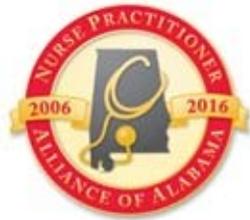
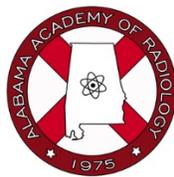


It's All About Safety

The following organizations ask you to oppose HB 315





“The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. In Alabama, 1 in 9 babies is born preterm, before 37 weeks gestation. Alabama also received a grade of “F” on the March of Dimes Premature Birth Report Card based on the number of babies born preterm. Prematurity puts infants at more risk for complications such as low birthweight, breathing difficulties, and infant death. Babies born preterm and at a low birthweight are the leading cause of infant death in the first month of life. Additionally, the maternal mortality rate in Alabama is 11.7 for complications associated with pregnancy.

“Time is a key factor during labor and delivery – time that can make the difference between life and death. Medical advances – many funded by the March of Dimes – provide the medical practitioner with tools to improve pregnancy outcomes for mother and baby. The March of Dimes supports Certified Nurse Midwives and Nurse Practitioners and the vital role they play in the delivery of healthcare. We also respect the families’ desire to own more of the birth process. However, we advocate for the path that gives both mother and baby the greatest chance for survival. To grieve for the loss of birth experience or environment is preferable to the unimaginable loss of a child.”
– Tamara Currin, MS, MCHES, March of Dimes - Alabama.



“The introducing of lay mid-wives in Alabama greatly concerns me as an emergency physician. When home deliveries meet complications, they will present to the emergency department in dire distress and require immediate interventions. This places both mom and baby at high risk for permanent injury and death. It also doubles the legal liability for the physician and hospital as we scramble to treat a dying child and/or mother who could have otherwise received medical treatment in a more proper setting. Complications and risk for all involved are markedly reduced when deliveries are performed under a direct physician’s care.”

– Dr. Sarah Nafziger, FACEP, Emergency Physician and President of the Alabama Chapter of the American College of Emergency Physicians

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Alabama Chapter

“As pediatricians, we believe that an absolute necessity for safe births is the rapid availability of hospital services when necessary. Decriminalization may increase use of CPMs and planned home birth by mothers who would otherwise not have considered this route, but it may not improve access to skilled hospital care when needed. This could result in an increase of deaths in infants who would have otherwise been very low-risk. We believe that the state has a duty to protect minor children from unreasonable risk of harm. We urge the

Legislature to avoid putting our most helpless citizens at undue risk by easing practice restrictions during the most important transition in a child's life – birth.”

– *Dr. Catherine Wood, FAAP, Pediatrician and President of the Alabama Chapter-American Academy of Pediatrics*



“Preservation of women’s reproductive health choices is a key mission of the Alabama Section of the American Congress of Obstetricians and Gynecologists (ACOG). However, safety of the mother and her baby must be paramount when the management of labor is considered. Even the most routine labor in healthy women can be suddenly complicated by unanticipated emergencies that threaten the life of the mother and her baby. Such emergencies require not only rapid, but skilled response with adequate resources to preserve the well-being of both patients. In many of these circumstances, a delay of only minutes can result in death to mother or baby. Certified professional midwives, or lay midwives, are not medical professionals and are not adequately trained or equipped to handle potential maternal, fetal, or neonatal complications that may occur during labor or at delivery. Furthermore, home delivery is associated with significantly higher neonatal death. The Obstetricians of Alabama feel these risks cannot be justified. Patients should be informed about the risks and benefits of planned out of hospital delivery. For women who seek alternatives to traditional obstetric care by a physician, options of care exist and should be discussed with the patient. Management and delivery of pregnant women by a Certified Nurse Midwife who has received medical training and is certified by the American Midwifery Certification Board, is an option for pregnant women of Alabama. With the safety of the mother and baby being first and foremost, the Alabama Section of ACOG does not support this legislation.”

– *Dr. J. Michael Straughn, Jr., Chair of the Alabama Section of the American Congress of Obstetricians and Gynecologists*



ALABAMA ACADEMY OF
FAMILY PHYSICIANS

“While home deliveries represent less than 1% of all deliveries and by design include the lowest risk population, they are being done by individuals with the lowest level of medical education who may not recognize concerns and cannot handle emergencies that arise. Data presented in 2010 shows that even under the best circumstances, the death rate for home deliveries is more than twice that of higher risk deliveries handled by well-trained physicians and nurses and it is not an access to care issue. Because of the increased risk to mother and infant, I ask that you do not approve this bill.”

– *Dr. Jarod Speer, Family Physician and President of the Alabama Academy of Family Physicians*



“Alabama’s hospitals, physicians and others in the medical community continually strive to ensure access to safe, quality healthcare is a priority in our state’s health care delivery system. The Alabama Hospital Association supports a family’s choice to use the services of a midwife, but seek to ensure that adequate guardrails are in place to provide for informed decisions and to facilitate care that is safe for women and newborns. HB 315 will remove an important disincentive for the practice of non-medically trained individuals to provide medical services in our state. This non-medical service is not recognized in Alabama law. Complications during childbirth can change in seconds, turning a seemingly normal uncomplicated delivery into a life threatening situation. Absent proper medical oversight, coordination with medical professionals and proper informed consent, the Alabama Hospital Association remains opposed to HB 315.”

