneau Family Birth Center

3225 Hospital Drive, Suite 106, Juneau, AK 99801 (907)586-1203

Midwives Association of Alaska  
Kaye Kanne, CDM, President  
P.O. Box 22256  
Juneau, Ak 99802  
907-586-1203

Representative Bruce Weyrauch  
State Capitol, Room 427  
Juneau, Ak 99801

January 29, 2003

Dear Representative Weyrauch,

Thank you for introducing HB 71, a bill to extend the Certified Direct-Entry Licensing Board. I had the privilege of sitting on the Board from its inception in 1992 through 1999. The Board has done an exemplary job of writing and implementing regulations for the governing of Certified Direct-Entry midwives in Alaska. The Board continues to strive for the highest standards for CDM's and as a result, midwives in Alaska are professional, well trained and provide safe, excellent care for women and families.

Alaska has one of the best midwifery laws in the United States. Many other states have looked to us as an example when passing midwifery legislation. Direct-Entry midwifery is increasingly recognized across the nation, with licensing for direct-entry midwives in 21 states, and legislation pending in 8 more states. Many more women are seeking the continuity of care and family centered maternity care which midwifery can provide.

The American Public Health Association endorses state regulated and national certified Direct-Entry midwives to improve outcomes while lowering healthcare costs for maternity care. They support efforts to increase access to out-of-hospital maternity care services, through recognition that Direct-Entry midwives can serve clients desiring, safe, planned out-of-hospital midwifery care.

Alaska is at the forefront of Direct-Entry midwifery licensing. Let's continue the excellent work we have been doing by continuing the Certified Direct-Entry licensing Board for another 4 years.

Sincerely,

Kaye Kanne, CDM, President  
Midwives Association of Alaska

Kaye Kanne, CDM, President  
Midwives Association of Alaska  
3225 Hospital Drive, #106  
Juneau, Alaska 99801  
(907) 586-1203

February 10, 2003

Testimony for HB 71, Labor and Commerce Committee

Thank you for this opportunity to testify to your committee. I am asking for your support on HB 71, a bill to extend the Certified Direct-Entry Licensing Board. I was a member of the Board from its inception in 1992 through 1999. The Board has done an excellent job of writing and implementing regulations for the governing of Certified Direct-Entry midwives in Alaska. The Board continues to strive for the highest standards for CDM's and as a result, midwives in Alaska are professional, well trained and provide safe, excellent care for women and families.

Alaska's Certified Direct-Entry midwives delivered almost 10% of the babies born in Alaska last year. In some communities this percentage is even higher, almost 25% in Matsu-Susitna Borough, 15% in Juneau, and 12% in Fairbanks. Nation wide direct-entry midwives attend approximately 5% of the births. Many more women are seeking the continuity of care and family centered maternity care which midwifery can provide.

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**BIRTHS AND PERCENTAGE OF BIRTHS BY CERTIFIED DIRECT MIDWIFE: 1997-2002**

Census Area of Occurrence	1997		1998		1999		2000		2001		2002	
	%	#	%	#	%	#	%	#	%	#	%	#
<b>ALASKA</b>	<b>2.18</b>	<b>217</b>	<b>2.52</b>	<b>250</b>	<b>3.82</b>	<b>381</b>	<b>5.23</b>	<b>522</b>	<b>7.95</b>	<b>787</b>	<b>9.31</b>	<b>834</b>
Aleutians West	100.0	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Bethel	0.0	0	0.0	0	0.0	0	0.5	2	0.0	0	0.0	0
Dillingham	0.0	0	0.0	0	1.5	1	1.8	1	0.0	0	0.0	0
Fairbanks North Star Borough	2.4	39	2.9	48	5.5	86	6.8	117	7.9	129	12.6	194
Juneau Borough	3.5	14	7.9	32	15.1	64	12.3	52	14.4	64	15.2	57
Kenai Peninsula Borough	1.9	11	2.7	15	3.1	18	11.2	57	17.1	93	26.7	125
Ketchikan Gateway Borough	0.7	2	0.0	0	0.0	0	1.4	4	0.0	0	0.0	0
Kodiak Island Borough	3.6	9	2.5	6	2.2	5	2.8	6	2.0	4	1.7	3
Matanuska-Susitna Borough	14.9	71	18.7	87	21.7	105	18.0	100	16.8	92	24.7	130
Municipality of Anchorage	1.2	59	0.9	47	1.6	85	3.2	169	7.4	396	6.5	321
Nome	2.4	3	6.7	8	6.2	7	3.3	3	0.8	1	1.1	1
North Slope Borough	0.0	0	0.0	0	3.7	2	0.0	0	0.0	0	0.0	0
Sitka Borough	2.0	3	0.0	0	2.3	3	3.7	5	4.7	6	0.9	1
Skagway-Hoonah-Angoon	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0	0.0	0
Southeast Fairbanks	5.3	1	0.0	0	15.4	2	20.0	1	7.7	1	0.0	0
Valdez-Cordova	5.9	3	4.1	2	0.0	0	2.9	1	1.8	1	3.0	1
Yukon-Koyukuk	0.0	0	0.0	0	0.0	0	33.3	1	0.0	0	0.0	0
Census Area Unknown	0.7	1	3.6	4	2.3	3	2.5	3	0.0	0	50.0	1

