

ALASKA LEGISLATURE COMMITTEE FILES 1901-1902 0012

1539 SHESS SB 747 (#1) 159

1 Sec. 08.69.020. UNLAWFUL REPRESENTATION. It is unlawful for a
2 person to represent oneself as a licensed midwife or use any designation
3 that implies that the person is licensed or certified by the state to
4 act as a midwife unless the person is currently licensed under this
5 chapter.

6 Sec. 08.69.030. MEMBERSHIP AND TERM OF OFFICE OF THE BOARD OF
7 MIDWIFERY. (a) There is established the Board of Midwifery consisting
8 of five members. One member shall be a physician licensed to practice
9 medicine in the state. Two members shall be licensed under this chapter
10 or eligible to receive licenses under AS 08.69.050(1) - (3). One member
11 shall be a person who has received or paid for the services of a midwife
12 licensed under this chapter or who has received or paid for the services
13 of a midwife eligible to receive a license under AS 08.69.050(1) - (3).
14 One member shall be a person with no financial interest in a health care
15 facility or an occupation that provides services to pregnant women or
16 services related to childbirth.

17 (b) Members of the board are appointed by the governor after
18 consideration of recommendations submitted by childbirth consumer educa-
19 tion groups, persons who provide health care, or persons who have re-
20 ceived or paid for the services of a midwife. Each board member serves
21 for a term of five years and until his successor is appointed and quali-
22 fied. An appointment to a vacancy is for the unexpired term.

23 Sec. 08.69.040. DUTIES OF THE BOARD. The Board of Midwifery shall

- 24 (1) approve the licensure of persons to practice midwifery;
25 (2) prepare and administer a comprehensive examination that
26 tests competence in all aspects of the practice of midwifery;
27 (3) prescribe a biennial license fee for licensed midwives
28 not to exceed \$25;
29 (4) develop a bibliography and guide to the examination

1 administered to applicants and make it available at a reasonable cost;

2 (5) require the compliance of licensed midwives with vital
3 statistic recording requirements;

4 (6) require licensed midwives to maintain statistics relating
5 to births they attend;

6 (7) hold hearings and order disciplinary sanctions under
7 AS 08.69.100;

8 (8) adopt regulations necessary to carry out the purposes of
9 this chapter.

10 Sec. 08.69.050. LICENSURE AS A MIDWIFE. A person is eligible for
11 licensure as a midwife if that person

12 (1) furnishes proof of having received a high school degree
13 or its equivalent and of having completed two years of nursing training
14 or its equivalent;

15 (2) furnishes proof of having attended at least 20 births as
16 a midwife in the two-year period immediately preceding the date of
17 application or has completed a midwife apprenticeship under AS 08.69.-
18 170; proof is by affidavit of the applicant for births that occurred
19 before January 1, 1982;

20 (3) passes a comprehensive examination administered by the
21 board that tests competence in all aspects of midwifery;

22 (4) pays the license fee prescribed in this chapter.

23 Sec. 08.69.060. LICENSURE BY ENDORSEMENT. A person who is li-
24 censed as a midwife by another state or country may be licensed as a
25 midwife in this state without taking an examination if the requirements
26 for the out-of-state license are determined by the board to be at least
27 equivalent to the requirements for licensure under AS 08.69.050.

28 Sec. 08.69.070. REEXAMINATION. A person who fails an examination
29 offered under AS 08.69.050(4) may take the examination again if

1 (1) the applicant presents proof satisfactory to the board of
2 having served as a midwife for at least 10 births while under the super-
3 vision of a sponsor during the year preceding application; and

4 (2) at least one year has passed following the date the
5 person last failed the examination.

6 Sec. 08.69.080. RENEWAL OF LICENSES. (a) A midwife's license is
7 renewable biennially on June 30. Notice of renewal shall be mailed to
8 every licensed midwife on or before May 1 of each even-numbered year.

9 (b) A license not renewed by June 30 lapses on July 1 unless the
10 licensee is granted inactive status under AS 08.69.090.

11 (c) A lapsed license shall be reinstated if the licensee complies
12 with renewal requirements within 90 days after the license lapses.

13 (d) The board shall establish requirements that must be met before
14 a license may be renewed, including a requirement that an applicant for
15 renewal has attended as sponsor or midwife during 10 births in the
16 previous two years and has completed 20 hours of continuing education.
17 Continuing education may include childbirth-related postsecondary course-
18 work, workshops, practice in association with another midwife, a combi-
19 nation of training and experience, or a combination of experience and
20 continuing education.

21 Sec. 08.69.090. INACTIVE STATUS. A midwife licensed under this
22 chapter may apply to the board for inactive status for a period not to
23 exceed two years. A midwife licensed under this chapter who is granted
24 inactive status is not required to comply with AS 08.69.080 until the
25 inactive status is terminated.

26 Sec. 08.69.100. DISCIPLINE, DENIAL, SUSPENSION, OR REVOCATION OF A
27 LICENSE. (a) The board may revoke or suspend the license of a midwife,
28 or the licensee may be reprimanded, censured, or disciplined if the
29 board finds after a hearing that the licensee has

1 (1) obtained or attempted to obtain a license under this
2 chapter by fraud or deceit;

3 (2) wilfully violated a provision of this chapter;

4 (3) engaged in unprofessional conduct; or

5 (4) engaged in intentional or negligent conduct that results
6 in injury to a client or significant risk to the health or safety of a
7 client.

8 (b) The board shall afford a midwife whose license has been denied
9 or revoked the opportunity to have the license reinstated by demonstrat-
10 ing ability to resume the competent practice of midwifery with reasonable
11 skill and safety.

12 Sec. 08.69.110. SCOPE OF PRACTICE. (a) A midwife licensed under
13 this chapter may perform functions within the scope of practice. The
14 scope of practice for licensed midwives includes

15 (1) recognition of pregnancy and management of prenatal care;

16 (2) preparation and management of the delivery site and
17 lying-in area;

18 (3) management of the birth process and delivery of the
19 infant;

20 (4) clamping and severing the umbilical cord;

21 (5) delivery of the placenta, with anti-hemorrhage tech-
22 niques;

23 (6) recognition of an emergency labor or delivery situation
24 involving the mother or infant;

25 (7) emergency procedures for asphyxiation, convulsions,
26 malformation, and infectious diseases of the newborn;

27 (8) administration of preventive prophylaxis for ophthalmia
28 neonatorum;

29 (9) postnatal care of mother and infant;

1 (10) suturing;

2 (11) routine laboratory investigation for normal prenatal
3 care.

4 (b) In a medical emergency the scope of practice, to the extent
5 needed for the emergency includes

- 6 (1) intramuscular injections for maternal hemorrhage;
- 7 (2) penetration of human tissue for emergency episiotomy;
- 8 (3) oxygen use.

9 (c) The board shall by regulation designate the medications,
10 therapeutic agents, and techniques that a licensed midwife is authorized
11 to administer and the circumstances under which those medications,
12 therapeutic agents, and techniques may be administered.

13 Sec. 08.69.120. INFORMED CONSENT FORM. (a) The board shall
14 develop an informed consent form that a licensed midwife shall provide
15 for clients at the initial meeting. The form shall recommend a physical
16 examination of the pregnant woman by a physician and inform clients of
17 vital statistic reporting requirements. The form shall also describe
18 the licensed midwife's

- 19 (1) philosophy of practice;
- 20 (2) education and training;
- 21 (3) experience;
- 22 (4) services and fees;
- 23 (5) procedures for meeting medical emergencies.

24 (b) The licensed midwife shall inform the client that the statis-
25 tical information required by AS 08.69.130 is maintained by the licensed
26 midwife and is available for public inspection.

27 Sec. 08.69.130. STATISTICS. (a) The board shall determine the
28 information concerning the practice of midwifery that must be collected
29 by a licensed midwife. The information is required to be retained in

1 statistical form and shall include information on

2 (1) infections;

3 (2) hemorrhage;

4 (3) hospital transfers;

5 (4) malpresentations;

6 (5) normal deliveries;

7 (6) absence of physical examinations performed by a physician
8 and the reason examinations were not performed.

9 (b) The statistical information required under (a) of this section
10 shall be filed with the Department of Commerce and Economic Development
11 every six months on a form prescribed by the department and made avail-
12 able for public inspection.

13 Sec. 08.69.140. MEDICAL HISTORIES. (a) The board shall require
14 licensed midwives to maintain a comprehensive medical and obstetrical
15 history of each client. The history shall include the following infor-
16 mation:

17 (1) the mother's name and address;

18 (2) the mother's date of birth;

19 (3) the mother's gravidity and parity;

20 (4) a description of the mother's progress in pregnancy,
21 including routine laboratory investigation;

22 (5) a description of the progress of mother and infant in
23 labor and delivery;

24 (6) a report of the characteristics of placental delivery and
25 cessation of bleeding of mother;

26 (7) a report of the immediate postpartum progress of mother
27 and infant;

28 (8) a statement of the general health of mother and infant at
29 the time the midwife services terminate;

1 (9) other information required by the board.

2 Sec. 08.69.150. PRACTICE OF A LICENSED MIDWIFE. A person licensed
3 as a midwife under this chapter must

4 (1) ensure that if reasonably possible before the onset of
5 labor the mother has received a general physical examination by a physi-
6 cian;

7 (2) recommend that the mother be transferred to the care of a
8 physician if a medical emergency is indicated;

9 (3) ensure that a physician licensed in the state agrees to
10 be available for consultation regarding the practice of midwifery and
11 agrees to be available to render medical treatment during emergencies on
12 a standby basis unless, due to extraordinary conditions, the board
13 exempts the midwife from the requirements of this paragraph.

14 Sec. 08.69.160. USE OF DRUGS. A licensed midwife may, in accor-
15 dance with regulations of the board, possess and administer oxygen,
16 antibiotic eye drops, and drugs used to stop maternal hemorrhage. The
17 board shall designate by regulation drugs that may be administered under
18 this section. The administration of oxygen or drugs by a licensed
19 midwife under this section is not the practice of medicine under
20 AS 08.64.

21 Sec. 08.69.170. MIDWIFE APPRENTICESHIP. (a) A person may com-
22 plete a midwifery apprenticeship by observing and assisting in the
23 management and care of the mother and infant in at least 20 births under
24 the supervision of a sponsor. In the course of 10 of those births the
25 apprentice must assume responsibility for the prenatal, intrapartal, and
26 postpartal management and care of the mother and child. A person under-
27 taking a midwifery apprenticeship shall register with the board at the
28 beginning of the apprenticeship.

