



International Cesarean Awareness Network
ICAN of the Capital District
1166 N. Country Club Dr.
Niskayuna, NY 12309

April 7, 2010

Dear Members of the New York State Legislature,

ICAN of the Capital District supports the passage of Senate Bill 5007 / Assembly Bill 8117, the “Midwifery Modernization Act” (MMA), which would update the Midwifery Practice Act by removing the requirement for a written practice agreement (WPA) between a licensed midwife and an OB/GYN physician as a precondition for midwifery practice.

Our organization’s goals are to reduce the number of cesarean births through both cesarean prevention and promotion of vaginal birth after cesarean (VBAC). The Centers for Disease Control and Prevention’s National Center for Health Statistics recently reported that the cesarean birth rate in the United States has been increasing for 12th consecutive year, and New York’s rate has increased 47 percent since 1996. Rather than making progress towards the Healthy People 2010 goal of a 15% cesarean rate among first time mothers and a 63% cesarean rate amongst mothers with a prior cesarean, our state and our nation are moving dramatically away from those goals. The primary cesarean rate in New York State stands at 21.2% and the rate amongst those with a prior cesarean is an astounding 92.7% (both figures for 2008, NYS DOH).

These figures have important repercussions for the health of women all over the state, as cesareans carry greater risk for the mother in both the current birth and in future pregnancies, and research shows that each successive cesarean increases those risks. While those risks might be counterbalanced in some cases, there is general consensus that cesarean surgery is overused in our current maternity care system.

Study after study has confirmed that midwives as a group have lower cesarean rates than obstetricians, though they attend only about 10% of all births and 15% of vaginal births in New York. The Cochrane Collaboration, the international resource for evidence-based healthcare, recently released a summary of research evidence that concludes “Most women should be offered midwife-led models of care and women should be encouraged to ask for this option...” In coming to this conclusion, they cite the lower intervention rates of midwives and better breastfeeding initiation rates among women whose births are attended by midwives, all of which contributes to healthier mothers and babies.

Last month when the National Institutes of Health Consensus Development Conference on Vaginal Birth After Cesarean convened a panel to examine the state of VBAC, they noted that nearly one third of hospitals and one half of physicians have stopped offering a “trial of labor” (TOL) after previous cesarean, and a survey of American College of Obstetricians and Gynecologists (ACOG) Fellows showed that, between 2003 and 2006, 26 percent had stopped offering TOLs. The reason for this drop off in VBAC access is not medical in nature, rather the panel noted that the primary reason for individual providers to stop offering TOL is the fear of litigation in the event of a poor outcome, despite the rarity of those occurrences and the comparative safety of VBAC.

When VBAC is not offered locally by obstetricians, women are forced to either travel, sometimes long distances, for appropriate care or must undergo unnecessary major surgery with all its inherent risks. This restricts women’s choices and puts them and their babies at higher risk for childbirth-related morbidity and mortality. This is a key area where the written practice agreement has not served to enhance the care that women receive, but has instead limited women’s choices and access to excellent clinical care, especially in rural areas where health care options are limited. Increased access to midwifery care, in collaboration with, but not controlled by, obstetricians would increase access to safe care and help fill the gaps in access to VBAC around the state.

Since the Midwifery Practice Act was passed in 1992, it has become clear that a WPA is a barrier to practice that has restricted midwives’ ability to provide care, thus negatively impacting women’s choices and access to health care. Midwives have the education, training, and experience to ensure high quality health care as licensed independent providers. Midwives in New York State have provided health care to thousands of satisfied women and the quality of their care has been recognized by the New York State Department of Health and JACHO, among others. Yet there are simply not enough practicing midwives to comply with the Cochrane Collaboration’s recommendation to offer midwife-led care to the majority of the 250,000-plus New York mothers who welcome new babies each year. This barrier to midwifery practice must be removed as a first step in the right direction.

For all these reasons, we urge you to support bill S5007/A8117. Making midwifery care more available to more families will improve access to high quality care, improve the health of the birthing women and their babies, and expand choices for the women of New York State.

Sincerely,



Melinda Kane
Chapter Leader, ICAN of the Capital District