The Brave New World of 21st Century Maternity Care

By Faith Gibson, Licensed Midwife
Nationally Certified Professional Midwife
2002 draft

Chapter One

The big question in any potential reader's mind is usually what's in it for me -- is the material interesting, entertaining or edifying? For 'current event' topics, relevancy is a key issue. Does the writer know his or her subject, is the topic well researched, is it worth my time? In the post 9/11 era, one of the big considerations is whether it addresses an issue important to society. If so, does it merely give us more and more to worry about, further burdening us with anxiety over intractable problems, or does it offering insight and a realistic plan to address the issue it raises?

Let me assure you that the following material has all the "right stuff" – its contemporary, relevant, has political intrigue, sex and violence, money and power. And incidentally, it is historically accurate and interesting. It explores a problem that is genuinely worthy of our time and attention and is one that ***already*** has a proven solution. But before going any deeper into the subject, let me give you some background information and a brief overview of the problem.

Who I am, why am I writing this?

I am a community midwife who has been providing home-based birth services to healthy women with normal pregnancies for 2 decades. I am also a former L&D nurse (about 3,000 hospital deliveries), mother of 3 (all spontaneous natural births). I am now blessed to be the grandmother of two, one grandson born by Cesarean, the younger one a VBAC at home. I practiced traditional midwifery lawfully as a Mennonite midwife under the religious exemptions clause of the California Medical Practice Act (Section 2063) for more than a decade before a 'direct-entry' or non-nurse midwifery licensing was available in our state. I have never had a "bad outcome" as a community midwife providing home-based care.

Hard Times

However, a cascade of life-changing events descended on my quiet life at 12 noon, Friday, August 9, 1991. My doorbell range and two individuals dressed in business suits introduced themselves as agents for the state medical board and informed me that they had a warrant for my arrest. I was being criminally prosecuting on a misdemeanor charge of practicing medicine without a licensed. While I didn't know it at the time, I had been chosen as a test case in attempt by organized medicine to nullify the religious exemptions clause as it applied to non-nurse midwifery.

As a result, I was arrested in my home in the presence of my youngest daughter and after being handcuffed, escorted to jail where I was placed in a solitary confinement cell of our local women's correctional facility. I was being held on $50,000 bail at a time when Mike Tyson's bail for felony rape was only $30,00). After many frightening and miserable hours I was finally bailed out by god's own angels -- my good friends Suzanne Arms and Angie Thieriot. This traumatic event was followed by a criminal prosecution over the course of 21 months. The state's theory for my prosecution was that the *non-medical practice* of traditional midwifery was 'obviously' an *illegal practice* a medicine.

Thankfully, the case never got past the pre-trial hearing stage. After the first year, it was jokingly described by the trial judge as the longest pre-trial hearing in the history of our little court house. Nine months into the second year, the charges against me were dropped and the religious exemptions clause, as it applied to non-medical midwifery, was validated in the court records. This little exercise in democracy cost $30,000 in legal fees for which I was never reimbursed (nor the expense of therapy to recover from the post-traumatic stress!). But ultimately the failure of the prosecution against me lead to the passage of a direct-entry-midwifery licensing law in California. In a perverse sort of way it was (probably) worth it, although it was one heck of an awful way to get legislation passed.

Life Goes On

In addition to practicing midwifery, I have also been a hospital-based childbirth educator (Lamaze), administrator of a malpractice insurance plan for community midwives, an expert witness in midwifery-related criminal and administrative court cases. I am the founder/executive director of the American College of Community Midwives and "web wife" for the ACCM internet site (www.collegeofmidwives.org). I also maintain a second web site devoted to birth activism – www.ScienceBasedBirth.com. I am the author of an extensively researched historical account of the politics of medicine and midwifery, entitled *"The Official Plan to Eliminate the*

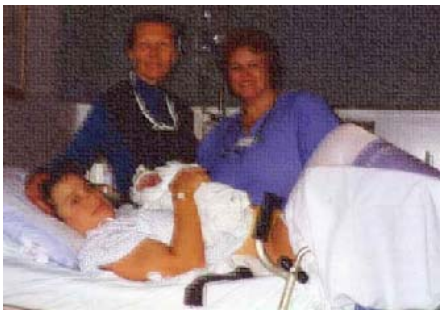
Midwife – 1899 to 1999", published 2002 in a feminist anthology edited by Wendy McElroy called "Liberty for Women" (www.independent.org).