29 (b) A sponsor may not supervise more than three apprentice mid-

1 wives simultaneously.

2 Sec. 08.69.180. DEFINITIONS. In this chapter

3 (1) "board" means the Board of Midwifery;

4 (2) "medical emergency" means a situation of a serious nature
5 which develops suddenly and unexpectedly and demands immediate action
6 during pregnancy, labor or delivery;

7 (3) "sponsor" means a physician or a midwife licensed to
8 practice in this state and authorized to act as a sponsor by the board;

9 (4) "unprofessional conduct" includes the habitual overuse of
10 alcoholic beverages or depressant, hallucinogenic or stimulant drugs, as
11 defined in AS 17.12.150(3), or addiction to the use of narcotic drugs as
12 defined in AS 17.12.230(13).

13 * Sec. 5. AS 17.15.030 is amended by adding a new subsection to read:

14 (b) AS 17.15.010 and 17.15.020 do not apply to the sale at retail
15 by pharmacies to midwives licensed in the state to possess and admin-
16 ister drugs designated by the Board of Midwifery under AS 08.69.160.

17 * Sec. 6. AS 44.62.330(a) is amended by adding a new paragraph to read:

18 (52) Board of Midwifery (AS 08.69.030)

Box 1
Sutton AK 99674

March 16, 1982

To: Charlie Parr
Chairman of HESS Committee
and all other legislatures

I am writing concerning Bill 747 dealing with legalization and certification of midwifery in Alaska.

I feel that it is the parent's right to choose if they want a home birth or a hospital birth. I am currently three months pregnant and have chosen to have a home birth, if there are no complications. I have had a very difficult time finding a doctor to give me a prenatal blood test. I have been forced to go to one of the rural communities to obtain this. I feel that this rejection from the Open Door Clinic and some of the doctors in Anchorage could be detrimental to my health, my unborn baby's health and the health and well being of other pregnant women who choose to have home births.

I am expressing my concern about this issue and want to make it known that I feel midwifery in Alaska should be legalized.

Sincerely,
Aleta P. Stebbins

note: please distribute copies to Helen Beirne and Mike Beirne

Dep^d MR. PARR,
& LEGISLATIVE MEMBERS OF THE SENATE —

3-14-82
H

I AM WRITING IN SUPPORT OF BILL # 747 CONCERNING THE REGULATION OF MIDWIVES HERE IN ALASKA. I AM VERY STRONGLY IN FAVOR OF THE BILL BECAUSE I BELIEVE IN THE OPTION TO CHOOSE A HOMEBIRTH & THUS RECOGNIZE THE NEED TO INSURE COMPETENCY IN THE UNIQUE INSTITUTION OF MIDWIFERY. I BELIEVE THIS CAN BE BEST ACHIEVED THROUGH THIS BILL. I BELIEVE THAT IF THE MIDWIVES HERE IN ANCHORAGE WERE SET UP TO REGULATE THEMSELVES, AS OTHER HEALTH PROFESSIONALS DO, THEY WILL BE ABLE TO SECURE A GREATER SUPPORT FROM THE MEDICAL FIELD, & THUS A GREATER INSURANCE OF SAFETY FOR THE MOTHER & CHILD. MY OPINIONS ARE BASED ON PERSONAL BELIEFS, A POSSIBLE FUTURE PERSONAL INTEREST, & ALSO A SEPARATE LOGICAL CONCLUSION. WHETHER HOMEBIRTHS/MIDWIFERY ARE LEGAL/NOT, REGULATED/NOT, RECEIVE A PHYSICIAN'S ACTIVE SUPPORT/NOT, THEY WILL CONTINUE TO EXIST. I BELIEVE THAT IS A FACT & THUS, SEPARATELY FROM MY OWN INTERESTS, BELIEVE THAT HOMEBIRTHING SHOULD BE MADE AS SAFE AS POSSIBLE. THE ONLY WAY TO DO THIS IS THROUGH REGULATION & THE BACKING OF THE MEDICAL FIELD, AND THE PASSING OF THIS BILL WOULD UNLOCK THE DOOR, SO TO SPEAK.

THANK-YOU,
ALLISON JAY

ALLISON JAY
2936 KIMBERLIE CT.
ANCH., AK.
99504

PH: 276-8926

1811 Southern Ave
Fairbanks, Alaska 99701
March 17, 1982

Mr. Charles Parr, Chair - Senate
Pouch V
Juneau, Alaska 99811

Dear Sir:

I would like to write to let you know that I support S. Bill 747: An Act relating to "Midwifery" introduced by Senator Vic Fischer.

I believe in freedom of choice in how we are to ~~bear~~ our children. And more people are turning to a more natural, home setting - why should this be refused them? And yet if this bill, which would make sure midwives are licensed before attending births, is not passed it will surely restrict our freedom in this matter.

Please, don't be swayed by hospital lobbyists - many are money hungry, because home births are a threat to them, but doesn't freedom of choice - something our country is built on - mean more?

Thank-you for your consideration.

Sincerely,
Mrs. Wendy J. Hogan

1660 Garden
Anchorage, AK 99501
March 20, 1982

Charles Parr
HESS Chairman
Alaska State Legislature
Pouch V
Juneau, AK 99811

RE: Senate Bill 747

Dear Mr. Parr:

I am writing to encourage the senate to pass Bill 747 which concerns the practice of midwifery in Alaska. After reading it carefully, I believe the bill is a good one. It has the potential of becoming a model for other states, on this extremely personal issue of being able to choose one's own birth attendant and to be able to check their qualifications if one chooses a

licensed midwife. It also does not prohibit a woman from choosing someone other than a licensed midwife, i.e., her husband, to attend her labor and delivery.

I thank you for your influence on this matter.

Sincerely,
Jane Lupo

P.O. Box 2792
Dillingham, Alaska 99576
March 18, 1982

Dear Senator Parr,

I am writing you to voice my support of S.B. No. 747 entitled "An Act Relating to Midwifery". This bill is more definitive towards the needs of both the consumer and the Lay Midwives than H.B. 11 and should replace it. I have been involved in home birth as an apprentice Lay Midwife and have a first hand knowledge of the specific needs of people who want to have their children in a natural environment.

Presently due to existing pressures of the Allopathic medical community, there is a real danger for women who want to deliver at home. This danger lies in the denial of lab work for pregnant women, and the denial of back up support systems at local hospitals for the Lay Midwives who attend these mothers wanting home births. This is happening now in Alaska. There have been many cases, where in emergency situations, both the mother, the father, and the Midwife have met with uncalled for and unnecessary sub-professional treatment by un-ethical medical staffs in hospital emergency rooms. This is due to arrogant egotism based on ignorance.

Statistical studies within the last 10 years of the resurgence of home birth in America have proven that not only are home births safe when attended by a trained Lay Midwife, but preferred in comparison with hospital births. Prior to 40 years ago, most women delivered at home attended by Lay Midwives or

Family Practitioners. Why then is there this sudden shift in thought to make people believe that it is dangerous? Human birth is a natural process, not an illness, and should be centered in the home, and not in the hospital where there are sick people. Today the majority of people in the world are still being born at home.

Since a positive experience of natural home birth has been proven to be of supreme benefit to the whole family, and since the family is the nucleus of a good and healthy society, it is necessary that support of home birth be made available and encouraged in Alaska. Couples who want this experience in life should have the choice made available to them, and have compassionate, supportive and trained attendants. The manner in which a woman chooses to deliver her child must not be dictated by an economically motivated group of practitioners.

Taking into consideration the recent budget cuts involving hospitals (therefore affecting the quality of care provided) and the soaring costs of medical care, it is unjust for pregnant couples to be forced to accept a hospital birth as the only choice. Here in Alaska, geographically it is unfeasible to assume that the existing medical community can attend pregnant women in remote areas. Various countries in the world in developed nations such as Holland and Denmark, and undeveloped nations such as Latin America have encouraged the training of Lay Midwives for the benefit of pregnant women. Lay Midwifery is encouraged and endorsed by the World Health Organization.

The key is good health care for mother and child. It is my sincere wish that you give S.B. No. 747 your full support for Lay Midwives, birthing couples, and a healthier Alaska.

Sincerely,

Camille Martinez

Camille Martinez

19 Mar. 82
PO Box 10183
Anch, Ak 99511

Senator Charlie Parr and
all legislators
Pouch V
Juneau, Ak 99811

Dear Sir:

I am a Registered Nurse & have worked in a variety of health care areas professionally. One of the problems I have noticed in the health care field is that of people from within the system assuming that they know what is best for individual seeking health related services.

Specifically - I am in support of S.B. 747 People's rights to choose birth attendants & birth sites should be protected.

There is a growing number of people choosing home births & other health care options. I feel they should be assured access to whichever service & attendant they choose regardless of their reasons.

Sincerely
Dodie Matthews

POUCH V
JUNEAU, ALASKA 99811

MARCH 17, 1982

DEAR CHARLES PARR,

PLEASE SUPPORT SENATE BILL NO.
747 - "AN ACT RELATING TO MIDWIFERY.
MY WIFE AND I ARE HAVING OUR 2ND
MIDWIFE ASSISTED HOME BIRTH AND
ENJOY HAVING THE CHOICE OF BIRTHING
PROCEDURES. WE NEED YOUR SUPPORT.
THANK YOU FOR YOUR TIME + HELP.

SINCERELY,

MARK LANE

Mark Lane

STAR RT. Box 520

SEWARD, AK 99664

747

Gary & Carol Galbraith
P.O. Box 827
Cooper Landing, Alaska 99572
907 - 295-1226

3/8/82

Dear Charles Ann,

I am writing to let you know
that I am in full support of the
Senate Bill # 747 — Yes but
relating to Midwifery.

I believe in the freedom of
choice in deciding whether to have a
hospital or home birth and the licensing
of midwives is a crucial step toward providing
the best and safest conditions for
many women throughout Alaska.

It is very important that this bill
passes, so more and more women, especially
in Alaska, are choosing home birth (which
allows a more personal and fulfilling
experience) over a hospital birth involving
the use of sometimes needless medication,
strict regulations and surgery.

I am speaking from experience,
and can only hope that you, as a nurse,
will try to understand my feelings and
desires.

