

# STATE OF NEBRASKA

DEPARTMENT OF HEALTH  
Mark B. Horton, M.D., M.S.P.H.  
Director



E. Benjamin Nelson  
Governor

## MEMORANDUM

**TO:** Senator Don Wesely, Chairman  
Health & Human Services Committee  
Nebraska Legislature

**FROM:** Mark B. Horton, M.D., M.S.P.H.  
Director of Health

**DATE:** January 26, 1994

**SUBJECT:** The Final Report of the Director of Health on the Midwifery and Home Births Proposal

### Recommendations of the Director of Health

The technical committee began its review of this issue in August of 1993, and completed its work in October, 1993. The technical committee members recommended that lay midwives be licensed to attend at home deliveries, and to expand certified nurse practitioner scope of practice to include home births. The Board of Health reviewed the record of the technical committee and recommended against licensing lay midwives, but recommended in favor of expanding the certified nurse midwives (CNM) scope of practice to include home births.

It is my recommendation that the scope of certified nurse midwives be expanded to include home births. I recommend against licensing lay midwives at this time. However, because of the dynamic nature of this important area, I would recommend continued study, close monitoring, and reconsideration in the future should certain key factors change as outlined below.

### Discussion on Issues Raised by the Review

This was the first "directed review" conducted by the Credentialing Review Program. Let me take this opportunity to express my satisfaction with the manner in which the technical committee and the Board of Health conducted their tasks.

It is my belief that childbirth is a natural process that, in the majority of circumstances leads to the desired outcome without medical assistance assuming quality prenatal care. However, I also believe that even under optimum conditions, the risk of an untoward event during a delivery is

sufficiently high to warrant the recommendation that all deliveries be assisted by an individual qualified to recognize a high-risk situation during delivery, and to intervene and/or refer promptly to an appropriate emergency backup system prepared to ensure an optimal outcome. It is my conviction that newborns can be delivered in a home setting safely and at minimum risk. However, I believe that at least the following four conditions must be established in order to ensure that the risk is minimal and acceptable: 1) expectant mothers and families must be appropriately screened to eliminate identifiable risk factors, 2) prenatal care must be complete and optimum, 3) the individual assisting at a home birth must be adequately trained and certified, and 4) there must be an appropriate emergency response system for backup.

Clearly, an appropriately trained certified nurse midwife possesses the necessary skills and qualifications to assist at home births. A certified nurse midwife is a licensed professional who functions as part of a health care team and is well-integrated into the health care delivery system. I am confident that home delivery assisted by an appropriately trained certified nurse midwife would ensure quality of care, assuming appropriate risk assessment, optimum prenatal care, and the existence of an adequate emergency response system for backup.

The training and qualifications of lay midwives as well as their lack of integration into the existing health care delivery system makes it questionable whether home births assisted by them would meet the standards set out above. Schools that train lay midwives are currently not accredited, and the standardized examination available to them has not yet been validated. It is my understanding that there may soon be a valid examination in place for lay midwives, and that efforts are being made to establish an accrediting process for the schools where they receive training. Once these developments occur, it might be appropriate to revisit the issue of credentialing for lay midwives.

Other important safety standards pertinent to home delivery such as a risk assessment process to select expectant mothers at acceptably low risk to undergo home delivery and standards for quality prenatal care already exist. On the other hand, I don't believe that an appropriate network of medical support and emergency response exist in all parts of our state.

There are two other issues raised during the process which deserve comment. The first issue involves whether the hospital environment is always the optimum environment in which to deliver a baby. Hospital staff, in a well meaning attempt to ensure safety, have frequently but inadvertently erected barriers to parental control over the birthing process, appropriate bonding between mother and child, initiation of breast feeding, and the involvement of other family members. Hospital deliveries have been criticized for involving more medical procedures than are necessary, and for treating birth as a medical procedure rather than a natural process.

Hospitals and hospital staffs have made progress during the last decade in addressing these procedural problems, and in making the birthing experience more personal and family-oriented. I believe that these factors are critical in ensuring an optimal outcome of the birthing process and would encourage hospitals to continue to make progress in addressing concerns of parents and families.

Another important issue is freedom of choice. Some interested parties stated during the review that they possessed sufficient education and knowledge to select a midwifery practitioner without the assistance of state regulation. These testifiers stated that this area of care should be deregulated and that citizens should be allowed to exercise their own judgment on who should assist at the delivery of their children. Certainly the state needs to assist individuals in obtaining factual and unbiased information about the risks associated with home birth and the necessary qualifications of those who would assist at home births. It is precisely to ensure that such information is conveyed prior to allowing home birth that regulation of this area by the state is required.

Another concern I have pertains to issues regarding backup. I am concerned that there may be areas of the state where an adequate emergency response and backup system simply does not exist. This is something that needs to be dealt with in any proposed legislation that would provide for home births.

MBH/das