

### **Sound Bite: Midwifery Care Results in Healthier Babies!**

Midwives typically spend up to an HOUR for each prenatal visit. Besides the standard measures of well-being, these midwives concentrate on education and preventative care regarding nutrition, exercise, and life-style issues, and also help pregnant women work through any fears or concerns. One result is more full term, full weight, healthy babies, which not only benefits the mother, baby and family, but also saves money because the special medical care for premature and underweight babies is very costly.

### **Sound Bite: Home Birth Allows Women To Avoid Unnecessary Interventions**

Home birth midwives avoid unnecessary interventions, which saves money and avoids risks of costly complications for both mother and baby. Midwifery experience includes knowledge of many non-intrusive, "low-tech" methods for helping the mother to labor effectively. Home birth midwives do not use drugs for pain relief or for initiating or intensifying labor, and they do not engage in surgery or instrumental deliveries.

For one example, midwives at home almost never cut episiotomies, but this is a common intervention in the hospital even though it has been proven ineffective and harmful - uncomfortable for the mother and not infrequently the site of infections during recovery. **WOMEN IN NC SHOULD BE ABLE TO CHOOSE A MIDWIFE AND A HOME BIRTH SO THEY CAN AVOID THE MANY UNNECESSARY PROCEDURES AND COSTLY, RISKY INTERVENTIONS THAT ARE ALL BUT UNAVOIDABLE IN TODAY'S HOSPITAL BIRTHS.**

### **Sound Bite: CPM's should be licensed so that they can be fully integrated into the healthcare system**

As long as direct entry midwives are unlicensed, physicians and nurse-midwives are understandable reluctant to consult or receive transports when a change in the mother's condition indicates that the birth should not take place at home. This means that in the rare case when a transfer becomes necessary, the midwife cannot stay with the woman. In that case, any information the midwife may be able to provide is unavailable or disregarded by hospital personnel, which breaks continuity of care and lowers the quality of care for the mother and baby. Direct-entry midwives should be able to practice openly and legally in NC so that doctors and hospital personnel can know them and work with them in the small percentage of situations where transport for medical care becomes advisable.

As long as direct-entry midwives are unlicensed in NC, the state will not have accurate public health records regarding who is having home births and the outcomes of midwife-attended vs. unattended births. NC should have reasonable regulation and legal status for CPMs so that women can have the option of a midwife-attended home birth and the state can fulfill its mandate to protect the public welfare.

### **The Malpractice Question: Address Only if Asked**

NC Statutes do not require malpractice insurance for any healthcare provider regardless of place of service. Malpractice insurance is not currently available for home birth. Insurance carriers do not cite safety as a reason for this. Instead, they report that the limited number of home birth providers inhibits their ability to adequately finance a fund should malpractice awards occur. Many attempts to create such coverage has happened in the past, but the premiums required to contribute to such a fund have proven to be cost prohibitive for all types of midwives. Requiring malpractice coverage would be counter-effective and result in a barrier to practice. Midwives practice comprehensive informed consent during the course of maternity care. Adequate means of transfer of care should be employed in any home birth practice and parents can change their decision to birth at home at any time for any reason.