The only unsafe factor in the practice of midwifery (which is as old as the human race itself) is when laws prohibit them, and professional people do not support them in their endeavor to make a woman's birthing experience a more positive, family-oriented and meaningful experience.

We need midwives as well as doctors, and the two working together can bring about a more complementary and efficient service for the welfare of all concerned. (An excellent example of this is in the Netherlands and other European countries as well, who have a much lower infant mortality rate compared with the U.S.)

I hope you will "hear" what I'm saying and give the Senate Bill #747 your full support.

Sincerely yours,
Carol J. Galbraith

Senator Charlie Parr
HESS Committee
Pouch V
Juneau, Alaska

99811

Senator Charlie Parr and all other Legislators

Sir:

I am in support of SB 747 "An Act Related to Midwifery".
I feel that pregnancy and childbirth is a natural physiological
process and, in as much, a state of wellness rather than disease.
For that reason, I feel that safe birthing alternatives such as
midwifery within birthing center and home deliveries be offered
as options as well as the hospital settings.

I urge you and other legislators to support passage of this bill,
so families might exercise their freedom of choice in matters
relating to safe, healthy childbirth.

Sincerely,

Donald Ramey
Shirley Ramsay

Star Rt. HPR
Sitka #99835

March 21, 1982

Senator Charlie Parr
HESS Committee
Pouch V
Juneau, Alaska
99811

Senator Charlie Parr and all other Legislators

Sir:

I am in support of SB 747 "An Act Related to Midwifery".
I feel that pregnancy and childbirth is a natural physiological process and, in as much, a state of wellness rather than disease. For that reason, I feel that safe birthing alternatives such as midwifery within birthing center and home deliveries be offered as options as well as the hospital settings.

I urge you and other legislators to support passage of this bill, so families might exercise their freedom of choice in matters relating to safe, healthy childbirth.

Sincerely,

Jeth Cox (Pres. SAFE-moms)

local napsac
group

Box 878

Sitka, AK

99855

747

CHARLIE PARR & ALL OTHER LEGISLATORS:

My name is CHRIS RUSHTON and I PRACTICE AS A LAY MIDWIFE IN ANCHORAGE ALASKA. I AM STRONGLY IN FAVOR OF 747. (SENATE BILL) THESE ARE JUST SOME OF MY REASONS:

1) IN THE NORTH CAROLINA STUDY OF 1981 THE RESULTS SHOWED THAT UNATTENDED HOMEBIRTHS HAD A HIGHER INFANT MORTALITY RATE THAN BIRTHS ATTENDED BY THE LAY MIDWIVES. BY MAKING IT DIFFICULT FOR FOLKS TO ATTAIN A SELECTION OF LAY MIDWIVES I BELIEVE MORE FOLKS HAVE THEIR BIRTH UNATTENDED BY A SKILLED ATTENDANT. PEOPLE ARE GOING TO CHOOSE HOMEBIRTH EVEN IF THEY ARE FORCED TO DO IT THEMSELVES. BY LICENSING LAY MIDWIVES IT IS NOT ENCOURAGING OUT OF HOSPITAL BIRTHING - THE NEED FOR LAY MIDWIVES IS ALREADY THERE - IT HAS EXISTED AND PERSISTED FOR CENTURIES IN SPITE OF SCORN AND RIDICULE.

2) THE definition OF the word "MIDWIFE" IS SOMEONE THAT IS "WITH A WOMAN." DOCTORS AND NURSES CONTINUOUSLY TRY TO ANALYZE THE LAY MIDWIFE'S ROLE FROM A MEDICAL PERSPECTIVE. CAN THEY HANDLE THIS EMERGENCY - CAN THEY RECOGNIZE THE PROBLEM? ETC. THE LAY MIDWIFE ATTENDS ONLY NORMAL BIRTHS TO GIVE THE COUPLE MORAL SUPPORT, COMPANIONSHIP AND TO SUPERVISE THE LABOR IN SUCH A WAY THAT ALL MINOR AND MAJOR ABNORMALITIES ARE RECOGNIZED OR AT LEAST SUSPECTED AS EARLY AS POSSIBLE. THIS DOES NOT REQUIRE A MEDICAL BACKGROUND IN MY OPINION. AS A FORMER REGISTERED NURSE I CAN TESTIFY TO THE FACT THAT A MEDICAL BACKGROUND WHERE ONE CONCENTRATES ON WHAT CAN GO WRONG IS DETRIMENTAL WHEN APPROACHING NORMAL CHILDBIRTH AT HOME.

UNDER THE GOVERNING BOARD OF LICENSED MIDWIVES, EXAMS CAN BE GIVEN TO ASCERTAIN THE KNOWLEDGE OF CANDIDATES IN THE AREA OF NORMAL CHILDBIRTH.

(3)

Licensing will not guarantee competency of lay midwives; the burden of responsibility will still be on the couple to determine the suitability of the individual. THE PRACTICE OF MIDWIFERY is not meant to challenge the advances in MATERNAL CHILD HEALTH nor intend to eliminate the vital role of the OBSTETRICAL SPECIALIST. MIDWIFERY is the ART OF supporting AND guiding A FAMILY THROUGH normal CHILD-BIRTH.

I want to see peoples free choice upheld in CHILDBIRTH - please support SENATE BILL 747

Sincerely

CHRIS RUSTING
1403 E 27th Ave
ANCH, AK
99504

SRA BOX 1245
Anchorage AK 99507

Dear Senator Parr,

I hope you will do your best to see that Senate Bill 747 passes.

Midwives who work independently of medical doctors provide valuable and needed services to a growing number of Alaskans. Lay midwives are the only choice at the moment for Alaskans wanting to give birth at home. We need to protect their right to assist at childbirth and help mother and child to be in the best of health. The art of midwifery is regaining popularity after having been displaced by the medical technological management of childbirth. Each may have a very different approach and techniques, but both are needed.

Unfortunately an atmosphere of mutual distrust and lack of cooperation is developing between the medical community and lay midwives. It would be to everyone's benefit if we could reverse this polarizing trend and foster attitudes of respect and willingness to work together in the best interests of the client. Recognizing and regulating independent midwives by means of the licensing system proposed in Senate Bill 747 is admirably suited to promoting this needed cooperation.

We know Alaskans especially value their independence,

⇒ their self reliance, and freedom to choose. We are also in recent years experiencing a growing awareness of the need to assume greater individual responsibility for such things as health, and thus to relate to health professionals as resource people rather than authority figures.

We should encourage this consumer responsibility. An official licensing system to assist the midwife's prospective clients in judging their competence, coupled with independent consumer education and referral programs, makes more sense today than restricting options and allowing the more powerful medical establishment to develop a monopoly of childbirth services, driving the lay midwife underground.

The usual argument of medical doctors against permitting lay midwives to assist at childbirth concerns their competency and the safety of their independent practice. That midwives have an excellent safety record, with or without the supervision of a physician, will be apparent to anyone who studies all the statistical evidence. It is very important, if one values truth and honesty, to be aware of how easily statistics can be manipulated to fit a particular bias, by omission and regrouping of certain measurements. We have some information focussed on Alaska, but plenty more from other states and especially foreign countries demonstrating the superior results of midwifery care for normal childbirth.

Essentially the difference between the midwives and the physician's methods of assistance at childbirth is a matter of attitude. The midwife sees her role as a support person, the M.D. tends to function as manager. Obstetricians can work wonders when health and life threatening situations develop, and midwives work best with healthy mothers. Both can learn from each other. Service improves with cooperation. Medical backup and good professional relations with hospital staff and M.D.'s are important for midwives. Obstetricians would be more efficient when not so overburdened with uncomplicated cases better handled by the midwives.

The issue of safety in childbirth can provoke some heated emotional arguments. All childbirth assistants who have their clients interests at heart are concerned with safety. Is the average obstetrician's view of the dangers of childbirth exaggerated? Medically trained professionals tend to favor strict control (doctors in charge of course) over who may assist at childbirth. How can such an obviously normal function of the human female come to be regarded as a process so fraught with danger that medical management is imperative in all cases? Medicine is a profession intended to help sick people. Medical training focusses on preparation for what might go wrong. Emphasis on control and intervention is a response to the expectation that the birth process is likely

I in manipulation at any times. This attitude may be quite appropriate to abnormal cases, however, normal childbirth is not necessarily made any safer by this approach. In an atmosphere dominated by fear of what might go wrong, expectations of malfunctioning can become self fulfilling prophecies. Rather than stand by feeling helpless, waiting for the process to break down the temptation is to intervene. "Just in case" and "what if" influence decisions. Then the premature or unnecessary attempts to control the birth create their own problems. On the other hand, although confidence and faith support and enhance the birth process, it would be foolish to ignore danger signals. That is why cooperation, respect and good communication are so important between midwives and the medical professions. It certainly does NOT promote the safety of mother and child if physicians and midwives are afraid or unwilling to work together. Especially when one side or both sides are actively campaigning against the other. When motivated by competitive economic considerations none are likely to have their clients best interests at heart. We have to keep in mind that these are service professions.

Let us work to pass S.B. 747, and hope we are successful in establishing this needed cooperation.

Thank you
Sincerely,

Beryl J. Wardlaw

March 12, 1982

747

Dear Mr. Parr,

I am in favor of Senate Bill 747 as it is written now. I had my baby delivered at home with the help of a midwife. I knew her background and felt very good about her qualifications. But I am concerned that there are no regulations to guide the practice of midwifery. I know that at this time there aren't any guidelines in the State of Alaska for midwives. At the same time I feel that midwives should have control over their profession, as doctors have control over their profession, and as nurses have control of theirs.

It's time that the State of Alaska listens to the voices of people who want a choice in how and where they deliver their babies.

Sincerely,

Ann Rushing RN

276-8926 J

2936 Kimberlie Ct., Anch 99504

167

Dear Charles Parr, all other legislators Mar. 10, '82

This letter is to express my support for SB # 747 HB# 11

I think certification of midwives in this state is a very necessary move. It will benefit everyone involved... the parent will know who they are getting to help them with their birth because ~~the~~ they will be able to check on their attendant's credentials. The midwife would have credentials, she could get insurance, she could be paid thru clients insurance, she could give better prenatal care with the cooperation of the medical field.

Plus the doctors could stand to learn a few things like compassion & certain techniques that midwives use, that make them so special to so many expectant couples. Please pass these ~~bill~~ bills!

