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Midwife battlefield Idaho plays key role in push for licensure

POCATELLO — Thanks to the help of a midwife, Janna Graham gave birth to her son, Magnus, seven months ago without having to leave her west Pocatello home. “I think women in good health should give birth at home. For us, it felt like it was a very normal part of our family life,” Graham said, adding she understands hospital births are a necessity for some women. Her midwife was Michelle Bartlett, the legislative chair of the



Idaho Midwifery Council and a certified professional midwife. Bartlett notes her profession dates back to the pioneer days.

Midwife Michelle Bartlett does a checkup on Ruth Kniffen with Ruth's seven children in attendance.

Idaho is one of the battleground states in an intensifying nationwide campaign by midwifery advocate groups to license CPMs. Licensure is currently available in 25 states. “Right now we are at a tipping point in this country,” Bartlett said.

She is a leading advocate for a new mandatory licensing bill that would officially recognize CPMs.

Supporting her efforts, Idaho State Rep. Janice Mc-Geachin met with Bartlett, Midwifery Council lobbyists, the Idaho Medical Association and IMA lobbyists in Boise on Friday to hammer out language on the bill. McGeachin said they reached a “gentleman’s agreement on the concept” with the IMA. She worked over the weekend with the Midwifery Council to incorporate the IMA’s recommendations into the bill’s language.

She hopes the bill will be considered by the Legislature before this session adjourns. It could be scheduled for a public hearing within one to two weeks.

Although CPMs lack nursing degrees, their North American Registry of Midwives credentials come with rigorous education and training that takes three to five years to complete, according to The Big Push for Midwives campaign Web site. CPMs must also pass a national board exam, go through a clinical skills assessment process and recertify every three years.

According to the Web site, CPMs serve a disproportionate number of low-income, rural, immigrant and uninsured families. The Web site asserts regulation and licensing of CPMs ensures there are enough well-trained

midwives to meet the demand for out-of-hospital births and to provide safe and affordable maternity care for underserved populations

According to McGeachin, a number of legislators favor the bill's concept.

Advocates for licensing midwives argue that too many women receive unnecessarily expensive care due to the overuse of technology. Furthermore, they say the emphasis on technology has eroded women's confidence in their ability to give birth without it.

According to National Center for Health Statistics records from 2005, nearly one-third of all births resulted from Caesarean sections that year. A recent Newsweek article reported that while reasons for this weren't clear, "various reports have blamed greedy hospitals or doctors, who make more money from surgery, working mothers who schedule births in between business meetings, and the rising rate of health problems like obesity and diabetes that can lead to complications during delivery."

A recent policy recommendation to the Obama-Biden transition team by the National Association of Certified Professional Midwives stated that childbirth-related diagnoses account for nearly one-quarter of all hospital discharges, with charges far exceeding those of any other condition. In 2006, these charges totaled \$86 billion. NACPM recommended that health care reforms underway be used to improve maternity care by limiting elective induction of labor and Caesarean sections when not absolutely necessary. They also endorsed significantly improving women's access to low-intervention primary care providers in all settings by expanding resources to educate adequate numbers of nationally credentialed midwives, including CPMs.

According to Bartlett, who runs a birthing clinic in Rigby, she is the only CPM in Southeast Idaho. She said there are currently 27 CPMs in Idaho and at least 12 in the process of training.

"I think everybody realizes maternity care is very expensive. The costs of traditional hospital births are three to four times as much as midwife-assisted births," she said.

Her average charge for assisting births both at home and in her clinic is about \$3,000.

While advocates for CPM-assisted births insist they are safe, The American Medical Association and the American College of Obstetricians and Gynecologists oppose out-of-hospital births and say that physicians and Certified Nurse Midwives, who have formal nursing certification, are the most appropriate professionals to oversee deliveries, according to a July 2008 Medical News Today article.

The Wisconsin chapter of ACOG also issued a position paper on a midwifery bill stating: "In our review of the criteria for training and credentialing by the North American Registry of Midwives, we observe that their training requirements fall short of internationally established standards for the term 'midwife' versus 'traditional birth attendant,' and they have not adopted a set of criteria for patients who may be appropriate candidates for home birth."

Bartlett said she has sought collaborative relationships with doctors, but they are prevented from collaborating with midwives due to malpractice insurance restrictions. She hopes that licensing for CPMs will foster more collaborative relationships. "Then it would just be a practitioner-to-practitioner transfer of care," she said. During the past five years, she said she has assisted an average of about 50 to 60 births each year. Only six patients were referred to a physician during that five-year period, and not all of those cases were emergencies.

The Idaho chapter of ACOG and the Idaho Hospital Association could not be reached for comment.