## "Increasing Access To Out-Of-Hospital Maternity Care Services Through State-Regulated and Nationally-Certified Direct-Entry Midwives"

Formally adopted by the Governing Council of the American Public Health Association (APHA)  
Wednesday, October 24, 2001

### THE AMERICAN PUBLIC HEALTH ASSOCIATION,

*Reaffirming* its position on credentials for health occupations, that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations (1)

*Reaffirming* its recognition that many women seek birthing alternatives(2) and,

*Recognizing* that pregnancy and birth are normal life events for a majority of women, (3,4,5) and,

*Reaffirming* its endorsement of the philosophy of family-centered maternity care, the importance of continuity of care, and the use of a variety of licensed care-givers, (6)

*Recognizing* that Direct-entry Midwives encompass a diverse group of midwives that have entered the profession directly through midwifery education and training, and not through a pre-requisite program such as nursing.(7)  
*Recognizing* that there are alternative educational systems of selection and preparation for national certification of Direct entry Midwives that include either the Certified Professional Midwife (CPM) credential and the Certified Midwife (CM) credential; and that both require didactic programs, written examinations and clinical experience. (8,9) In the case of the Certified Professional Midwives the didactic component consists of education in a program accredited by an agency that is recognized by the US Department of Education or the PEP Program, the North American Registry of Midwives competency-based, educational portfolio evaluation, and the clinical component is equivalent to one year of experience which includes more than a thousand contact hours under the supervision of one or more preceptors, some of which must be in out-of-hospital settings, but none of which need to be in hospital settings;(8) and in the case of the Certified Midwife (CM) credential requires education in institutions of higher learning accredited by an agency that is recognized by the US Department of Education to meet the same standards that Certified Nurse Midwives must meet, completing core science requirements similar to those required for a nurse, and fulfilling core midwifery requirements that are a part of all accredited nurse-midwifery education programs, and clinical experience that must include hospital experience, but is not required to include out-of-hospital experience.(9)

*Recognizing* that individual states interested in incorporating direct-entry midwives into their health care systems are moving towards regulatory models based on national certification.(5)

*Recognizing* evidence that many women seek alternatives to hospital care for normal pregnancy and birth, and,

*Recognizing* the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes (10,11,12,13,14) and,

*Noting* that an epidemiological study of Certified Professional Midwives (CPMs) is ongoing in order to further substantiate practice outcomes, safety, client satisfaction, and practitioner competency is in progress; (15)

*Recognizing* that out-of-hospital settings have the potential for reducing the costs of maternity care; (7,12,16)

*Recognizing* evidence that access to quality maternity caregivers remains an important issue, particularly for underserved urban and rural communities;(17) which may be addressed through out-of-hospital maternity services in some communities; and

*Reaffirming* that the APHA currently recognizes the value of and promotes educational opportunities for nurse-midwifery,(18) and that many professionals recognize the contributions of direct-entry midwifery; and,

*Reaffirming* that APHA has been an innovator in public health care by supporting research on alternative and complementary medicine (1,19) and increased access to midwifery services in the United States, (20)

*Recognizing* that there should be alternative routes involving educational systems of selection and preparation, and legal systems of licensing by which people can prepare and qualify for health occupations, including those direct-entry midwives who are nationally-certified and who have successfully completed "a recognized midwifery education process"; (21,22,23,25) and

*Recognizing* evidence that direct-entry midwives have multiple educational routes (22,24) available to them in order to meet the entry-level requirements of knowledge, skills and experience; (22,24,25)

*Recognizing* evidence that individual states interested in incorporating direct-entry midwives into the health care system are moving towards regulatory models based on national certifications; (22)