I would really like to see a teleconference happen for this bill, it would be very beneficial for everyone. Please let me know if & when this is planned.

I thank you for your time

Sincerely,

Cathleen B. Horwith
2601 Kona Lane
Anchorage, Ak.

99503

Dear Senator Fisher,

As a mother of three small children; who were all born at home; and as an apprenticing midwife, I ask you to support Senate Bill 747 "an Act Relating to lay midwifery". I feel it adequately regulates midwives with a certain standard of care, while providing for freedom of choice, which is the ultimate issue at stake. The only point I wish would be changed is that there has to be a quota of births done to maintain licensure. Of my knowledge, there is no other health care professional who has to keep doing a certain number of procedures to be able to be licensed. Also the way Alaskan communities are so small and spread out the chances of that many births going on all the time is slim. Another point is that the records to be kept by the midwife should be confidential and not open for whoever to see. Other than these points I feel the bill should be passed and I will give it my full support and urge you to give it yours.

Thank-you,

Cristine Lorange

Box 2671
Homer, Alaska
99603
March 8, 1982

Dear Mr. Fischer -

As one of your female constituents I am well aware that Senate Bill 747 "An Act Relating to Lay Midwifery" may directly affect me. Should I become pregnant this bill will either limit my options for the birthing process, if defeated; or allow me the freedom of choice, if passed. In the event that I am able to deliver a child I would want to be able to do whatever I think best for my child and myself. Therefore I urge you to vote yes on Senate Bill 747. I consider it a lamentable fact that women today do not have the option of giving birth in a manner that our ancestors have done for most of our history. The importance of this bill is to give women a choice in how they want to manage their delivery and in what kind of environment they wish to welcome their child. I cannot stress enough the importance of women

maintaining their power of
choice over such an important
and personal matter.

Thank you for your sincere
consideration of this matter.

Sincerely,
Joyce Day

P.O. Box 2792
Dillingham, Alaska 99576
March 18, 1982

Dear Senator Fischer,

I am writing you to voice my support of S.B. No. 747 entitled "An Act Relating to Midwifery". This bill is more definitive towards the needs of both the consumer and the Lay Midwives than H.B. 11 and should replace it. I have been involved in home birth as an apprentice Lay Midwife and have a first hand knowledge of the specific needs of people who want to have their children in a natural environment.

Presently due to existing pressures of the Allopathic medical community, there is a real danger for women who want to deliver at home. This danger lies in the denial of lab work for pregnant women, and the denial of back up support systems at local hospitals for the Lay Midwives who attend these mothers wanting home births. This is happening now in Alaska. There have been many cases, where in emergency situations, both the mother, the father, and the Midwife have met with uncalled for and unnecessary sub-professional treatment by un-ethical medical staffs in hospital emergency rooms. This is due to arrogant egotism based on ignorance.

Statistical studies within the last 10 years of the resurgence of home birth in America have proven that not only are home births safe when attended by a trained Lay Midwife, but preferred in comparison with hospital births. Prior to 40 years ago, most women delivered at home attended by Lay Midwives or

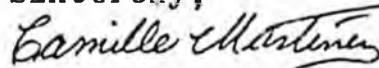
Family Practitioners. Why then is there this sudden shift in thought to make people believe that it is dangerous? Human birth is a natural process, not an illness, and should be centered in the home, and not in the hospital where there are sick people. Today the majority of people in the world are still being born at home.

Since a positive experience of natural home birth has been proven to be of supreme benefit to the whole family, and since the family is the nucleus of a good and healthy society, it is necessary that support of home birth be made available and encouraged in Alaska. Couples who want this experience in life should have the choice made available to them, and have compassionate, supportive and trained attendants. The manner in which a woman chooses to deliver her child must not be dictated by an economically motivated group of practitioners.

Taking into consideration the recent budget cuts involving hospitals (therefore affecting the quality of care provided) and the soaring costs of medical care, it is unjust for pregnant couples to be forced to accept a hospital birth as the only choice. Here in Alaska, geographically it is unfeasible to assume that the existing medical community can attend pregnant women in remote areas. Various countries in the world in developed nations such as Holland and Denmark, and undeveloped nations such as Latin America have encouraged the training of Lay Midwives for the benefit of pregnant women. Lay Midwifery is encouraged and endorsed by the World Health Organization.

The key is good health care for mother and child. It is my sincere wish that you give S.B. No. 747 your full support for Lay Midwives, birthing couples, and a healthier Alaska.

Sincerely,



Camille Martinez



Alaska
Nurses
Association

~~529 S. Galena Street, Room 101~~ 237 E. Third Avenue
~~Juneau, Alaska 99801~~ Anchorage, AK 99501

... a constituent of American Nurses' Association

March 18, 1982

The Honorable Vic Fischer, Senator
Member, Committee on Health, Education
and Social Services
Pouch V, MS 3100
Juneau, AK 99811

Dear Senator Fischer:

On behalf of the Alaska Nurses Association I would like to thank you for your support of SB 660 which will fund the Family Centered Birth, Inc. of Juneau. The Alaska Nurses Association heartily endorses this bill.

I hope that you will continue to support this bill when it comes to the floor. I look forward to working with you on health care issues in the future.

Sincerely,

ALASKA NURSES ASSOCIATION

Melinda Law, RN
President

ML:m

cc: Margaret Crawford

1811 Southern Ave.
Fairbanks, Alaska 99701
March 17, 1982

Mr. Vic Fischer
Pouch V
Juneau, Alaska 99811

Dear Sir:

I would like to write in support of your bill introduced to the Senate S.B. Bill 747: "An Act relating to Midwifery."

This bill's passing is very important to me not only because of the licensing of midwives but because it is a freedom of choice issue. If we choose to sit idly by the bill wouldn't pass and all women would be forced to have their babies in hospitals. Childbirth is an emotional happening and often spiritual as well - hospitals seem to lack compassion at times in how you or I would prefer a child's birth in these aspects. After all, at Christmas we celebrate a Man's birth whose was the lowliest birth of all (- and certainly not the most sanitary!) and He survived it just fine.

I'm just one among many who support this bill. We can't hardly wait for its passage. Thank-you for your work.

Sincerely,
Mrs. Wendy Hogan

Box 2906
Homer, Alaska 99603
March 17, 1982

Senator Vic Fischer
Pouch V
Juneau, Alaska 99811

Dear Sen. Fischer:

I am writing concerning the proposed legislation on midwifery. Specifically, I urge your support of Senate Bill 747.

As a concerned citizen & parent, I believe consumer demand for the service of midwives will continue. To best serve the public, it is essential to establish licensing procedures & standards within which midwives would function.

I believe Senate Bill 747 provides the most appropriate legislation. If passed, prospective parents would be in a better position to make a wise choice among midwives & other caregivers. Furthermore, it is my opinion that funding should be provided for a peer regulating board to govern the work of midwives.

Thank you for your consideration.

cc: Charle Parr
Brian Rogers
Albert Adams
Hugh Malone

Sincerely,
Carol build

P.O. Box 2792
Dillingham, Alaska 99576
March 18, 1982

Dear Ms. Baim,

I am writing you to voice my support of S.B. No. 747 entitled "An Act Relating to Midwifery". This bill is more definitive towards the needs of both the consumer and the Lay Midwives than H.B. 11 and should replace it. I have been involved in home birth as an apprentice Lay Midwife and have a first hand knowledge of the specific needs of people who want to have their children in a natural environment.

Presently due to existing pressures of the Allopathic medical community, there is a real danger for women who want to deliver at home. This danger lies in the denial of lab work for pregnant women, and the denial of back up support systems at local hospitals for the Lay Midwives who attend these mothers wanting home births. This is happening now in Alaska. There have been many cases, where in emergency situations, both the mother, the father, and the Midwife have met with uncalled for and unnecessary sub-professional treatment by un-ethical medical staffs in hospital emergency rooms. This is due to arrogant egotism based on ignorance.

Statistical studies within the last 10 years of the resurgence of home birth in America have proven that not only are home births safe when attended by a trained Lay Midwife, but preferred in comparison with hospital births. Prior to 40 years ago, most women delivered at home attended by Lay Midwives or

Family Practitioners. Why then is there this sudden shift in thought to make people believe that it is dangerous? Human birth is a natural process, not an illness, and should be centered in the home, and not in the hospital where there are sick people. Today the majority of people in the world are still being born at home.

Since a positive experience of natural home birth has been proven to be of supreme benefit to the whole family, and since the family is the nucleus of a good and healthy society, it is necessary that support of home birth be made available and encouraged in Alaska. Couples who want this experience in life should have the choice made available to them, and have compassionate, supportive and trained attendants. The manner in which a woman chooses to deliver her child must not be dictated by an economically motivated group of practitioners.

Taking into consideration the recent budget cuts involving hospitals (therefore affecting the quality of care provided) and the soaring costs of medical care, it is unjust for pregnant couples to be forced to accept a hospital birth as the only choice. Here in Alaska, geographically it is unfeasible to assume that the existing medical community can attend pregnant women in remote areas. Various countries in the world in developed nations such as Holland and Denmark, and undeveloped nations such as Latin America have encouraged the training of Lay Midwives for the benefit of pregnant women. Lay Midwifery is encouraged and endorsed by the World Health Organization.

The key is good health care for mother and child. It is my sincere wish that you give S.B. No. 747 your full support for Lay Midwives, birthing couples, and a healthier Alaska.

Sincerely,
Camille Martinez
Camille Martinez

3-14-82

To Senator's Vic Fisher, Charlie
Parr, and anyone else in-
volved in the Senate Bill
747 "an act relating to
laymidwifery".

We are in favor of having
lay midwifery because
we feel that expectant parents
should have a wide area of
sources to choose from
when considering how they
want to have their children.
(Sources ranging from
doctors and hospitals, to
nurse-midwives and
clinics, to lay midwives
and home births, ect.)

Lay midwives have been
delivering babies success-
fully for many generations
and we feel they have a

right to continue doing so
as long as people like us
want and need them to
deliver our children in
the place we feel most
comfortable, our homes.

We have had two child-
ren. One with doctors,
nurses and the hospital;
the other at home with the
help of a lay midwife.
The hospital birth went
very well as far as a
successful delivery, but
there were interruptions
from nurses and doctors,
other women in labor,
some screaming, everyone
in a hurry. All this
was very disturbing to
us and made us feel
that the birth of our child

was an impersonal experience for everyone but us. After the delivery our son was taken away from us for a couple of hours so he could be cleaned up, etc.

