CONTACT: Geradine Simkins executivedirector@mana.org 231.228.5857

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It is Time to Reframe the Homebirth Conversation: **Focus on Optimal Maternity Care and the Practitioners** Who Can Provide It

In their recently released "Committee Opinion" on homebirth, the American College of Obstetricians and Gynecologists (ACOG) affirms the role of informed disclosure by saying, "...we have an obligation to provide families with information about the risks, benefits, limitations, and advantages concerning the

different maternity care providers and settings." Midwives and other maternity professionals, therefore, are surprised that ACOG relies on the widely criticized Wax publications on homebirth, when there are more credible and carefully designed investigations that assess the relative risks of birth sites. Further, members of the Midwives Alliance - an organization representing the profession of midwifery since 1982 - are concerned that this ACOG Committee Opinion was apparently not subjected to review by experts who understand how to evaluate the quality of scientific studies on homebirth.

We believe it is time to re-frame this conversation. Midwives and obstetricians have been debating the safety of homebirth for far too long. In North America today planned homebirth for healthy women, attended by skilled providers, with access to medical consultation when necessary, is a safe option. Midwives as

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primary maternity providers, across settings and nations, have been identified as contributing to improved health outcomes. In the U.S. this includes care by Certified Nurse-Midwives, Certified Professional Midwives, and Certified Midwives. Moving beyond this debate over place of birth will allow obstetricians and midwives to focus on the goals we have in common.

There are critical issues facing all maternity providers today. First, we must understand the bio-ethical principle of autonomy as it relates to the human right of self-determination in making health care choices. Only then can we support women in their mastery of self-determination as they navigate the complicated worlds of obstetrics and maternity care and attempt to make good decisions for themselves and their families.





Second, it is the responsibility of the entire maternal and child health care (MCH) community to promote access to care that promotes optimal health for mothers and infants. We have a responsibility to remove barriers to options that women choose, provide complete and transparent information to women during the childbearing year, and work collaboratively as a team for the benefit of families.

Third, we can no longer tolerate the abysmal maternal and child health disparities that exist for our most vulnerable women and populations of color. We have our plates full with the daunting task of improving the health status of all women and infants in the United States within a social justice framework.

We stand at the cusp of the greatest opportunity in decades to reform our ailing healthcare system into one that provides the highest quality care, with the fewest interventions, to achieve optimal outcomes, in the most cost-efficient manner. We must focus on widely implementing evidence-based maternity care practices that



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are appropriate for mothers and babies. We must address the fact that certain costly obstetrical practices that are not supported by science are overused, while other beneficial, low-tech practices are overlooked. Of particular concern to the Midwives Alliance and the clients we serve is the trend of increasing rates of cesarean sections, contributing to increased rates of premature birth, low birth weight infants and rising healthcare costs, while women across the country still struggle to find providers willing to attend vaginal births after cesarean (VBACs).

These are the current issues that together we must devote our most fervent attention towards seeking solutions. We can no longer be diverted by the distractions of disagreements among maternity professionals. We have serious work to do that cannot wait. We look forward to being in authentic dialog with ACOG - and all other stakeholders - as we plan and participate in a Homebirth

Consensus Summit as a forum for building a common agenda for all involved in caring for mothers and babies. Women, infants, and families are counting on us to bring our complementary skills and acumen to the table and work together cooperatively.

Geradine Simkins, CNM, MSN President & Interim Executive Director Midwives Alliance Board of Directors

Midwives Alliance 611 Pennsylvania Ave. SE #1700 Washington, DC 20003-4303

888.923.6262 www.mana.org info@mana.org

Reference:

1. Sakala, Carol and Maureen P. Corry. Evidence-Based Maternity Care: What It Is and What It Can Achieve. New York: Milbank Memorial Fund, 2008, 1.