

FINAL REPORT ON HOME BIRTHS AND MIDWIFERY

by the Midwifery & Home Births Technical Review Committee

October 26, 1993

The committee members made the following recommendations pertinent to home births and midwifery in Nebraska:

The committee determined that attending home births is an activity that needs to be regulated by the state. The committee members were concerned that the public be given assurance by the state that provisions for backup and transfer would be provided for families who chose to have a home birth. The committee members felt that a deregulated environment could not satisfy this concern. The committee members were also concerned that such minimum practice requirements as screening of mothers, continuing education, appropriate training and education, and informed consent be made mandatory. The committee members also made it clear that a voluntary regulatory process could not address their concerns about standards of care and standards of practice, and safety for mother and infant.

The committee recommended that the current regulatory situation wherein only medical doctors and doctors of osteopathy can do home births be altered such that other health care professionals be allowed to do home births. There are persons other than MDs and DOs who can safely perform home deliveries, and what matters in the area of birthing is not whether or not a practitioner is a physician, but the skill level of the practitioner in question. The committee members felt that, as long as safety concerns can be addressed, there is no reason to deny someone the opportunity to experience a home birth.

The committee recommended against exempting fathers from the terms of any regulations that might be established pertinent to attending a home birth as the primary caregiver. Although the committee members were concerned that fathers who attend home births not be treated as if they are criminals, the committee members felt that it would not be good public policy to exempt persons from regulations designed to protect the public from harm when the persons in question have no other qualification than that they are married to someone who is going to give birth.

The committee recommended that certified nurse midwives be allowed to attend home births. Members felt that CNMs have appropriate training to handle home deliveries safely.

The committee recommended that lay midwives be regulated by the state, and that licensure was the most appropriate level of credentialing for this group. Members felt that only licensure could establish the combination of practice requirements and standards of care necessary to protect the public. A number of additional recommendations were made in this area:

Examinations

The committee recommended that the examination required for lay midwives be the "NARM" exam or its equivalent once it is validated.

Education and Training

The committee recommended that completion of a program in lay midwifery approved by the Department of Health be a prerequisite for licensure for lay midwives in Nebraska. Departmental approval of these programs will be tied to accreditation when this becomes possible. The committee also specified that any approved and accredited program must have an extensive clinical component.

Grandparenting

Those currently practicing as midwives would be eligible for grandparenting if they have passed the exam and have attended as a primary caregiver a minimum of 50 births. A practitioner would have to apply within one year of the effective date of the proposed act in order to qualify for grandparenting.

Additional Licensure Requirements

The committee members recommended that lay midwives have, as prerequisites for licensure, a high school diploma or equivalent, a minimum age of 21 years, and certification from the American Heart Association in CPR for both adult and neonatal resuscitation.

Reciprocity

The committee recommended that a mechanism be established to license practitioners from other states who can satisfy Nebraska's standards for licensure.

The committee made several recommendations pertinent to administration:

Direct Regulation

The committee recommended that lay midwife regulation be administered by their own board of examiners composed of two Direct-Entry Midwives, one Certified Nurse Midwife, one Medical Doctor, and one consumer.

Discipline

The committee recommended that lay midwives be placed under the Uniform Licensure Law for all purposes.

The committee made several recommendations pertinent to practice requirements for those doing home births:

Backup

Midwives would be required to document that their clients have established a backup relationship with a medical doctor, and that the client has been examined by a medical doctor during the current pregnancy and before an informed consent document is signed by the client.

Continuing Education

A minimum of 20 hours of continued education every two years would be required for license renewal. The Direct-Entry Midwives Board of Examiners would approve programs offered by the professional organizations of midwifery, medicine, and nursing, and any other programs that meet the guidelines established by the Board.

Malpractice Insurance

As part of the informed consent process, midwives would be required to disclose to clients whether or not they carry malpractice insurance. They would be required to carry such insurance at such time that it becomes available at a reasonable cost. The committee also recommended inclusion of a disclaimer to limit physician liability, and that doctors, nurses, and hospitals would be liable only for the things they actually do and for gross negligence therein.

