



## Real Support for Birth Choices

In April and May 2011, *The Washington Post* featured a story about an infant death during a home birth in Virginia last year and felony charges against the unlicensed midwife who attended the birth. The case settled when the unlicensed midwife pled guilty to charges of child endangerment and practicing without a license. This heart-wrenching case holds crucial lessons for all of us who seek to prevent future such tragedies and help expecting mothers gain the support they need and deserve.

### Standards of Care

First, as the American College of Nurse-Midwives (ACNM), we state unequivocally that this incident does not represent the [standard of care of certified nurse-midwives \(CNMs®\) and certified midwives \(CMs®\)](#). CNMs and CMs expertly attend nearly 320,000 births annually in the United States—94% of midwife-attended births. They are licensed professionals with graduate degrees from accredited institutions of higher education and are required to stay current on the latest research. Professional standards call for CNMs and CMs to practice collegially and collaboratively with other health care professionals based on the needs of their clients. [Click here for more information about midwifery credentials in the U.S.](#)

This case involved a baby in a breech position in a first-time pregnancy—a situation with risk of complications. In fact, a local CNM practice reportedly decided they could not attend this birth at home and recommended that the birth take place in the hospital. The criteria for a safe planned home birth do not appear to have been met in this case.

### Real Choices for Quality Care

The passionate loyalty shown by women who have rallied in defense of this unlicensed midwife speaks volumes about the problems plaguing maternity care in this country and the lack of real choices available for women during their pregnancies and births.

Above all, expecting parents hope for a healthy baby and mother, without short- or long-term problems. Studies show that the best way to achieve this is to minimize unnecessary interventions during labor and birth. Although the World Health Organization advises that a 10-15% cesarean birth rate is optimal, the U.S. has now hit a record 32% cesarean delivery rate (some hospitals top 75%). In other words, for every necessary cesarean, two or three are performed that may have been prevented.

The best way to avoid an unnecessary cesarean is to avoid inducing labor if there is no medical reason to do so, provide women with skilled continuous labor support and other effective strategies to manage pain, and encourage women to eat, drink, and move during labor. Midwives are experts in the physiology of childbirth and in supporting women to achieve healthy vaginal births. In 2009, only 11.5 to 14% of births attended by ACNM midwives resulted in a cesarean. Studies consistently show that babies born to low-risk women in their care have reduced rates of infant mortality and low birthweight.

Our health care system failed this family. Families are not afforded a “real choice” when in-hospital care means that medical interventions are routinely ordered and some women are not provided the option of a vaginal birth. This is especially true for breech births and for women who have had a prior cesarean delivery—despite the fact that it has been shown that vaginal birth is a safe option in these cases, when select criteria have been met. Under these circumstances, some families feel compelled to seek an out-of-hospital birth, despite their risk profile.

### **A System Defined by Working Together**

Women can receive the care they want and deserve, but only if midwives, physicians, nurses, and health care institutions work together to ensure a full continuum of care and informed choice across birth settings. In most countries midwives are fully integrated into state-of-the-art medical systems. Despite their outstanding birth outcomes, midwives still fight for acceptance in medical institutions in some parts of the U.S.

We need more skilled midwives, not fewer--midwives who accept the accountability inherent in licensure and in working within the system with other professionals. We need more midwives in hospitals--where nearly 99% of women currently give birth--but we also need to ensure access to high-quality birth centers and home birth options.

A recent [joint statement by ACNM and the American College of Obstetricians and Gynecologists](#) suggests that we are making progress. The statement describes physicians and CNMs and CMs as "experts in their respective fields of practice" who are "educated, trained, and licensed independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability." ACNM is also working with the Midwives Alliance of North America, the National Association of Certified Professional Midwives, the Association of Women’s Health, Obstetric, and Neonatal Nurses, and other national organizations to promote optimal birth care in the United States.

Midwives have much to offer to expecting families, as well as to a health system battling to reduce costs and curtail unnecessary procedures. This case challenges us all to look

beyond one person's decision to respond to a family's request in a manner that placed her outside the law and the accepted standards of her profession. **We must strengthen the acceptance of licensed, accountable, and high-quality midwifery practice as a critical step in improving access to high-quality maternity care for all women.**

Further Reading:

Essential Facts About Midwives: <http://www.midwife.org/Essential-Facts-about-Midwives>

CNM/CM-Attended Birth Statistics: <http://www.midwife.org/CNM/CM-attended-Birth-Statistics>

The latest birth data from the National Center for Health Statistics  
<http://www.midwife.org/CNM/CM-attended-Birth-Statistics>

Transforming Birth Fund Awards Grant to Convene Home Birth Summit:  
<http://www.midwife.org/Home-Birth-Consensus-Summit>

Originally published May 18, 2011  
Revised June 3, 2011