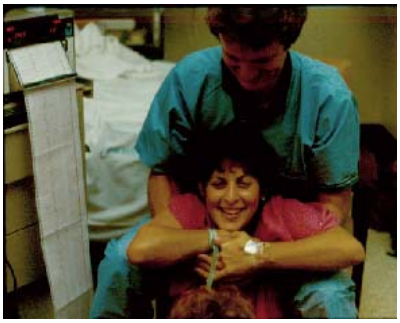
It goes without saying that I support the constitutional and ethical right of childbearing women to choose home birth and of skilled and experienced midwives to provide home-based birth care. As a result, I have been a 'childbirth activist' for 3 decades as an obstetrical nurse, a community midwife and tireless worker bee in regard to midwifery licensing. I am most proud of my work to get legislation passed that legally reversed important aspects the *Bowland Decision* and established the right of healthy women to have control over the manner and circumstances of their normal birth (SB 1479 by Senator Liz Figueroa), including the right to give birth at home with a professionally-licensed midwife.

The care that I, and other midwives like me, provide to healthy mothers is as safe (statistically speaking, actually safer) as hospital-based birth services provided by obstetricians to the same cohort of low and moderate risk women. These facts on the safety of home-based midwifery are acknowledged in the direct-entry midwifery licensing law in California. [The Safety of Childbirth Alternatives, P. Schlenzka, 1999, Stanford] [British Medical Journal 2005; 330:1416 (18 June) :10.1136/bmj.330.7505.1416 Outcomes of planned home births with certified professional midwives: large prospective study in North America**;** Kenneth C Johnson, senior epidemiologist, Betty-Anne Daviss, project manager**]**

Overview of 21st Century Maternity Care -- Statement of Problem

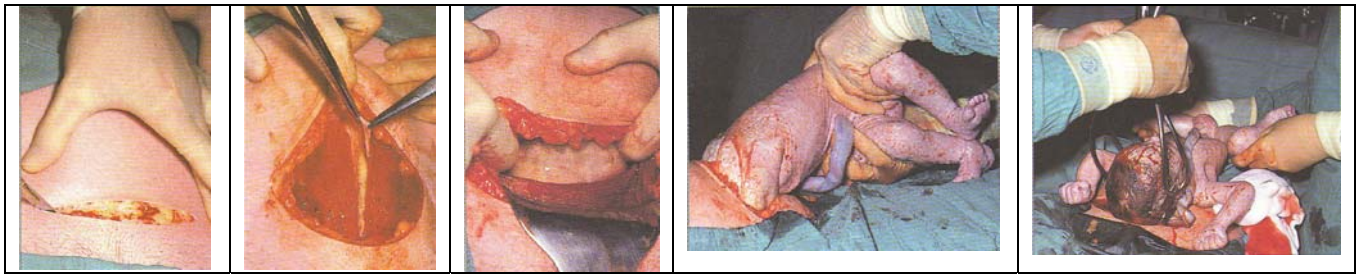
However I have come to believe that, politically speaking, the issue of "home birth" is a really red herring -- that is, a topic that distracts us from the more important and more obvious issue which is the quality of care received by the 99% of women who choose to labor and give birth in hospitals or, due to medical circumstances, must labor and give birth in hospitals. This is where the rubber meets the road for the vast majority of mothers-to-be and newly delivered women and their newborn babies. Hospital-based maternity care must work for all its "stakeholder" – mothers, babies, fathers, families, hospital personal, doctors and nurse, HMOs and even for health insurance companies, malpractice carriers, government-sponsored Medicaid program and for the taxpayers who foot the bill.





At present, the cost of maternity care accounts for slightly more than 20% of our entire healthy care budget, which itself is 1/6th of our GNP. Two-thirds of this money goes to provide medically-based birth services to healthy women with normal pregnancies and normal births, which is 70% of the childbearing population (cite P. Schlenzka, 1999). The US spends more money on

childbirth services than *any other country in the world*, yet we have next to the lowest vaginal birth rate (i.e. highest Cesarean section rate, after Brazil). We rank 22nd (3rd from the bottom) in perinatal mortality out of the 25 developed countries.



The Cesarean section rate for 2004 was 29.1% -- the highest rate in our history. In 2003 the annual bill for CS was 14.6 Billion dollars. It would seem that that the US is leading Western industrialized nations in an ignoble race to see who can be first to put normal birth on the list of 'extinct' forms of biology. In addition to its expense, there are many other glaring problems with the current system that beg for correction.

Unfortunately for midwives like myself, the answer to this dilemma is *not* home birth midwifery. Where mothers want to be for childbirth is where the corrections must be made and that is in hospitals. The challenge is to improve our hospital-based maternity care system, in conjunction with necessary changes in our national maternity care policies that underlie the provision of these services and the reimbursement of its care providers.