### **Therefore, APHA**

- Supports efforts to increase access to out-of-hospital maternity care services and increase the range of quality maternity care choices available to consumers, through recognition that legally-regulated and nationally certified direct-entry midwives can serve clients desiring safe, planned, out-of-hospital maternity care services, and further:
- Encourages the development and implementation of guidelines for the licensing, certification and practice for direct-entry midwifery practitioners for use by state and local health agencies, health planners, maternity care providers, and professional organizations;
- Urges that there be increased opportunities, for supervised, clinical learning experiences, in a variety of settings, including both high-risk and low-risk, incorporated into direct-entry midwifery education programs;
- Encourages an increase in cost effective maternal care services for rural and underserved urban populations by advocating for increases in funding of scholarships and loan repayment programs targeted at members of these communities;
- Urges public and private insurance plans to eliminate barriers to the reimbursement and equitable payment of direct-entry midwifery services in both public and private payment systems;
- Encourages the National Center for Health Statistics, the U.S. Department of Health and Human Services and State Vital Records Offices to add the CPM as a separate certifier category on birth certificates to enable routine collection of systematic data;
- Urges HRSA, CDC and state health departments to improve the collection and quality of vital statistics and other data to enhance the monitoring of birth outcomes (e.g., infant and perinatal mortality rates, maternal mortality rates, etc.) resulting from services provided by all practitioners including specific types of midwife practitioners;
- Urges Congress and appropriate Department of Health and Human Services agencies to increase funding and other support for ongoing research and evaluation of maternal health and birth outcomes, practice outcomes, quality of care outcomes, and safety related to the services provided by direct-entry midwives;

### **References:**

1. American Public Health Association Policy Statement 6805: Credentials for Health Occupations. APHA Public Policy Statements, 1948 to present, cumulative. Washington, D.C. current volume.
2. American Public Health Association Position Paper 8209: Guidelines for Licensing and Regulating Birth Centers. APHA Public Policy Statements, 1948 to present, cumulative. Washington, D.C. current volume.
3. Stewart, David: The Five Standards of Safe Childbearing. NAPJAC International, 4<sup>th</sup> Edition, 1997.



J U N E A U  
FAMILY BIRTH  
C E N T E R

## Juneau Family Birth Center

3225 Hospital Drive, Suite 106, Juneau, AK 99801 (907)586-1203

Midwives Association of Alaska  
Kaye Kanne, CDM, President  
P.O. Box 22256  
Juneau, Ak 99802  
907-586-1203

Representative Nancy Dalstrom  
State Capitol, room 408  
Juneau, Ak 99801

February 6, 2003

Dear Representative Dalstrom,

I am asking for your support on HB 71, a bill to extend the Certified Direct-Entry Licensing Board. I sat on the Board from its inception in 1992 through 1999. The Board has done an exemplary job of writing and implementing regulations for the governing of Certified Direct-Entry midwives in Alaska. The Board continues to strive for the highest standards for CDM's and as a result, midwives in Alaska are professional, well trained and provide safe, excellent care for women and families.

Alaska has one of the best midwifery laws in the United States. Many other states have looked to us as an example when passing midwifery legislation. Direct-Entry midwifery is increasingly recognized across the nation, with licensing for direct-entry midwives in 21 states, and legislation pending in 8 more states. Many more women are seeking the continuity of care and family centered maternity care which midwifery can provide.

The American Public Health Association endorses state regulated and national certified Direct-Entry midwives to improve outcomes while lowering healthcare costs for maternity care. They support efforts to increase access to out-of-hospital maternity care services, through recognition that Direct-Entry midwives can serve clients desiring, safe, planned out-of-hospital midwifery care.

Alaska is at the forefront of Direct-Entry midwifery licensing. Let's continue the excellent work we have been doing by continuing the Certified Direct-Entry licensing Board for another 4 years.

Sincerely,

Kaye Kanne, CDM, President  
Midwives Association of Alaska

## Overview of Maternity Care in the US \*

Carolyn Keefe, MLS

With four million births each year<sup>1</sup> and three-quarters of American women becoming mothers, maternity care affects large numbers of women. It is also big business. The United States has the highest per capita spending on health care in the world, with maternity care ranking sixth overall,<sup>2</sup> and childbirth is the most common reason for the hospitalization of women in the United States.

Women are subjected to an ever-increasing array of interventions and technologies, many of which are highly invasive, with little or no evidence of their effectiveness. In fact, the medical evidence shows that the routine use of unnecessary interventions put mothers and babies at risk. Medical interventions are also expensive and often used not for the benefit of women and babies, but for the convenience or legal protection of doctors and hospitals.

