Coalition for Illinois Midwifery Statement on AAP Opposition to HB4364

The two entities who are the foremost authorities on birth in Illinois, the Illinois Section of the American Congress of Obstetricians and Gynecologists and the Illinois Chapter of the American College of Nurse-Midwives, support the current bill in the House to license and regulate Certified Professional Midwives*. Inexplicably, the Illinois Chapter of the American Academy of Pediatrics does not. The Illinois Chapter of the American Academy of Pediatrics should support legislation that allows for homebirth midwives to openly practice. Illinois families already choose homebirth. Regulation of the practice of midwifery benefits these homebirth babies and mothers. Opposition to licensing of Certified Professional Midwives makes an otherwise safe choice dangerous for Illinois mothers and babies.

HOME BIRTH IS ALREADY HERE

Every year in Illinois nearly 1000 families bring their children into the world at home¹. These numbers are expected to grow in Illinois the same way they continue to grow across the United States. Nationally, the home birth rate has increased 77.3% since 2009². A certain percentage of families simply want home birth healthcare services³. Families who homebirth do so for deeply held religious, philosophical, or cultural reasons⁴. Many families, especially in rural areas, where there are many counties without a single obstetrician, do not have access to a legal home birth midwife or doctor⁵. Because Illinois has fewer than 10 legally available home birth practices, many of these families have to use midwives who practice outside the current law in order to receive maternity care⁶. These midwives can practice legally in 30 other states, including those that surround Illinois⁷. They provide services here in Illinois, at legal risk to themselves, out of love and concern for the thousands of families here who need them⁸.

ADVANTAGES OF HOME BIRTH TO BABIES

Although the highly technical, medical model of birth is the most widely well-known and practiced mode of birth in the United States, it is not the only safe and reasonable option⁹. For low risk mothers and babies the midwifery model of care in home birth presents several significant advantages. Home birth with a qualified health care provider like a certified professional midwife significantly reduces a woman’s chance of cesarean birth¹⁰. This is an important health goal and personal value for many women, and one of the reasons families choose home birth¹¹. Certified professional midwives are exhaustively trained in facilitating normal spontaneous vaginal birth in a low tech, high touch setting¹². Safe prevention of the primary cesarean is an also important goal of ACOG, because it prevents immediate and future morbidity and mortality of both babies and mothers¹³. Families who give birth at home have a significantly higher rate of initial, continued, and extended exclusive breastfeeding¹⁴. Exclusive and extended breastfeeding, as the biological norm, have multiple substantial consequences for immediate and lifelong health for both newborns and their mothers¹⁵. The lack of unnecessary interventions for low risk mothers during labor and birth certainly contribute to the success home birth mothers experience in breastfeeding¹⁶. The extensive training Certified Professional Midwives receive in lactation is also a contributing factor to high breastfeeding rates¹².

Babies under the care of home birth midwives are significantly less likely to be premature or low-birth-weight¹⁷. This is very important for the viability and overall health of neonates. Children continue to profit their entire life from being born on-time and full weight¹⁸. For minorities, all these benefits are intensified. The disparities present in the outcomes for low risk minority women and babies under the care of obstetricians almost completely disappears when pregnant minority women are cared for by midwives¹⁹. Their babies are markedly healthier in utero, at birth, and beyond.
ACCESS TO SKILLED HEALTH CARE PROVIDERS

Illinois’ home birth families need access to midwives who are not forced to practice outside the law. Studies consistently show that home birth with a well-trained attendant is a safe and reasonable option. The current situation in Illinois, where home birth families are made desperate in their attempt to find someone to attend them, lends itself to encouraging midwives without adequate training to provide services. Legislation which verifies a minimum level of training would give Illinois homebirth families access to a sufficient number of qualified health care providers.

The legislation already put forth by the Coalition for Illinois Midwifery includes the most rigorous education requirement for Certified Professional Midwives in the entire nation. In accordance with ACOG standards, it calls for midwives to be educated and trained through MEAC accredited schools. MEAC accreditation is verified by the same bodies as ACNM schools. A MEAC education is rigorous and thorough, covering preconception to six weeks postpartum for both mother and baby, as outlined by the International Confederation of Midwives educational standards, which are standards ACOG recognizes.

Certified Professional Midwives are specifically qualified to provide the special skills needed for safe home birth. Licensing provides both professional accountability to midwives and a vetting process for home birth families. The law proposed by the Coalition for Illinois Midwifery would license Certified Professional Midwives.

CONCLUSION

Recognizing the rights of parents to determine their own health care, 30 states have enacted legislation that recognizes Certified Professional Midwives as home birth providers. None of these states has rescinded or repealed such recognition, because there is no need to do so. Home birth is a safe, reasonable option for child-bearing families when they have access to licensed and qualified midwives. By opposing the licensing of Certified Professional Midwives, even under conditions that IL-ACOG and IL-ACNM find acceptable, IL-AAP is blocking access to needed health care services for a specific population.
REFERENCES

* IL ACNM official position on HB4364 is “support”. IL-ACOG official position on HB4364 is “neutral”, but IL-ACOG actually wrote the full text of HB4364.

1. The state of Illinois does not specifically publish homebirth numbers. These statistics were obtained through personal contact with the Illinois Department of Vital Statistics.
5. There are only six legal homebirth practices in the entire state of Illinois currently taking new clients.
10. http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/full “The rates of spontaneous vaginal birth, assisted vaginal birth, and cesarean were 93.6%, 1.2%, and 5.2%, respectively. Of the 1054 women who attempted a vaginal birth after cesarean, 87% were successful.”
14. http://bmjopen.bmj.com/content/6/8/e010551.full
15. http://peditrics.aappublications.org/content/129/3/e827.long
17. http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/full “Ninety-two percent of newborns were full-term, 2.5% were preterm, and 5.1% were post term based on the midwife's clinical gestational age assessment following birth.”
19. Midwifery Care Outcomes in Ethically and Racially Diverse Populations of Women by Cynthia Friedman
21. Ole Olson, Jette A Clausen. Planned hospital birth versus planned home birth. September 2012. “Increasingly better observational studies suggest that planned hospital birth is not any safer than planned home birth assisted by an experienced midwife with collaborative medical back up, but may lead to more interventions and complications.”