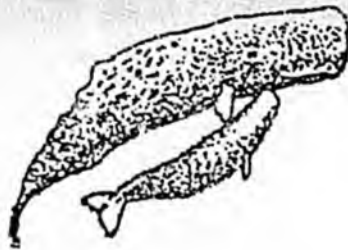
Our home birth was also a successful delivery but with the help of a understanding lay midwife and a well read husband involved. The experience was much more enjoyable. The lights were dim, low playing music, comfortable bed that I was used to, good friends to help and to take pictures, and just an all round relaxed atmosphere.

We were involved in all aspects of the birth and post natal care from cutting the cord to checking apgar score, to cleaning baby up, to nursing our little girl right after birth. It was wonderful.

We realize that not all deliveries are without complication, but most potential problems can be detected before the actual birth which would put those people in a high risk category for home births, and lay midwives that we know will not deliver for anyone who is a high risk. They want what is best for our children too.

We are now expecting
our third child and are
definitely considering
another home birth. We
hope that lay-midwifery
will still be an option
available to us so that
we will have that choice
if we so choose.
Thank you for listening
to our opinions.

Susan L. Connor
+ Charles B. Connor



March 15, 1982

Dear legislature,

I am responding to Senate Bill 747 "An Act Relating to midwifery." I've in the past have send in my suggested revisions for HB11 and see the changes reflected in SB 747. Although there are points I'm not comfortable with and am unclear about, I feel it's a bill that midwives and families can benefit from.

As a laymidwife, I have met much resistance and little support from the established medical system. I've been criticized for not having costly medical tools (I do not charge), lack of knowledge surrounding medical procedures and the skills to use them (which if I did perform such a medical procedure I face practicing medicine without license). Yet, it is these very people who aren't open enough to share and teach these skills and knowledge but make the charges if performed. I've been personally been pressured, blacklisted and verbally threatened to discontinue working with folks who seek me out. These folks do not want to birth with the medical system due to many reasons. Some reasons being cost, frontier spirit, non intervention, control and responsibility in decisions, comfortableness of their home environment, dislike of doctors and/or hospitals, feeling pregnancy and birth is a normal physiological process and not a medical procedure or just their philosophy. By trying to eliminate laymidwives

will not stop home births. But enlarges the all ready existing gap for communication, screening for problems and medical availability when needed between care givers and families.

This gap could be lessened with this bill and all efforts should at least be made to not enlarge the gap. The established medical system is valuable and has its place, but need it control other forms of workable health care systems and philosophies? Isn't our constitution designed to protect its citizens from such an anarchy?

Because of the choices available for the birth of my next child, we are having to seriously consider leaving our home and state. We are not comfortable with asking a midwife to place herself in a legal vulnerable position, doing the birth by ourselves nor going to the practitioners that have been out right hostile to me.

I plea as a mother who has birthed at home, a worker who has worked labor/birth in hospitals, a woman who has been called on to stand by birthing families and a person who sincerely wants to be a credible helping citizen, for you to listen and provide for your people. I urge you to support and pass SB777.

Most Caringly,

Kathleen Stier

Box 1136

Homer, Alaska 99603

March 16, 1982

Dear Vic

Thank you for your letter, it was informative and appreciated. I have been encouraging my friends and clients to voice themselves about SB 747. I will be at the March 25 tele conference. I have some questions about the apprenticeship I hope to have explained then. Enclosed are some copies of studies I thought you might find helpful. I would appreciate if you would be sure that copies of them get sent to supportive and key persons. Also I enclosed a booklet that I thought you may find interesting, if not, amusing.

I understand the Alaska Hospital Ass. has a lobbyist. How much pull and effect does this have? Do we (who have had to function underground with little or no pay) realistically have a chance for the bill to pass against a established organization with \$ behind them?

Thanks again, I would appreciate ~~it~~ being kept posted. I seem to be the contact for this area and do share the news.

Warmly,

Kathleen Stier

Families

- Parentline
- Single Parent
- Meet the Principal

Midwifery laws remain in limbo

by Carol Murkowski
Times Writer

The ancient art of midwifery — assisting women in prenatal care and delivery — lives in a strange state of limbo in

Alaska.

The state has no law against midwifery, but no requirements for licensing or regulation. Neither is there a law against home births, but those who want their child delivered at home may be tripped up by the refusal of some medical professionals to work with lay midwives.

But a bill introduced to the state Senate Feb. 11 would provide a licensing and examination structure for midwives and, its supporters hope, allow midwives to work side by side with obstetricians, laboratory technicians, and other medical professionals.

Senate Bill 747, introduced by Sen. Vic Fischer is a less stringent version of one introduced to the state House last year by Reps. Brian Rogers (D-Fairbanks) and Tony Vaska (D-Bethel).

It does not require all midwives to be licensed, but sets up a Board of Midwifery to license, test, and discipline midwives; sets standards for apprenticeships, testing and disciplinary action; outlines the scope of practice for midwives, including prenatal care and emergency situations; requires midwives to keep statistics, medical histories, have clients sign an "informed consent form," and administer a limited number of drugs for childbirth.

"It's not forbidding midwifery and it's not encouraging it," said a member of Fischer's staff. "It's simply providing a method for licensing to practice as a midwife."

The most vocal supporters of the bill are members of Better Alaskan Birth Experiences (BABE), a group which supports birthing alternatives ranging from hospital birthing centers to home delivery.

"I don't advocate home birth for everyone, or even for every normal birth, but there should be alternatives," one member said.

BABE members hope that by licensing midwifery, consumers who want their children born at home will be able to select the person best qualified to do so, and can receive lab work and prenatal care presently being denied by many physicians.

Rick Urion, lobbyist for the Alaska State Medical Association, said his group will meet March 13 to discuss their stance on the proposed

bill, but "they're not wild about midwifery." The Times was not able to reach medical association officials by press time.

Al and Chris Rushing, a husband and wife who are both registered nurses, say their studies of home deliveries in Anchorage show many doctors and laboratories will not do prenatal testing for parents who do not want a hospital birth.

"I've talked to lab people who said that if they know a patient is planning a home birth, they'll refuse care," said Rushing, president of BABE. "We've been checking with physicians, and are unaware of any who give prenatal care and/or lab work to anybody planning a home birth."

Mrs. Rushing, who was a labor and delivery nurse for nearly four years and is now a lay midwife, says she set up a lab account recently for her patients' tests, but was forced to close it when "a person from the lab got pressure from a physician not to give it to me." The lab was told that the physician would pull his account if Mrs. Rushing was given an account, she said.

She also said municipal clinics are refusing to do lab work for patients planning a home birth.

The Rushings agree with doctors who argue that home births can be dangerous for high-risk mothers and their infants. Many doctors argue that complications arising during home births can be dangerous for both mother and child, and believe that home births contribute to the neonatal death rate.

But the Rushings argue that doctors who then refuse to test prospective home birth mothers for danger signals are part of the problem.

"By not doing the lab work, you're really putting people in danger, because they're going to (go to a midwife) anyway if they really want to," Mrs. Rushing said.

Ginger Balm, a member of Fischer's staff who has worked on SB 747, seconds those statements.

"Most doctors have denied prenatal care to any couple planning a home birth," she said. "Other doctors believe their positions as physicians require them to give health care services to people who need them."

Many licensed health care providers hesitate to assist in a home birth for fear of having their license revoked, Balm continued. Malpractice and health insurance don't cover home births, and although home births are not illegal, a physician or



The state has no laws, pro or con concerning midwifery, but a new

nurse doesn't have to break the law to be disciplined by their licensing boards.

"Doctors and nurses in the state who do perform home births know they're putting their entire career on the line if anything goes wrong," Balm said.

Fischer's office reported that although they have a running correspondence with a few physicians who oppose the bill, public support is nearly 100 percent.

"The only opposition appears to be from some physicians," Balm said.

Doctors question why they should give emergency care to a patient whom they have never seen before; "they say they're going into a blind alley, and I agree," Mrs. Rushing said.

"If I were a physician and someone I didn't know walked in with a problem, I'd feel ill at ease — but not if I had refused them care to begin with," Rushing added.

While BABE members support SB 747, they are against HB 11, the bill introduced by Rogers and Vaska last year. Rogers plans to amend the bill to conform to SB 747. As it now exists, BABE members say, only one person in Alaska, who happens to be a naturopathic physician, would be qualified as a midwife, because of the stringent apprenticeship requirements.

BABE members are also against SB 237, introduced last year by the Senate Rules Committee at the request of the governor, which would

make it a misdemeanor for a physician or his assistant to attend a birth.

The Rushings fear that if midwifery is outlawed or tight restrictions are placed on it, midwives will go "underground" and there will be no reliable way for those who want home births to check on their practices. Some midwives are "underground" now, fearing their participation in home births will endanger their regular jobs with the medical profession.