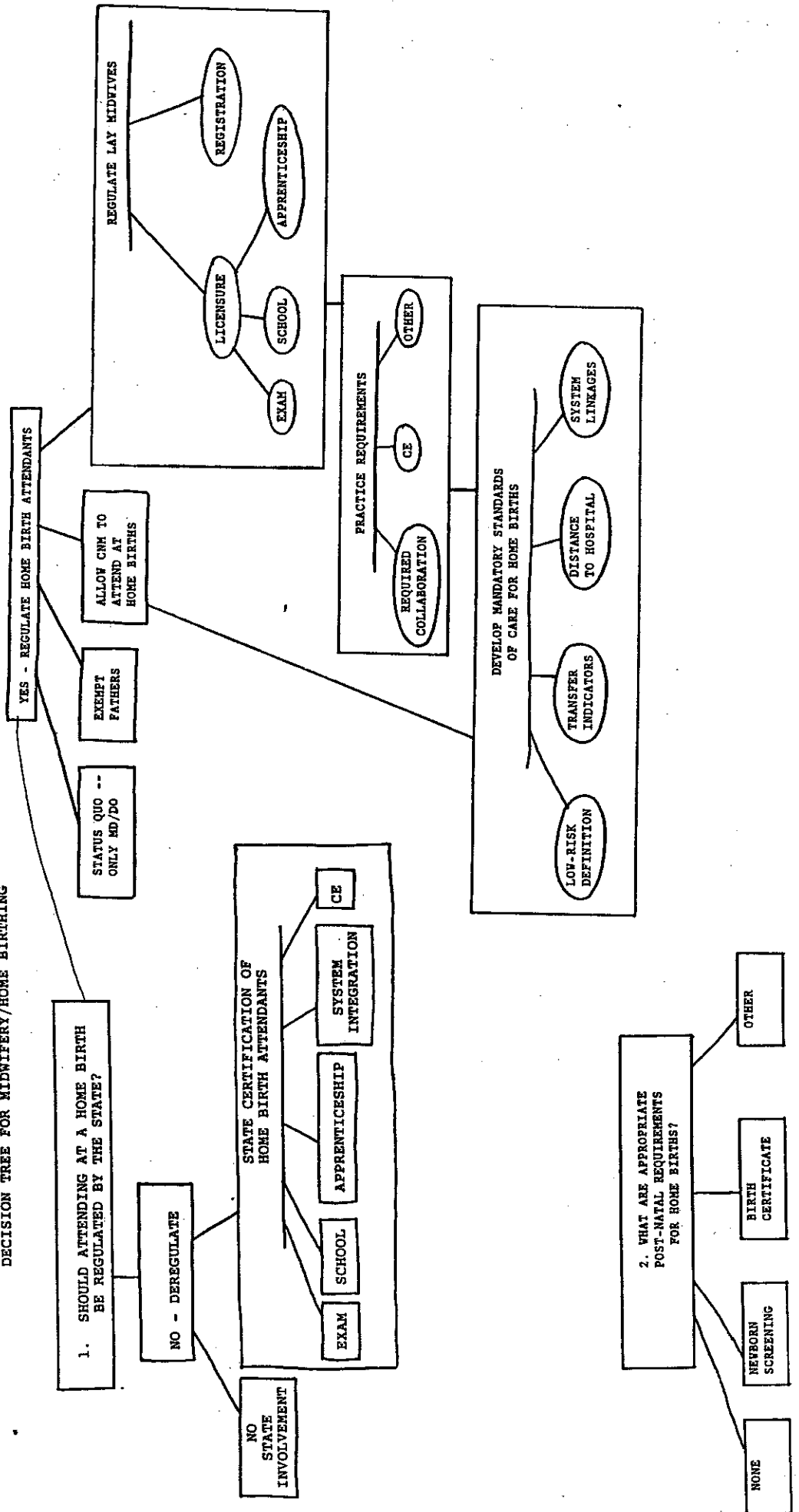
Informed Consent

A statement would be required that informs the client of the midwife, among other things, that only low-risk mothers would be eligible for home deliveries, that backup and transfer provisions must be established, and that the client must abide by parental duties, responsibilities, and legal requirements.

The committee identified four standards of care that need to be maintained for home births. These are a definition of low-risk, transfer indicators, distance to hospital, and system linkages. The committee recommended that the Department of Health define these standards of care through rules and regulations. The Department should take into account regulations developed in other states.

Pertaining to post-natal requirements, the committee members recommended that midwives be required to advise clients of the need for newborn screening and other post-natal requirements as required by law, and that this can be done in the home by the midwife.

DECISION TREE FOR MIDWIFERY/HOME BIRTHING

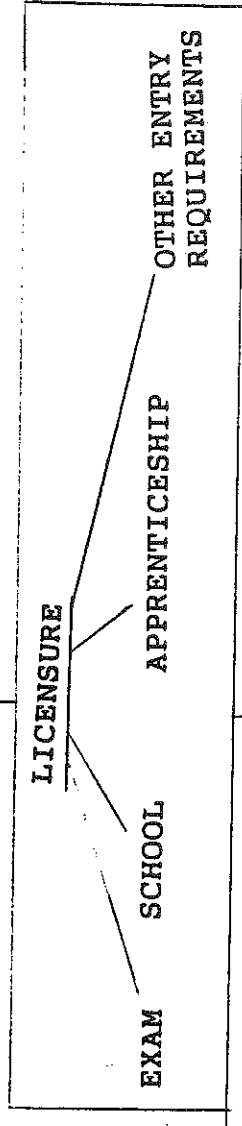


1. SHOULD ATTENDING AT A HOME BIRTH BE REGULATED BY THE STATE?

YES -- REGULATE HOME BIRTH ATTENDANTS

ALLOW CNM TO ATTEND AT HOME BIRTHS

REGULATE LAY MIDWIVES



REGULATORY STRUCTURE

SEPARATE BOARD

NURSING BOARD

MEDICAL BOARD

DIRECT BY DOH

OTHER

PRACTICE REQUIREMENTS

REQUIRED MD BACKUP

CE

OTHER

STANDARDS OF CARE

LOW-RISK DEFINITION

TRANSFER INDICATORS

DISTANCE TO HOSPITAL

SYSTEM LINKAGES

OTHER

