

Midwifery Scope of Practice Time for Sober Reflection

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I. Identifying the Problem

Maternity care has been provided by midwives for as long as babies have been born. This care has never resulted in poor outcomes, except as dictated by outside influences such as famines, wars, or the witch trials of the Dark Ages. Humans have populated the world very effectively utilizing midwifery care.

In recent times, for only a few generations, the world of allopathic medicine has co-opted birth, declared it a frightening medical illness requiring the services of doctors, moved birth out of the home of the parents who created the new life, and usurped the role of the midwives. This modern experiment has failed spectacularly.

The purpose here is not to bash modern medicine when it is being used appropriately; it is best to let results speak for themselves. The purpose is to identify the fact that maternity care went tragically wrong in America through midwifery becoming an endangered profession, and establish some reasonable ground rules which permit our mothers and babies some hope for improvement, beginning immediately.

II. Midwifery vs. Medicine; whose playground is this, anyway?

The care traditionally given by midwives over millennia has always included the most cutting-edge care known and available at the time, until the Chamberlen brothers invented forceps and kept them a family trade secret. Midwives were even the successful inventors of the cesarean section, now considered to be the sole realm of surgeons and shamefully overused.

As professions rose to claim power in America, midwives failed miserably as a competitive profession. They failed to act like bullies, failed to stand up and aggressively declare and hold their ground, and failed to prevent other newcomers to the healing arts from stealing away modalities and techniques and then arrogantly declaring themselves to be the only ones capable of utilizing them. America became an arena for a scramble for position, as each profession acted like spoiled children on a playground, grabbing territory much like brats scooping up marbles and screaming “mine!”. Professional slander became an accepted business model. Medical associations viciously undermined other physicians with legislation designed to eliminate the competition, then when they had sufficient security and political clout they decided to go for the brass ring that was maternity care, making backroom deals to eliminate midwives by outlawing the profession where they could, or crippling midwives’ ability to earn a living where they were still legal. The activities of caring for a mother and baby at birth and monitoring and protecting their health during this normal life event were redefined as medical procedures, allowing midwives to be persecuted and prosecuted based upon virtually nothing but anonymous nuisance complaints. Midwives rolled over and took it.

Other professions displayed similar behavior, as the founding ideals of personal liberty and responsibility began to be replaced with the perverse reverse mentality that the authority of the individual emanates from the state. Professional associations sought licensure as a means of protecting what they believed could be claimed as their own territory, jealously shutting out anyone not

holding such a license from performing any of the techniques and treatments that were assigned to them through state statutes or association rules. A massage therapist dare not use a type of pressure which could be accused of being a chiropractic adjustment, and a medical doctor dare not suggest an herbal supplement for inflammation. The result is a health care system which is so severely fractured and compartmentalized that it is dysfunctional and incapable of serving the needs of the people for whom it purports to care.

All of the burgeoning new professions laid claim to care modalities which originally belonged within the scope of midwives. Midwives, by the very nature of their profession - guarding the health and safety of pregnant mothers and newborns - are by necessity generalists in the healing arts and primary health care providers for mothers and babies during the childbearing years. If midwives had ambitiously preserved their authority over all of the matrifocal care that they had traditionally provided, most other professions would be humbly asking the permission of midwives to allow them to practice on women and newborns at all.

III. Inspirational Dissatisfaction

Pregnant mothers are no longer innocent and ignorant, relegated to the kitchen and bombarded with catchy advertising propaganda as their only means of information. They network and research, and are very aware that the standard of care they are commonly receiving is now so sub-par that it is a world-wide embarrassment.

Driven more by liability and legality issues than by evidence of best practice, the decline in maternity care outcomes is growing worse every year, to the frustration of many excellent medical professionals. Some respond by performing even more interventions, but you cannot solve a problem by

desperately doing that which does not work even harder and faster, simply because that is the most politically correct option open for you without endangering your license. Defensible in malpractice court or not, such an exercise in futility is dangerous to the patient, so as it drives costs higher it also drives outcomes even lower.

Wherever they have an option, parents are fleeing from this model of care, which has forgone the time-honored concept of “First, do no harm”. In states with good midwifery laws, like Washington, more and more babies are being born safely at home with qualified midwives. Even in states where home birth is illegal, parents are finding ways to avoid hospital care for their births. The success rate for these births is a testimony to the ability of even unlicensed midwives to provide care that offers equivalent mortality rates, and far lower iatrogenic morbidity rates, than does the medical model.

IV. Solving the Problem; restoration of sovereign midwifery.

Professional elitism has fallen flat on its face when it comes to maternity care. Staggering malpractice insurance rates and stressful work environments are driving doctors away from routine obstetrics, yet the profession as a whole seems reluctant to turn the care of the average pregnancy and birth over to other providers, leaving a large gap filled with under-served and unsatisfied mothers. Meanwhile, countries which emphasize expanded use of midwives, and support and encourage cooperative care between various types of providers, all have far better outcomes as a result.