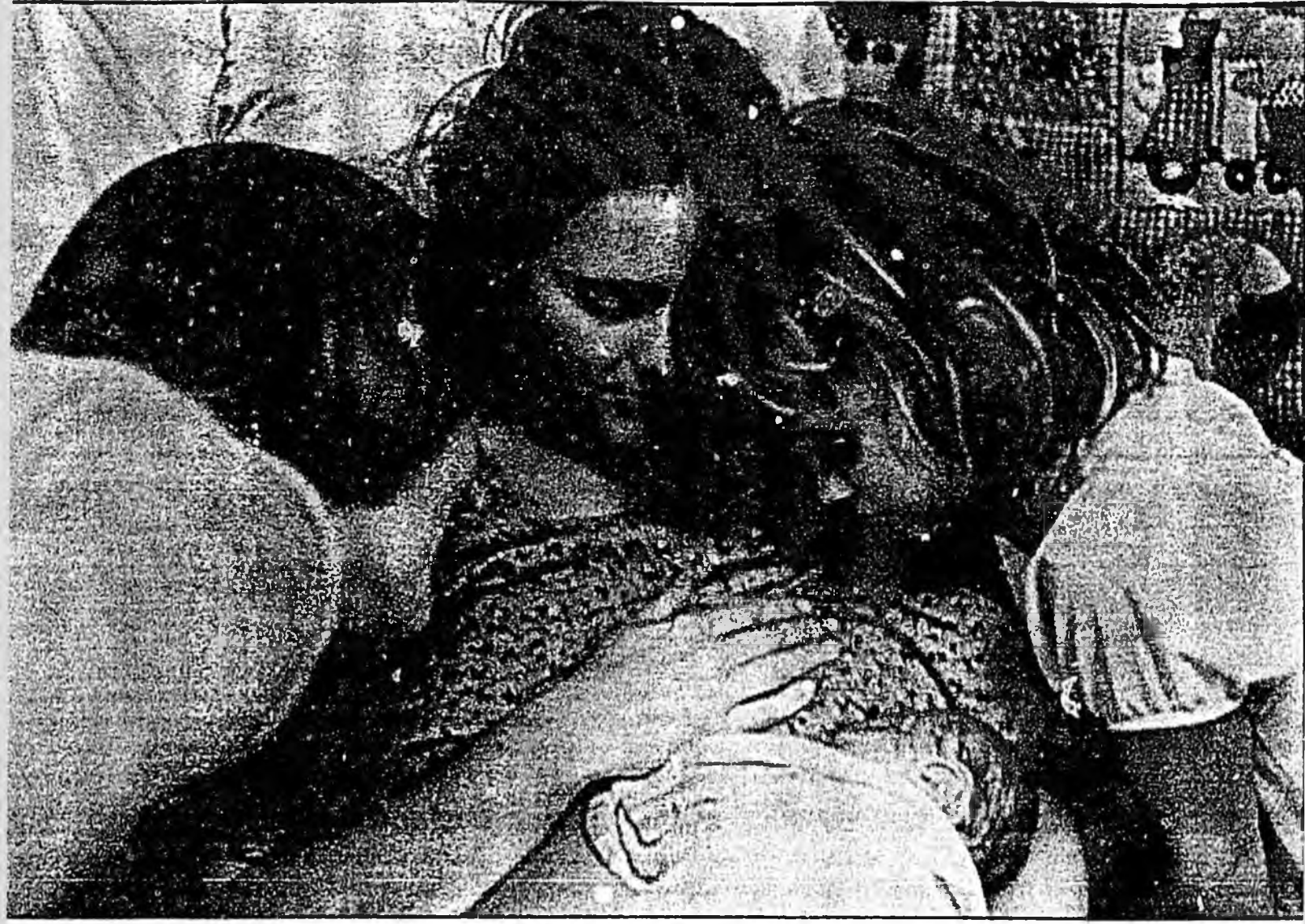
The couple knows of six registered working lay midwives in Anchorage and about 12 more in other parts of the state, not including people in the State vital statistics show that five percent of Alaskans choose to have their children at home. However, a study the Rushings did in August, 1981 showed that 25.3 percent of home births went unreported. They believe that the statistics are much higher.

The Rushing's study, a project of a University of Alaska research methods class, studied Anchorage-area families who have home births.

They found that most families listed "more control over the birthing process" and "relaxed home setting," and "less medical intervention" as their three reasons for choosing home delivery. Of those who had had children born in the hospital, 18.2 judge the experience "satisfactory," "great," while home birth was judged "satisfactory" or "great" 67 percent of the time.

- Parentline
- Single Parent
- Meet the Principal

- Weddings/Engagements
- About Marriage
- Dear Abby



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The couple knows of six regularly
working lay midwives in Anchorage,
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percent of the time.



Some parents prefer to have their babies at home rather than in a hospital



UNIVERSITY OF ALASKA. ANCHORAGE

3221 PROVIDENCE DRIVE
ANCHORAGE, ALASKA 99504

747 file
SCHOOL OF BUSINESS
AND PUBLIC ADMINISTRATION

March 18, 1982

Senator Charlie Parr
Chairman, Senate H.E.S.S.
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

Chris and Al Rushing completed my UAA class BA 432, Research Methods, in the Summer of 1981. This class completed their degree requirements.

They undertook the research project "Some Factors in Choosing Homebirth" in fulfilling the Research Methods class requirements. Their research was initiated and completed under my supervision. They compiled a list of all persons who met the eligibility requirements for this Homebirth Study and provided them an opportunity to participate. Participants were provided confidentiality and a self-addressed stamped envelope was supplied for return of the questionnaires.

I reviewed the research methodology and results and feel that they meet reasonable scientific research principles and standards. If you have any questions or concerns regarding this study and results, please feel free to contact me.

Sincerely,

Dr. Richard Ender
Associate Professor of
Public Administration

Director, Anchorage
Urban Observatory

RE:sf

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

Testimony presented at a State-wide teleconference relating to Senate Bill 747

My name is Liz Collogly. I am a lay midwife who has practised in Fairbanks for over 2 years. Previously I practised in Louisiana, where I am currently licensed by the State Medical Board. I come from the British Isles, & have lived & worked in many parts of the world. I have 4 children who were all born in different countries, so I have had the opportunity to see & experience at first hand different midwifery & obstetric practises around the world.

I am in favour of reasonable & appropriate regulation of the practise of lay midwifery, but I am not in favour of this bill, S.B. 747.

I believe that a lay midwife's practise should be confined to the care of women who are evaluated as "low-risk" during pregnancy, & that any time during pregnancy that a woman moves out of this category, she should be referred to a more appropriate source of care. I feel that a pregnant woman should receive an adequate evaluation by a physician before a lay midwife agrees to assume her care. I personally am aware of a number of instances in this state, where lay midwives attended women in labor, who would have been classified as "high risk" if they had been evaluated by a physician. For example, a woman who was severely hypertensive, a woman who had had a previous Caesarian section, & a woman whose baby was 6 weeks premature when she went into labor. There are many situations that can arise during pregnancy, labor, birth & post-partum, where a cautious midwife would best protect the health & safety of the women & babies she is assisting, by consulting with &/or referring to, a physician.

Some of my objections to the bill are as follows:

1. Midwife Practice (On page 1)

If licensing is instituted it should be for all lay midwives. To allow for the practise of midwifery without a license suggests that a licensed midwife who is found to be incompetent may then continue to practise without a license. This appears to be protecting the interests of the midwives but not those of the consumer.

2. Membership of the Board (On page 2)

The proposed composition of the board does not represent a very broad viewpoint. Instead of 2 lay midwives, I would suggest 1 lay midwife & a nurse midwife, also a physician involved in perinatal care, as well as a public health nurse & one consumer.

3. Licensure (On page 3)

The requirements for education, training & experience are inadequate. The bill stipulated that a person may be eligible for licensure by presenting proof by affidavit of attendance at 20 births. A person who says that she has attended 20 births may not be a competent midwife, may not have received any training & may not have observed or had to deal with any serious complications. Yet according to this bill, as long as she passes an examination & is granted a license to practise, may then serve as a sponsor to train other midwives. This lays a very weak foundation for the training of future midwives.

4. Scope of Practise (On page 4)

This is inadequately defined. There is no attempt to limit the scope of practise to the care of "low-risk" women. There is no overall concept of the lay midwife's place in the spectrum of maternity care providers. Nor is there any suggestion of a collaborative relationship between lay midwives & physicians.

The general conclusion after a close reading is that this bill is aimed more at maintaining & legalising the status quo of lay midwives currently practising in Alaska, than at protecting the interests of pregnant women & their babies.

In a country as sophisticated in its health care system as the United States, I believe that the consumer who is looking for safe alternatives in maternity care deserves far better quality control than this bill could provide.

March 25, 1982.

Liz Collogly
411 Fourth Avenue
Fairbanks, AK 99701

4-11-82
278 3076

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

Senator Charlie Parr
HESS Committee
Pouch V
Juneau, Alaska

99811

Senator Charlie Parr and all other Legislators

Sir:

I am in support of SB 747 "An Act Related to Midwifery".
I feel that pregnancy and childbirth is a natural physiological
process and, in as much, a state of wellness rather than disease.
For that reason, I feel that safe birthing alternatives such as
midwifery within birthing center and home deliveries be offered
as options as well as the hospital settings.

I urge you and other legislators to support passage of this bill,
so families might exercise their freedom of choice in matters
relating to safe, healthy childbirth.

Sincerely,

Rebbie Guady

Moore

747

Dear Senator Pass.

Please support senate Bill 747
an act relating to midwifery.

it should be within the parents
constitutional rights to be able to have
birthing with whome and where they want.

USA is a free country.

We are going to have a baby this
fall and will not have it in the
hospital with sick people.

Professionals are not interested
to come and birth at our home,

and we are comfortable with an
certain lay midwife and are going to
have birthing with her.

Do not make us criminals because
of this. it is our right as a parents
to have our children with whome we
are comfortable and we wish you would
vote yes on Bill 747 for our sake and for
the sake of so many others.

Thank you for your support.

Mrs J. This. 976. Home ak
99603

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE - UPDATE

I. REQUEST

Bill/Resolution No. SB 747
Title An Act relating to midwifery.
Requested by Senator Fischer Date 2-11-82

II. FISCAL DETAIL

Agency Affected Department of Commerce & Economic Development
Program Category Affected Public Protection
BRU, Program, Or Subprogram(s) Affected Regulation & licensing of professions.
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES		27.9	27.9	27.9	27.9	27.9
200 TRAVEL		9.4	10.3	11.4	12.5	13.7
300 CONTRACTUAL		16.0	17.4	18.9	20.6	22.4
400 COMMODITIES		5	5	5	5	5
500 EQUIPMENT		2.8				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		56.6	56.1	58.7	61.5	64.5

FUNDING (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
GENERAL FUND		56.6	56.1	58.7	61.5	64.5
FEDERAL FUNDS						
OTHER (Specify Source)						

POSITIONS

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
FULL TIME		1	1	1	1	1
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

PERSONAL SERVICES - FY'82 salary schedule and benefits.

1 Licensing Examiner I, range 12, gen.govt., 12 mos. 27.9

TRAVEL - 10% inflation factor projected.

Board of Midwifery, 5 members (anticipate 1-Anch, 1-Fbks, 1-Southeast, 1-Kenai area, and 1-Nome area); 3 meetings per year (1 ea. in Anch, Fbks, & S.E), travel costs plus 3 days per diem @\$80/day \$6,000.00

Department staff: 1-licensing examiner to attend meetings of the Board of Midwifery, travel costs plus per diem 1,200.00
1-regulations specialist to hold hearings and assist board in promulgation of regulations, travel and per diem 1,200.00
1-investigator, travel and per diem costs to investigate complaints concerning lay midwifery; average 1 trip every 4 months @\$200/trip plus per diem @ \$80/day 1,000.00

IV. DATE March 25, 1982

PREPARED BY Marjorie Odland

AGENCY Division of Occupational Licensing

Original: Legislative Finance

PHONE 465-2535

cc: Budget and Management

Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

CONTRACTUAL - 9% inflation factor projected.

