Article for July: Today's Health for the Empowered Woman

Midwifery Modernization Act of 2010

This month I will digress from advice on health care and speak to a political and social issue that is sure to impact upon the lives of New York State's women and children: the Midwifery Modernization Act of 2010. First some history: For thousands of years babies were delivered by midwives who had various degrees of training and expertise and therefore had various outcomes. Some women survived the trials of childbirth without any sequelae and others died horrible deaths from infection, bleeding,etc. In sub Saharan Africa almost all babies are delivered by midwives of uncertain training and the chance of dying in childbirth is 1 in 12 vs. 4 in 100,000 in the United States. Through the years midwives in the United States became better trained (most are now registered nurses with special training or college graduates with training in midwifery) and are licensed professionals who perform admirably with skill and grace. However, they are not physicians and therefore cannot perform emergency cesarean sections, forceps deliveries, etc. They do, however, provide a level of comfort and caring different from the obstetrician. Since 1992 the State of New York has required that all licensed midwives have a written collaborative practice agreement with an obstetrician so that all emergencies can be attended to safely and expeditiously by the most trained professional available. This has worked wonderfully with guarantees of patient safety. The American College of Obstetricians and Gynecologists (ACOG) has proscribed against home births because of the tremendous risk should the unforeseen problem occur. Women who wish to mimic the experience of Hollywood starlets who deliver at home should be mindful that these women usually have a backup fully staffed delivery room available in an emergency. There is no such thing as a low risk pregnancy as life threatening emergencies occur at any time to any woman. New York is faced with a shortage of obstetrical providers – a crisis created by an inept Legislature lobbied by the trial attorneys. As a consequence, obstetricians are in short supply, leaving New York, quitting obstetrics, quitting high risk obstetrics and retiring early. Physicians in the downstate area already pay in excess of 200,000 dollars for malpractice premiums and were reluctant to sign agreements with midwives who chose to do home births. Consequently the New York State Association of Licensed Midwives (NYSALM) put forth a bill in the assembly sponsored by D. Gottfried with a companion bill in the senate sponsored by Duane that would eliminate written collaborative agreements in lieu of an unwritten collaborative "relationship". ACOG lobbied and I even went to Albany for a press conference to inform the press and the state leadership of a number of issues: 1.) "relationship" is too vague a term and does not guarantee that a delivery that is not going well can be finished safely., 2.) midwives that choose to practice in underserved areas will be unsafe as they will have no obstetrician backup. 3.) The malpractice carriers have already stated that they will not insure midwives who do not have a WRITTEN collaborative agreement and therefore patients will be at risk for no compensation when something goes wrong. 4.) There will be a grave erosion of the doctor-patient relationship when an obstetrician is asked to participate in a birth that he knows nothing about. 5.) Midwives will not be held to the standard of hospital credentials. 6.) There is

no governing body to regulate competence. ACOG put forth amendments to address these concerns in an attempt to reach an accord that would guarantee patient safety. The midwives did not respond and both houses of the state legislature passed the bill. This evening (June 30th) the bill passed and unless vetoed by the governor will become law immediately. Now understand what this means: any licensed midwife can now open an independent practice, may or may not recognize complications prior to birth and when, during the birth process, needs physician, help may not be able to get it because prior to that time she has not established a relationship that affords immediate and emergent action. Somehow this is considered safe practice. I have asked midwives to explain what they will do in this situation and they have no answer. My practice employs three very skilled and compassionate midwives who have a written collaborative agreement with us and they have collectively indicated that they would practice in no other way. Truly they are not employees but colleagues. Apparently the legislature feels that this new law will solve the obstetrician shortage that they created and will save money. Who will answer for the first woman or child who dies for lack of sure and immediate higher level of care? Why would anyone start a procedure that they could not complete? But beware: waiting in the wings are all sorts of other midlevel providers who see the passage of this bill as a way to practice medicine without board certification. While they might be compassionate and caring they are not trained to perform the procedures that New Yorkers have come to expect that guarantee optimal outcomes. It certainly is the height of naiveté to believe that nothing will go wrong. Disasters happen at the best hospitals in the nation with the best physicians. Why take a giant step backwards especially since the current system has worked so well since 1992?