All of this would be acceptable if we had better outcomes to show for it. Unfortunately, our outcomes are not nearly as good as those of developed countries that rely more heavily on midwifery care. Some of the clear problems with our maternity care system include:

- A high infant mortality rate compared to other developed countries – 27<sup>th</sup> in the world.<sup>3</sup> Infant mortality rates are higher for African American, Latina and Native American babies – with the rate for African American babies twice that of white babies.<sup>4</sup>
- A maternal mortality rate that has not improved in 20 years – 15<sup>th</sup> in the world.<sup>5</sup> Maternal mortality is higher for women of color than for white women, nearly four times higher for African American women.<sup>6</sup>
- A cesarean birth rate of 24.4% – among the highest in the world. Cesarean birth rates are highest for African American women, followed by white women, Latina women, Asian women, and Native American women.<sup>7</sup>
- A 20% drop in vaginal births after cesarean (VBAC) from 2000 to 2001 to 16.4% – access to VBAC is disappearing requiring many women who have cesarean scars to undergo surgery.<sup>8</sup>
- An induction rate of 20.5% – which has more than doubled since 1989 and continues to rise.<sup>9</sup>
- Many mothers traumatized by their treatment during birth, with as many as 30% exhibiting some signs of post-traumatic stress disorder<sup>10</sup> and 50% experiencing some aspect of postpartum depression (the highest such rate in the world).<sup>11</sup>

Moreover:

- Of the eight most common surgical procedures in the US, four are obstetric in nature – episiotomy, repair of obstetric laceration, cesarean birth, artificial rupture of membranes. These are in also the top four surgeries performed on women in the US.<sup>12</sup>
- Obstetric procedures are the most common type of surgical procedures performed in the US (6,174,000), slightly higher than cardiac procedures (6,133,000). Consider the following:
  - obstetric procedures are only performed on women – more obstetric procedures are performed on women than the next two categories (cardiac and digestive) combined;
  - there are over six million obstetric procedures, but just over four million births;
  - these procedures are primarily performed on healthy bodies during a normal physiological process.

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## Fact Sheet

The problem has steadily gotten worse over the last two decades. All obstetric procedures combined nearly doubled between 1980 and 1999, while certain procedures, such as medical induction of labor, vacuum extraction, and manually assisted delivery increased eleven-fold in that time.<sup>1</sup> Each procedure carries with it risks to mothers and babies, and less invasive techniques exist for most of them. Furthermore, they are usually not medically necessary and are avoidable for the majority of women.

The Midwives Model of Care<sup>14</sup> and the evidence-based Mother-Friendly Childbirth Initiative<sup>15</sup> recognize birth as a normal, natural process and support the use of less invasive techniques, such as position changes, waiting, hydrotherapy, and perineal support, that carry fewer risks to mothers and babies and are usually more effective.

Research shows that midwives are the safest birth attendants for most women, with lower infant and maternal mortality rates and fewer invasive interventions such as episiotomies and surgical births (cesareans). In developed countries where midwives are the primary care providers for pregnant women, mortality and surgical birth rates are much lower than in the United States. However, legal, regulatory, and financial barriers to the practicing the Midwives Model of Care and Mother-Friendly care make it difficult for women to access either in the US.

### References:

- <sup>1</sup> Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 1
- <sup>2</sup> 1999 National Statistics, HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/data/hcup/hcupnet.htm>.
- <sup>3</sup> *Child Health USA 2001*, Maternal Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services, p. 22.
- <sup>4</sup> Hoyert, DL; et al, "Deaths: Final Data for 1999," *National Vital Statistics Report*, Vol. 49, No. 8, September 21, 2001, p. 11.
- <sup>5</sup> *State of the World's Mothers 2002*, Save the Children, [http://www.savethechildren.org/mothers/sowm02/report/complete\\_index.pdf](http://www.savethechildren.org/mothers/sowm02/report/complete_index.pdf).
- <sup>6</sup> Hoyert, DL; et al, "Deaths: Final Data for 1999," *National Vital Statistics Report*, Vol. 49, No. 8, September 21, 2001, p. 89.
- <sup>7</sup> Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 16
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- <sup>9</sup> Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 15
- <sup>10</sup> Creedy DK, Shochet IM, Horsfall J. "Childbirth and the development of acute trauma symptoms: incidence and contributing factors." *Birth*, 2000 Jun; 27(2):104-11
- <sup>11</sup> Wolf, Naomi, *Misconceptions: Truth, Lies, and the Unexpected on the Journey to Motherhood*. Doubleday, 2001, p. 216.
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- <sup>13</sup> *IBID*, p. 46.
- <sup>14</sup> Developed in 1996 by Midwifery Task Force, [www.midwiferytaskforce.org](http://www.midwiferytaskforce.org).
- <sup>15</sup> Developed in 1996 by the Coalition for Improving Maternity Services, [www.mother-friendly.org](http://www.mother-friendly.org).

