State of Home Birth in North Carolina & H522/S662

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North Carolina Friends of Midwives
If a State is not Managing Home Birth…

That State is Mismanaging Home Birth.
Topics & Musings

Why midwife led home birth?

The philosophy of midwifery policy

Trends and data

The events of 2011

The function of H522/S662 – The Midwifery Licensure Act

The future

The Home Birth Consensus Summit
## The Evaluation Methodology

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Planned Hospital Birth</th>
<th>Midwife Attended Home Birth</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality</td>
<td></td>
<td></td>
<td>Rare, but concern for excess</td>
</tr>
<tr>
<td>Intrapartum &amp; Neonatal Mortality</td>
<td>Reference</td>
<td>~1/1000</td>
<td>Evaluated Benefit</td>
</tr>
<tr>
<td>Preterm Low Birthweight</td>
<td>Reference</td>
<td>Reduced</td>
<td>Similar, or indifferent for low risk pregnancies with trained midwives</td>
</tr>
<tr>
<td>Cesarean Section Rate</td>
<td>~20%</td>
<td>~4%</td>
<td>Substantial Difference</td>
</tr>
<tr>
<td>Peripartum Hysterctomy</td>
<td>Reference</td>
<td>Evaluated Benefit</td>
<td>Reduced C/S</td>
</tr>
<tr>
<td>Complications in Future Pregnancies</td>
<td>Reference</td>
<td>Evaluated Benefit</td>
<td>Reduced placental complications</td>
</tr>
<tr>
<td>Post-partum Depression &amp; Psychosis</td>
<td>Reference</td>
<td>Evaluated Benefit</td>
<td>Reduced interventions</td>
</tr>
<tr>
<td>Hospital Setting for Birth</td>
<td>100%</td>
<td>~10%</td>
<td></td>
</tr>
<tr>
<td>Caseload Care</td>
<td>Uncommon</td>
<td>Expected</td>
<td></td>
</tr>
<tr>
<td>One-on-One Care During Birth</td>
<td>Uncommon</td>
<td>Expected</td>
<td></td>
</tr>
<tr>
<td>Home Post-Partum Care</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Reference</td>
<td>One Third</td>
<td></td>
</tr>
</tbody>
</table>

Many Evaluated Benefits in Quality & Safety
The Philosophy of Midwifery Policy

(it begins with the mother)
The CPM is the primary care provider for home birth
Over 50% of free-standing birth centers accredited by AABC are operated by CPMs

Over 2000 CPM Credentials have been Awarded
27 States Legally Recognize CPMs & 25 Regulate
Trends and Data
Rates Are Comprised of Several Components

- The aggregate rate of planned home birth, or OOH birth, is comprised of several components
  - CPM attended (~350 and rising)
  - Women seeking midwifery OOH leaving NC (~300)
  - CNM attended (~75-100 and rising)
  - Unattended (unknown, but elevated)
  - Women who seek a midwife, but cannot find one and labor at home unattended & unmonitored who then plan to walk into the hospital pushing
Example NC Summary (Thanks Kathleen)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ATTENDANT</th>
<th>TOTAL BIRTHS</th>
<th>Home Births</th>
<th>Born-Before-Arrivals</th>
<th>Hospital/Other Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>MD</td>
<td>110,500</td>
<td>142</td>
<td>73</td>
<td>110,285</td>
</tr>
<tr>
<td></td>
<td>DO</td>
<td>1,986</td>
<td>2</td>
<td>2</td>
<td>1,982</td>
</tr>
<tr>
<td></td>
<td>CNM</td>
<td>13,265</td>
<td>73</td>
<td>11</td>
<td>13,181</td>
</tr>
<tr>
<td></td>
<td>Other Midwife</td>
<td>78</td>
<td>12</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>631</td>
<td>348</td>
<td>10</td>
<td>273</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>325</td>
<td>1</td>
<td>0</td>
<td>324</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>126,785</td>
<td>578</td>
<td>96</td>
<td>126,111</td>
</tr>
</tbody>
</table>

One MD Attending Home Birth (~50 per year from 2006-2011)

~300-350 CPM Attended Home Births (~10% transfer to hospital)

Licensure Enables Quality Data

Licensure Enables Quality Data
Recent Epidemiology

Fig. 3. Percentage of home births by state of residence, 2008. Source: Birth certificate data from the National Vital Statistics System.

Fig. 4. States with statistically significant increase or decrease in the percentage of home births, 2004 to 2006. Note: Data are tabulated by mother’s state of residence. Source: Birth certificate data from the National Vital Statistics System.

http://www.cdc.gov/nchs/data/databriefs/db84.htm (MacDorman & Declercq)
Significant media attention on midwife attended home birth as a good option

More women evaluating options

Growing concern over increasing cesarean section rates
Categories of planned unattended home birth
  • “Freebirth” when midwives available
  • Midwives unavailable

Increasing media attention

Fundamental woman’s right at elevated risk (can be minimized by assuring access to trained and regulated CPMs)
The Events of 2011
In February, 2011
A Beloved Certified Professional Midwife was Arrested for the Unlicensed Practice of Midwifery
Birth Freedom March

Many women thrown into crisis

NCFOM grows by ~200 people in a few days

We engage the media

On March 2, 2011 over 600 people marched from the Capitol to the General Assembly

Many legislative meetings

H522 & S662 Midwifery Licensure Act
Establishes that Certified Professional Midwives may seek a license to practice
Maintains the unlicensed practice of midwifery as misdemeanor
Establishes the Professional Midwifery Board (PMB)
  • Resides within DHHS
  • 4 CPMs
  • 1 MD
  • 1 CNM
  • 1 Consumer
Charges the Professional Midwifery Board with promulgating Rules
Requires graduation from MEAC accredited school after two years
Provides for professional discipline
Immunity for other providers following transfer/transport for any malpractice on part of the licensed midwife.
NC 2011 (Long) Legislative Session

- Licensing bills filed in both chambers
  - Health committee Co-Chairs are primary sponsors
  - Bipartisan sponsors
  - Assigned to Health Committees in both chambers
- Significant advocacy & focus on the Health Committee members
- S31 “Felony Unauthorized Practice of Medicine” amended through our efforts
- NCFOM testifies in support of S33 – Malpractice Reform
- As we approach cross-over, a bump in the road…
  - Legislative staff concluded we must pass LCNLB
  - We quickly change focus and prepare the questionnaire
  - Comprised of 4 Senators & 4 Representatives
  - Lively debate versus 2 OBGYN Society Presidents + lobbyist
  - Passed unanimously
- Determined we are part of The Budget and alive through the Short Session

NCFOM Will Hit the Ground Running on May 16
The Future

We Can Drive Overnight
Change
Home Birth Consensus Summit
HBCS Summary

• Two years of planning
• Future Search process and facilitators
• Leaders of stakeholder groups participated in 3 days of work
  • Consumers
  • Consumer Advocates
  • Home Birth Midwives
  • Maternal-Child Health Collaborating Providers (e.g. pediatricians)
  • Obstetricians
  • Healthcare Models, Systems & Hospital Administration
  • Insurance (payor & liability)
  • Health policy
  • Research and public health
• Consensus statements must have unanimous approval
• Many projects proposed to make improvement
• Congresswoman Roybal-Allard’s address
  http://www.youtube.com/watch?v=Nd7yn1wwkiU
Thank You !