Printing of new statute booklets, applications and licenses for midwives desiring to become licensed.	\$ 2,000.00
Meeting notices, regulation publications, mailing costs of application packets and statute booklets	800.00
General operating costs including phones, computer time (projected by board), and similar daily costs.	1,000.00
Development of examination, professional services contract basis, including updates, pool of questions for use by state board, storage in in-house computer system	5,000.00

Licensing/Disciplinary Hearings - Anticipate three hearings per year. In estimating one day hearings, the following costs are considered:

Average 6 hour days:

Hearing Officer, @\$75/hr	450.00
Court Reporter, @\$25/hr	150.00
10 exhibits, \$.45 ea.	4.50
3 witnesses, 1/2 day ea. @ \$12.50	37.50
1 expert witness, 2 hrs. @ \$150./hr.	300.00
Transcript, avg. 210 pages @ \$4.50/page	945.00
	<hr/> 1,887.00
	X 3
	<hr/> \$ 5,661.00

Room Rental for examinations: 2 exams per year., 1 day each.	200.00
Proctors for examinations:	
Head Proctor - \$50/day	100.00
Monitor - \$35/day	70.00

Rental Space - 1 licensing examiner position: 60 sq.ft X \$1.70 X 12 mos. = 1.2

COMMODITIES

General supplies needed by licensing examiner such as tapes for meetings, file folders, paper etc.	.5
--	----

EQUIPMENT - one time cost in FY'83.

1 desk, double pedestal 60" x 30"	426.92
1 chair, posture without arms (contour)	170.57
1 typewriter, correcting selectric, dual pitch	1,028.81
1 typewriter table	101.92
1 credenza, 90" x 62"	470.90
1 side chair	95.15
2 file cabinets, 4 drawer legal	505.20
	<hr/> \$2,799.48

28

Evaluation of Outcomes of Non-Nurse Midwives:
Matched Comparisons with Physicians^{1, 2}

Lewis E. Mehl, MD

Jean-Richard Ramiel, BA

Brenda Leininger, RN

Barbara Hoff, RN

Kathy Kronenthal, BS

Gail H. Peterson, MSSW

Don C. Creevy, MD, FACOG

Institute for Childbirth and Family Research

and

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BIRTH and HUMAN DEVELOPMENT
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Phone (415) 849-3667

1. Presented at the annual meeting of the American Public Health Association, Washington, D.C., November 2, 1977.
2. Supported in part by a grant from the American Foundation for Maternal and Child Health, New York, N.Y.

Introduction

The practice of midwifery and the attendance of home births by midwives are much discussed issues today. Equally discussed is the distinction between lay midwife and certified-nurse midwife. In this paper we shall attempt to evaluate the results of out-of-hospital practice by experienced non-nurse midwives.¹

Opponents of possible licensing of non-nurse midwives center on several specific concerns:

1. Midwives may provide inferior care to that currently available.
2. Lower socioeconomic status women may be shunted to midwives in an effort to save funds.
3. Licensing midwives will be *de facto* approval of out-of-hospital delivery, which is not safe.

Proponents of legislation to license midwives argue that:

1. Trained, experienced midwives provide as high (if not higher) standard of care than that which is generally available, calling upon physicians for consultation and intervention in situations exceeding the depth of their skills. (Two concomitant issues arise here: first the level of judgment

necessary to accomplish such a task and, second, the feasibility of creating risk groupings by screening.

2. The demand for midwives comes largely from middle-to upper-class women.
3. Midwives may be the best primary care provider for rural areas, provided expert obstetrical consultation is available.
4. Home birth and out-of-hospital birth can be safe alternatives for screened, selected women attended by trained, competent practitioners.

Summaries of the arguments of those opposed to the licensing of midwives can be found in Pearse (1976), Aubry (1976, 1977), Hibbard (1977), and International Medical News Service articles (1977a, 1977b). These arguments center on contentions that studies exist proving that home birth and midwives are unsafe (the two issues are usually considered concurrently). Aubry (1977a) presents birth certificate data from Oregon showing higher neonatal mortality rates among out-of-hospital deliveries from 1970 to 1975. Similar data are now available for Hawaii (Pearse, 1977) and California (Emrey, 1977). Without desiring to advocate for home delivery and midwives, we must point out that from a research methodology perspective these data merely obscure the basic issue. Two questions are not properly differentiated. The first is the more important: can screened,

selective women deliver at home with trained midwives without significant increases in risk? The second is less so: what are the overall incidences of complications for reported out-of-hospital deliveries? Currently, birth certificates do not differentiate between types of out-of-hospital delivery--home, taxicab, car, birth center, planned or unplanned. In addition, from the standpoint of cultural anthropology, home birth is a complex phenomenon. In conducting our initial study on home birth with midwives in Santa Cruz County, California (Mehl, Peterson, Shaw, & Creevy, 1975), we learned that only 25% of deliveries were reported to the State Health Department. Since then, we have found ranges of percentage reported from 20% to 100%, the least with unattended deliveries, the most with physician-attended deliveries. In one of our prospective experiences in Madison, Wisconsin, even with strong encouragement on the part of the birth attendants, only 60% of deliveries were reported within 6 months of delivery. The other sample-biasing effect is that abnormal deliveries or newborns needing medical attention or dying are all reported at the moment of contact with an established medical or legal institution. Emrey's (1977) contention that home-birth parents "bury their babies in the woods" is a non-scientific statement with no valid basis. It would be extremely difficult to conceal the outcome of a pregnancy in modern society. Thus, birth certificate data is not a

valid source of data on intentional home birth. In this regard, it is important to note that of Emrey's California out-of-hospital deaths, 65% were among infants weighing less than 2,500 grams. The planned home-delivery-population prematurity rate has been reported as 3.0% among several northern California home-birth services (Mehl, Peterson, Whitt, & Hawes, 1977). There were no neonatal deaths among these premature infants. Established home-birth services consistently report low neonatal mortality rates (Taylor, 1976; Epstein et al., 1977; Berman, 1977; Carson, Felton, Gloyd, Luehis, Mansfield, Mertz, Myers, & Rivard, 1977; White, 1976; Mehl et al., 1977; Estes, 1977).

While established services do report good outcomes, real problems exist in the practice of midwifery, which cannot be currently regulated. The California Department of Consumer Affairs estimates that 300 to 500 nonlicensed midwives are practicing in California (Krisman, 1977). Nancy Mills, a well-known lay midwife in Sonoma County, California, receives an average of 40 telephone calls weekly from women who want to be midwives. There are ample numbers of anecdotes about women who have seen one or two births and then called themselves midwives, only to encounter complications they were not prepared to handle or could have avoided through adequate screening. The important question seems to be how to provide legislation which would permit the rise of competent midwives while prohibiting the practice of

inadequately trained midwives. Current prosecution has by nature centered on the most competent midwives (Mills, personal communication, 1976; Bowland vs. Municipal Court of Santa Cruz, 1975; Davis, personal communication, 1977; Richwald, personal communication, 1977; Carson et al., 1977). Responsible midwives become visible and vulnerable to prosecution by the act of being responsible. In accompanying their problem patients to the hospital during labor, in consulting with physicians regarding problem cases, and in arranging hospital and physician back-up, they improve the care of their clients and become known. To be known is to be vulnerable to prosecution. The dilemma is obvious.

In previous studies, we have compared two groups of women--a planned home group and a planned hospital group--matching them for many of the relevant factors which would be expected to affect delivery outcome (Mehl, 1977). We found significantly better outcomes in several parameters of maternal and infant outcome among the planned home group. Canonical correlation analysis strongly suggested that these differences were the result of obstetrical intervention in a low-risk population (Mehl et al., 1977). In this study, we approach the question of the outcomes of midwife-attended deliveries in a similar case-control fashion. The question we are interested in is the relative safety of midwife-attended delivery compared to a standard of physician-attended delivery.

Methods

Data Collection

Our institute has been studying delivery alternatives since 1973. Because of the difficulties with birth certificates as a source of subjects, our strategy has been to identify responsible, competent midwives, utilizing them as "index practitioners." To select an index practitioner, we assess the practitioner's knowledge and skills in obstetrics and pediatrics. We determine their practice philosophy by discussing with them their management of several different obstetrical situations. Finally we review their records for completeness and accuracy. If the criteria are met, then we collect data on every woman contacting the midwife between a beginning and an ending time point.

Data for midwives were collected from Nancy Mills, a previously mentioned midwife from Sonoma County, California, who has attended over 650 deliveries, and from midwives from the Santa Cruz Birth Center, a group of midwives whose activities and outcomes have been described elsewhere (Mehi et al., 1975; Ehrlich, 1976; Lang, 1972).² The data were collected for the time periods 1972 to 1975 and were obtained by retrospective chart review. For this reason it was essential that our index practitioners were capable of identifying complications and recording them. To test this hypothesis we compared their outcomes to the outcomes of

physicians attending home deliveries and found no significant differences (Mehl, 1976).

Matching

The initial study design involved matching the data obtained from these midwives to a hospital sample consisting of planned hospital deliveries from one family practice group in western Marin County also attending home deliveries and from two private community hospitals in Madison, Wisconsin, that were also university-affiliated. While not optimal (an optimal sample would have been drawn from San Francisco Bay Area hospitals), it was felt that since the perinatal mortality of these two hospitals was lower than the Bay Area and the median income and education higher, any sampling biases would probably favor the hospital. Since the population was to be matched for socioeconomic status and since we were most concerned with the most basic indicators of perinatal outcome--mortality and morbidity indicators--subtle population effects would be small. We are currently in the process of repeating the study with a California hospital sample.

Matching was done for mother's age, parity, length of gestation, individual major risk factors, total risk factor score, education (our choice for a predictor of socioeconomic status), and presentation. The pertinent characteristics were listed on a face sheet without the

delivery details and, for each home delivery record, a match was searched for in the hospital group. If no match was found the unmatched case from the home group was eliminated and the search was resumed for the next home case. All women planning home deliveries at the time of onset of labor, experiencing the occurrence of a complication necessitating hospitalization and/or delivery, or needing the hospital after birth were included in the planned home group. There was a total of 600 planned home births and 8,000 planned hospital births for matching; 502 of the home births had matches in the hospital sample.