– *Alabama Hospital Association*



“The Nurse Practitioner Alliance of Alabama opposes the passage of HB 315, which would place mothers and infants across Alabama at needless risk. While NPAA supports the practice of qualified midwifery care in appropriate settings, extending midwifery care to home births would place infants and mothers at needless risk, particularly in Alabama’s many rural areas.”

– *Susan Alexander, DNP, CRNP and President of the Nurse Practitioner Alliance of Alabama*



“The Alabama State Nurses Association has not been in favor of the two Certified Professional Midwife bills (HB 315, HB 316) for the following reasons:

- A. Proponents say that nationally... Certified Professional Midwives have elevated their education, training and professional standards beyond that of “lay-midwives” and this year’s legislation is specific to CPM’s, not lay-midwives.
- B. Neither the Board of Nursing nor the Alabama State Nurses Association was consulted or informed by proponents as this legislation was written and many questions remain unanswered.
- C. HB 315, 316 establishes a new medical profession in the state with its own licensure board and independent practice. CPM’s may charge large fees and regulations in states that allow licensure are still being tested. For example, Medicaid will reimburse for CPM services in only 11 states of the 30 or so states that license CPM’s. Fees for CPM services can range from \$3,000 to \$8,000. Proponents of HB 315, HB 316 cite the large areas of our state where there are no OB/GYN MD’s. Without Medicaid reimbursements, will Alabama’s future CPM’s

serve poor clients two or three counties away in a home birth environment?

D. Physicians and advanced practice nurses are educationally qualified to assess risk factors with new patients. Expectant mothers with prior multiple health issues will often have higher risk factors. CPM's are not required to have a college degree, yet they will be allowed to assess patients and determine the pre-natal, delivery and postpartum treatment plans under this legislation. Wouldn't it be safer if CPM intakes and assessments were done in collaboration with doctors or advanced practice nurses?

“We (ASNA) are for greater access to care and recognize that many parts of our state need a wider range of healthcare services, however, we are for safe quality care to be delivered or in collaboration with/by licensed professionals.

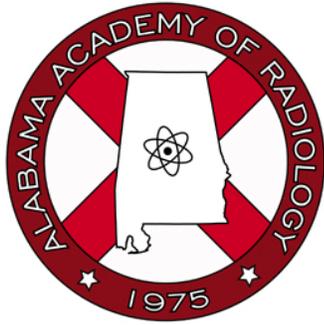
“Because of our commitment to patients and high standards of care, ASNA cannot support this legislation as written. Proponents have strongly criticized ASNA for wanting to learn more about the credentialing standards for CPM's. Several critics have been downright mean. Unlike some in the legislative/policy world, we don't want to “pass it... to find out what's in it!” We welcome civil dialogue with advocates in the future.”

– John Ziegler, Executive Director, Alabama State Nurses Association



“My anesthesiology practice includes obstetric anesthesia. This is one of the most rewarding parts of my practice. In most cases, I assist patients with labor analgesia when requested. Decreasing pain during childbirth and witnessing healthy deliveries is awesome. Occasionally, however, I have been required to use my resuscitative skills to resuscitate the mother while the obstetrician rapidly delivers the at risk child. Conditions such as placental abruption, amniotic fluid embolism, and uterine rupture put both mother and baby at risk. These conditions require the equipment and trained personnel only found in a hospital setting. It is often difficult to determine which mothers may be at risk for these conditions ahead of time. Should one of these conditions occur in a home delivery setting with a lay midwife in attendance, precious time would be lost transferring the mother and the unborn child to the appropriate facility. Home deliveries by lay midwives put both mother and baby at increased risk. I support patients' rights to make their own decisions regarding health care but in this case, I feel strongly that we must prohibit home delivery by lay midwives to protect the health and safety of the unborn child who is not yet capable of advocating for his or her self.”

– Dr. Abraham Schuster, Anesthesiologist and Past President of the Alabama State Society of Anesthesiologists



“As a radiologist, I have had to tell expectant and new parents that a test indicates their child has a life-threatening condition. These conditions often develop and occur through no fault of the parents but that doesn’t change the difficulty for them. For the state to legalize planned home birth, which is known to increase risk of permanent disability or death to the child and or mother, is unwise. With modern medical care, this legislation is unnecessary and I would urge the state not put these children and their mothers at risk.”

– *Dr. Hugh Holloway, Radiologist and President of the Alabama Academy of Radiology, State Chapter of the American College of Radiology*



“The Medical Association cannot support HB 315 as it puts children and expectant mothers in unnecessary danger. Over the past 100 years, significant reductions in maternal and infant mortality rates have occurred not because pregnancy is any safer today than a century ago but because of advances in medicine, training and technology. Not only is the infant death rate in home births 2-5 times higher than in a hospital, the rate of infant neurological impairments – like cerebral palsy – is also much higher in home births than in a hospital setting. Without necessary safeguards in place to protect all involved and absent clear protocols for handling emergencies, we remain opposed to the bill.”

– *Medical Association of the State of Alabama*