Midwives do not, and cannot, have a limited scope of practice. Midwifery pre-dates and encompasses elements of every other modality of care, and in addition provides a unique skill set of its own. Is midwifery the practice of

medicine? No, not unless you are also going to accuse any doctor who allows a woman to deliver her baby naturally to be practicing midwifery without a license. Do midwives provide elements of medical care? Yes, they often do to a self-limited degree, but that is not practicing medicine; it is practicing traditional cutting-edge midwifery and preventive care. Do they provide herbal naturopathic-type care? Of course, it is an integral part of the profession, and always has been. Do they use massage techniques and skeletal manipulations? Naturally, that is a vital part of the profession (for example, maneuvers to dislodge a shoulder dystocia), not chiropractic practice. Do they provide counseling? Of course, which does not make them professional counselors, it makes them classical midwives attending to the needs of their mothers. Do they provide corrective nutrition? Absolutely yes, but that is not practicing as a dietician, it is midwifery care at its finest. Do they provide well-newborn care and lactation consulting for months postpartum? Certainly, which is not practicing pediatrics, it is practicing classical midwifery to the accepted global standard. One could make the point that midwives steal effective methods and techniques from all other types of health care as a natural and necessary part of their scope of practice, if not for the fact that for most of those techniques midwifery was already providing variations of them before the other professions were even developed and recognized. Classical midwives are experts at preventing and avoiding the need for interventions, rather than creating additional risks through their routine use. Midwives have a wide variety of tools, the most effective one being the wisdom to know when to not use them.

It is not midwives who have led this country to 1st in the world in highest maternity care costs, or 34th in the world in infant mortality and 50th in the world in maternal mortality. That dismal failure cannot be laid at the doorstep of any scapegoat, it falls squarely on the shoulders of the medical / pharmaceutical / insurance monopoly, and the litigious culture under which they have assumed the role of providing care that is illness-based, not health-driven.

The experiment has failed, and it is time to recognize and protect the guardians of the gold standard of maternity care, the classical midwives. State agents must have authority and directive to not only investigate legitimate complaints against midwives, but also to prosecute perpetrators of falsified complaints against midwives. Statutes must be written so as to expand the legal boundaries of the midwifery scope of practice to encompass all of the healing art modalities which are necessary to the safe and effective provision of primary maternity and newborn care, but not mandate the use of any specific treatments because only the midwife can determine when an intervention is appropriate for an individual. Licensed midwives must be authorized under the law to provide any and all care for which they have demonstrated adequate skill, with pathways to advanced individual certifications available just as they are in most other healing professions, for those who want to expand into specialized areas. Time has proven unequivocally that we cannot improve maternity care outcomes by restrictive or punitive legislation, but we can improve outcomes by empowering and rewarding those who are already doing their jobs well and have earned their positions of professional respect. In other words, just stop hindering them and midwives will rise to the occasion and excel, as they always have.

It is long past time to raise the bar for the standard of maternity care in the United States, an integrative task for which only midwives are professionally positioned and equipped. The health and wellbeing of our next generation depends on it.

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References by Topic

Professional Authority

Starr, Paul; *The Social Transformation of American Medicine*, 1982.
This historical text outlines the competitive struggle for authority which resulted in a rigid medical hierarchy in America, with success based primarily upon political positioning, not upon quality of outcomes.

Midwifery Outcomes

Leszczynska, Stanislaw (1896-1974): "Raport", *Memoirs from Auschwitz*.
Stanislaw was a Polish midwife in the Nazi concentration camp, who delivered over 3,000 babies under the most adverse conditions imaginable, without ever losing a mother or baby during a birth. She is currently being considered for sainthood.

Midwifery in the United States: Fact Sheet. Improving maternal-child health outcomes: a comparison.

- Current U.S. cesarean rate is 32.8%
 - Midwifery cesarean rates range on average from 2.3% – 6.4%
 - Current. U.S. prematurity rate is 11.99%
 - Midwifery prematurity rates range on average from 1.4% to 1.7%
 - Current. U.S. low birth weight (<2500 grams) rate is 8.5%
 - Midwifery low birth weight rates range on average from 0.8% to 1.1%
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"This study shows that planning a home birth does not increase the risks of perinatal mortality and severe perinatal morbidity among low-risk women, provided the maternity care system facilitates this choice through the availability of well-trained midwives and through a good transportation and referral system."

<http://www.ncbi.nlm.nih.gov/pubmed/19624439>

CMAJ 2009. DOI:10.1503/cmaj.081869. Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician.

"Our study showed that planned home birth attended by a registered midwife was associated with very low and comparable rates of perinatal death and reduced rates of obstetric interventions and adverse maternal outcomes compared with planned hospital birth attended by a midwife or physician."

http://www.highlandmidwife.com/docs/CMAJ_2009.pdf

Statistics

United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section; World Population Prospects: The 2012 Revision, World Infant Mortality Rates by five years averages. <http://esa.un.org/unpd/wpp/Excel-Data/mortality.htm>

Central Intelligence Agency; The World Factbook: Infant Mortality Rate. <https://www.cia.gov/library/publications/the-world-factbook/fields/2091.html>

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Midwifery Scope of Practice Classical Model