For the second phase of the study, computer capabilities became available, and we received data from 15% of the hospital practitioners who were rated the "least interventionist," that is, the most likely to allow labor to progress without interference and who had the most conservative criteria for intervention. Matching was done by means of a program written in PASCAL on the University of California, Berkeley, CDC6400 computer. Matches were obtained for 421 midwife-physician pairs.

Data Analysis

Statistical analysis on the files obtained were conducted with the SPSS series of statistical programs (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975), Version 6.5, as adapted by the Vogelback Computing Center, Northwestern

University, for the CDC6000 series. The frequencies and T-test procedures were used.

Results

The initial analysis showed the same proportion of results between midwives and physicians that we found previously between planned home delivery and planned hospital delivery (Mehl, 1977). The midwife sample (which included all births transported to the hospital and cared for by physicians) had significantly less fetal distress, meconium staining, postpartum hemorrhage, birth injuries, and infants requiring resuscitation. The midwife sample also had higher mean Apgar scores. This led us to conclude that the comparison between midwives and hospital-based obstetricians was the same comparison which had been made between planned home and hospital delivery. The reasons for these differences have been indicated in other research to be related to the much greater use and indications for the use of oxytocin, forceps, analgesia, and obstetrical procedures (Mehl et al., 1977).

For the subsequent analysis we used the midwife sample and the "low-interventionist" physician sample. Table 1 shows that there were no significant differences between the groups besides the higher incidence of planned home births among the midwife group. Table 2 shows that the only significant differences among delivery complications

were more fetal distress among the physician group and more problems with the delivery of the placenta. They also (Table 3) experienced more analgesia, first- and second-stage oxytocin, anesthesia, and obstetrical procedures. Table 4 shows that there were no significant differences in neonatal complications or maternal postpartum complications. Lastly, Table 5 shows that the only significant differences in neonatal outcomes were borderline significantly more Apgar scores at 1 minute less than 7 and 5-minute Apgar scores less than 7.

Insert Tables 1-5 about here

Discussion

From these results and from other studies (Mehl et al., 1977) it seems reasonable to suggest that the improved outcomes reported among a large group of planned home births (attended by competent practitioners) over planned hospital births relate to lesser amounts of obstetrical intervention in the planned home group. Attempted comparisons of midwives with obstetricians were confounded by this relationship.

For the second analysis presented, it would seem reasonable to suggest that the slight differences in outcome favoring the midwife group could be due to even yet

increased interventions (oxytocin, procedures, etc.) among the hospital group.

It can be concluded that, at least among a limited sample size of 421 cases, midwives did as well as physicians for low-risk cases. Larger numbers of cases are required to address questions regarding the performance of midwives in emergency situations requiring immediate intervention or rapid

Also, it must be emphasized that, while the midwives studied here were not licensed or formally trained midwives, they were, nevertheless, very knowledgeable about obstetrics and pediatrics and had acquired considerable skill and competence. Such performance attests to the ability of these women to learn outside of institutional settings. Were formal training made available, it would seem that all would stand to benefit.

From the results of this study it would seem reasonable and prudent to develop and test alternative training programs for such midwives and to establish clinical demonstration/research programs to allow for the further study of the outcomes of such midwives with reference to their possibility for legitimizing their utilization in maternal and child health care delivery. It must also be remembered that this current study is by no means definitive. Current work is underway to develop an entirely California-based hospital sample and to increase the number of midwife deliveries available for study.

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Footnotes

¹In the remainder of this paper we will include non-certified nurse-midwives and lay midwives under the simplified heading of midwives.

²It should be remembered that there are many midwives from the Santa Cruz area who call themselves Santa Cruz midwives but who are not associated with the Santa Cruz Birth Center.

Table 1
Population Characteristics

	Midwife Sample N = 421	Physician Sample N = 421	Signif- icance
Maternal education (mean)	13.4	13.4	NS
Mo. prenatal care began (mean)	3.6	3.5	NS
Primigravidae	243	243	NS
Para 1	128	128	NS
Para 2	40	40	NS
Para 3	6	6	NS
Para 4-6	3	3	NS
Mean months of follow-up	4.1	5.4	
Vertex presentations	421	421	NS
Length of gestation (mean)	39.9	39.9	NS
Prenatal risk factor score (mean)			
Maternal age	24.4	24.4	NS
Prolonged rupture of membranes	18	18	NS
Number of female infants	223	224	NS
Number of male infants	198	197	NS
Birthweight (grams)	3,412	3,350	NS
Twins	1	1	NS

Table 2
Complications, of Labor and Delivery
and Procedures Used

	Midwife Sample N = 421	Physician Sample N = 421	Signif- icance
Fetal distress	8	25	p < 0.001
Placenta problems	6	11	p < 0.05
Labor dysfunctions	18	25	NS
Hospital transfers	32	15	p < 0.01
Meconium staining	18	16	NS
Posterior deliveries	28	19	NS
Shoulder dystocia	2	2	NS
Partial abruptions	1	3	NS
<u>Procedures</u>			
Caesarean sections	2	3	NS
Mid forceps deliveries	1	5	NS
Analgesia	6	24	p < 0.01
Oxytocin, 1st stage	22	40	p < 0.01
Oxytocin, 2nd stage	38	53	p < 0.01
Oxytocin, 3rd stage	45	298	p < 0.001
Low forceps	3	10	p < 0.01
Number of anesthetics	4	66	p < 0.0001
Obstetrical procedures	16	75	p < 0.001

Table 3
Infant Complications

	Midwife Sample <u>N = 421</u>	Physician Sample <u>N = 421</u>	Signif- icance
Neonatal hyperbilirubinemia	8	7	NS
Neonatal cyanosis	1	0	NS
Infection	2	2	NS
Congenital abnormalities	0	3	NS
Newborn metabolic problems	1	0	NS

Table 4
Postpartum Complications

	Midwife Sample N = 421	Physician Sample N = 421	Signif- icance
Breast infections	3	2	NS
Postpartum D & C.	1	0	NS
Maternal infection	0	2	NS
Postpartum depression	1	1	NS
Uterine atony	1	4	NS

Table 5
Neonatal Outcomes

	Midwife Sample N = 421	Physician Sample N = 421	Signif- icance
Fetal deaths	0	0	NS
Neonatal deaths	0	0	
Perinatal deaths			
Motor cerebral palsy	1	0	NS
1-minute Apgar < 4	4	7	NS
1-minute Apgar < 7	9	21	$p < 0.05$
5-minute Apgar < 4	1	2	NS
5-minute Apgar < 7	1	7	$p < 0.05$
Infant resuscitations	4	7	NS
Respiratory distress > 12 hrs.	3	3	NS
Failure to thrive	0	1	NS
Birth injury	1	0	NS

747

Box 2671
Homer, Alaska 99603
March 13, 1982

Dear Mr. Fawcett,

As one of your female constituents I am well aware of your bill that Senate Bill 747 "An Act Relating to Day Midwifery" may directly affect me. Should I become pregnant this bill will either limit my options for the birthing process, if defeated or allow me the freedom of choice if passed. Of course there is always the option of going outside the lab, but in the case of complications that would be much to wish for me. In the event that I should be able to deliver a child I would want to be able to do whatever I think best for my child and for myself. Therefore I urge you to vote "yes" on Senate Bill 747. I consider it a lamentable fact that women today do not have the option of giving birth in a manner that our ancestors have used, and still remain within the law. The importance of this bill is to give women a choice in how they want to

Worrest their delivery and
in what kind of environment
they wish to be. I welcome their
choice, wish cannot stress
enough the importance of
women maintaining their
power of choice over (what is an)
important and personal matter.

Thank you for your sincere
consideration of this matter,

Sincerely,
Joyce Day

Dear Senator Charlie Parr, Legislator
Brian Rogers and all other Legislators,
I am writing this letter in support
of Senate Bill 747. Having the choice
of where I have my children is very
important to me, actually two of the
most important decisions of my
life came down to the fact I didn't
want to give birth in a hospital.
Both of my babies were born at
home. My first was born at the
midwives home, and my second was
born in my own bed. Both times I
felt very secure and safe. It is
also very important who women
give birth with and deserve the
choice. Women needs lots of love,
encouragement and understanding
during birth, lay midwives have
the time to be continuously with
the woman doing her job.

Please don't misunderstand me
I am not against doctors and
hospitals we all know we have to
have them but birth is not a
sickness and need not be done
in the hospital every time. Statistics
show that there is less mortality
and morbidity with home births
than with hospital births.

Please support this Bill as
it is a very good one and I
would like to see the day when
midwives will be accepted as
true and gifted people dedicated
to their work.

Thank you very much,

Nanette Woodman

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HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

Pouch Y, State Capitol
Juneau, Alaska 99811
(907) 465-3991

MEMORANDUM

May 21, 1980

TO: Representative Brian Rogers

FROM: Betty Barton, Issues Analyst

RE: The Effects of Regulation on Lay Midwifery
Research Request No. 120

This memorandum is in response to your request for information regarding the effects of State regulation on lay midwifery. At the time of your request, you asked that we research changes in the midwife population of various states, which may have occurred as a result of regulatory control. We have determined the existing data to be insufficient for responsible analysis of midwifery trends. Because there is no hard data available, we have compiled opinions concerning the effects of regulation through telephone interviews with staff from alternative birth associations, State public health programs, and conversations with lay and nurse-midwives in Alaska and other states. Our interview list is attached for your review. Alaskan lay midwives did not grant us permission to use their names and so, are identified in neither the text nor the attachments of this memorandum.

We have gathered what we consider to be a representative sampling of current attitudes and experiences regarding the effects of State regulatory control. However, our perspective in presenting this is that of the midwives. We have not attempted to draw any information from medical associations and obstetricians; and, consequently, should this memorandum reflect any biases, they should be construed solely as the opinions of the persons interviewed.

Proponents of lay midwifery are not necessarily proponents of one another's politics and philosophies. Consequently, our findings regarding the current practice of lay midwifery are varied to some extent. Lay midwifery is a small, albeit developing, movement in the U.S. with much internal diffusion. Nonetheless, midwives appear united in an overriding belief that distinct advantages and disadvantages are to be realized from regulation. When regulations embody fairly derived standards and an adequate mechanism for attaining those standards, it is safe to say that most contemporary lay midwives view State regulation to be worthwhile.