\* Reflects 2001 data.

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## Safety in Birth Begins With Midwifery Care

**"In terms of quality, satisfaction, and costs, the midwifery model for pregnancy and maternity care has been found to be beneficial to women and families, resulting in good outcomes and cost savings. ... With its focus on pregnancy as a normal life event and health promotion for women of all ages, the midwifery model of care is an appropriate alternative or complement to the medical approach to childbirth."**

American Public Health Association, "Supporting Access to Midwifery Services in the United States (Position Paper)", *American Journal of Public Health*, Vol. 91, No. 3, March 2001.

**"It is inherently unwise, and perhaps unsafe, for women with normal pregnancies to be cared for by obstetric specialists ... Midwives and general practitioners, on the other hand, are primarily oriented to the care of women with normal pregnancies, and are likely to have more detailed knowledge of individual women."**

Murray Enkin, et al, *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford University Press, 2000.

**"It is the finding and vision of the Taskforce that the midwifery model of care is an essential element of comprehensive health care for women and their families that should be embraced by, and incorporated into, the health care system and made available to all women."**

Dower CM, Miller JE, O'Neil EH and the Taskforce on Midwifery, *Charting a Course for the 21st Century: The Future of Midwifery*. San Francisco, CA: Pew Health Professions Commission and the UCSF Center for the Health Professions. April 1999.

**"Midwives are the most appropriate primary health care provider to be assigned to the care of normal birth."**

Maternal and Newborn Health/Safe Motherhood Unit of the World Health Organization, *Care in Normal Birth: A practical guide*. World Health Organization, 1996.

**"Midwives attend the vast majority of births in those industrialized countries with the best perinatal outcomes..."**

Coalition for Improving Maternity Services, *The Mother-Friendly Childbirth Initiative*, 1996

## The Safety of Home Birth

### The evidence is overwhelming – planned home birth is safe for healthy women

“Recognizing the evidence that births to healthy mothers, who are not considered at medical risk after comprehensive screening by trained professionals, can occur safely in various settings, including out-of-hospital birth centers and homes ...Therefore, APHA Supports efforts to increase access to out-of-hospital maternity care services...”

American Public Health Association, “Increasing Access to Out-of-Hospital Maternity Care Services through State-Regulated and Nationally-Certified Direct-Entry Midwives (Policy Statement)”. *American Journal of Public Health*, Vol 92, No. 3, March 2002.

“Several methodologically sound observational studies have compared the outcomes of planned home-births (irrespective of the eventual place of birth) with planned hospital-births for women with similar characteristics. A meta-analysis of these studies showed no maternal mortality, and no statistically significant differences in perinatal mortality risk in either direction.”

Murray Enkin, et al, *A Guide to Effective Care in Pregnancy and Childbirth*. Oxford University Press, 2000.

“It is safe to say that a woman should give birth in a place where she feels is safe, and at the most peripheral level at which appropriate care is feasible and safe. For a low-risk pregnant woman this can be at home, at a small maternity clinic or birth centre, in town or perhaps at the maternity unit of a larger hospital. However, it must be a place where all the attention and care are focused on her needs and safety, as close to home and her own culture as possible.

Maternal and Newborn Health/Safe Motherhood Unit of the World Health Organization, *Care in Normal Birth: A practical guide*. World Health Organization, 1996.

“Excellent outcomes with much lower intervention rates are achieved at home births. This may be because the overuse of interventions in hospital births introduces risks or the home environment promotes problem-free labors.”

Henci Goer, *Obstetric Myths versus Research Realities: A Guide to the Medical Literature*. Bergin & Garvey, 1995.

“This study supports previous research indicating that planned home birth with qualified care providers can be a safe alternative for healthy lower risk women.”

Anderson RE, Murphy PA. “Outcomes Of 11,788 Planned Home Births Attended By Certified Nurse-Midwives. A Retrospective Descriptive Study.” *Journal of Nurse-Midwifery*, 1995 Nov-Dec;40(6):483-92. (Abst)

SENATE FINANCE COMMITTEE

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 Co./Dept./Title: President Midwives Ass. of Alaska Phone: 586-1203  
 Address: PO BOX 22256 JUNEAU Zip: 99802

Do you wish to testify?  Yes  No  Respond To Questions

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 Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you wish to testify?  Yes  No  Respond To Questions