The following account from my own life as an L&D nurse and now as a midwife and childbirth activists is designed to elevate the public discourse on our current irrational and dysfunctional maternity care system. I hope my story can improve our understanding of healthy childbearing and help us explore the individual problems facing childbearing families and those that effect society. This includes the excesses that presently dominate obstetrical medicine. The total failure of the public press and broadcast media to investigate and report on the iatrogenic complications paves the way for yet another generation of healthy women with normal pregnancies to be routinely subjected to medically unnecessary and potentially harmful obstetrical intervention on introduces into normal birth.

Last but not least, I will recommend realistic, achievable remedies and present a plan and a process -- an “exit strategy”, to put it in the military-speak of our day -- to end the Hundred Years War between medicine and midwifery. This gender-based conflict is a complicated story of political intrigue, natural and unnatural tensions between “art” and “science” and the frequent confusion of superstition and junk science for real science, which has plagued the field of obstetrics for at least a hundred and fifty years. For those who want more background information on the political history of midwifery and medicine, I refer you to my essay as published in “*Liberty for Women*”. The story of contemporary medical and midwifery politics and the criminal case against me in 1991 are contained in Jessica Mitford’s book “*The American Way of Birth*”, John Robbins’ book “*Reclaiming Our Health*” and Penfield Chester’s book “*Sisters On A Journey*”. All are available online.

I maintain an extensive library of historical and contemporary textbooks and carefully labeled three-ring binders that contain indexed articles from professional peer review journals. These

contain the material referred to by the citations provided for the factual statements contained in this book. At last count these documents filled 41 notebooks. This material is available to anyone who wishes to take up the challenge to actually become familiar the scientific basis for appropriate maternity care as provided to healthy women and to identify those areas of contemporary medical practice that fail to live up to that minimum standard.

Target Audience -- Birth Professionals, Lawyers, Legislators, Journalists and Professional Writers for the Broadcast Media

My target audience is birth professionals of all backgrounds, lawyers, legislators, journalists and professional writers for the broadcast media. In particular, this material is *not designed for pregnant women, either as information on maternity care choices or in preparation for childbirth.* My strong advise -- **do not read this if you are pregnant** or plan to get pregnant in the near future. Just as you would avoid certain foods and toxic substances, I urge you to fast from negative descriptions of all kinds. Keep your mind peaceful and be happy. There is plenty of time later in your life to research the politics of obstetrical care and become a birth activist. If you are pregnant (or planning) and looking for the best reading material I hardily recommend the following four books: *The Baby Catcher* by Peggy Vincent, *Misconceptions* by Naomi Wolf, *Expecting Trouble* by Dr. Thomas Strong and *The Thinking Woman's Guide to a Better Birth* by Henci Goer. They can all be ordered from Amazon.com or other on line book dealer.

Lets Start with the Good News

The American public has, with good reason (especially in the shadow of September 11th, 2001), become tired of being bombarded by the "crisis" of the month in which some soneone is exploiting hysteria over toxic dumps, bad schools, defective tires, dishonest accounting methods or over-stated corporate earnings. The list is just endless and growing daily. We don't want to hear that there is *yet another* reason to worry about something that no one knows what to do about. Or worse yet, someone is proposing the expenditure of huge sums of money researching a solution that will, no doubt, take decades to find and include some painful or far-fetched remedy or expensive drug with horrible side-effects.

But unlike global warming and bio-terrorism, we know what to do about the "problem" generated by the obstetrical profession's ignorance (or rejection) of science-based management as it applies to healthy women with normal pregnancies. The solution to this problem is no secret. There are lots of resources – sound scientific evidence, textbooks and knowledgeable, experienced people (midwives and midwifery-friendly doctors) who can teach the principles and demonstrate skills of physiological management.




This will reduce our Cesarean rate by 50% while making for happier mothers and healthier babies and freeing up an additional 10% of the health care budget to spend on people who are genuinely ill or injured. In the long run it is a win-win solution, as obstetricians will get to do what they are trained for -- focus care on those suffering from the diseases and dysfunctions of fertility and childbearing. And should a terrorism event (biological or otherwise) occur and hospitals become overwhelmed with the injured or ill (perhaps with contagious diseases), we will have midwives available to provide safe, community-based maternity care without having to waste the precious medical resources of doctors and hospital beds on the care of healthy mothers and babies in the midst of a life/death national emergency.

Return to previous page for link to Chapter Two