THE MIDWIFE CENTER
FOR BIRTH & WOMEN'S HEALTH

#2656

January 8, 2007

Fiona Wilmarth, Director of Regulatory Review
Independent Regulatory Review Commission
333 Market Street
14th Floor
Harrisburg, PA 17105

Dear Ms. Wilmarth,

I am writing to comment on the proposed regulations for prescriptive authority for certified nurse-midwives. I have been in practice as a certified nurse-midwife in Pennsylvania for thirteen years, and am currently clinical director of The Midwife Center for Birth and Women's Health in Pittsburgh, the only freestanding birth center in PA west of Reading. My education consists of a BA in religion, biology, and women's studies from Swarthmore College, and a BSN and a MSN from the University of Pennsylvania. I have delivered more than 600 babies. My practice provides care to women with both public and private insurance, and all of our clients have a c-section rate half that of the national average and a rate of low birth-weight and premature babies less than a third of the national average.

I am very pleased that certified nurse-midwives will be receiving prescriptive authority, but I do have a few concerns about the way the regulations are written:

1. The definition of a midwife should revert back to the definition in current midwifery regulations. The intent of HB1255 was not to change the definition of a midwife, but to broaden the midwife's scope of practice. Nurse-midwives are independent practitioners in Pennsylvania, who do not require supervision by a physician. They are not analogous to physicians assistants or nurse practitioners, who are not independent practitioners. It is thus inappropriate to refer to physicians in the definition of a midwife.

All health care providers are dependent on other types of health care providers. An obstetrician cannot practice safely without collaboration from anesthesiologists and neonatologists. Yet the obstetrician is not required by regulation to have a formal collaborative agreement with an anesthesiologist in order to have a medical license. This is the true analogy to midwifery. The definition of a midwife should refer only to midwives, and not to members of another profession.

2. I also take issue with 18.5 (g), requiring that our collaborative agreements be submitted to the board for review. This has never been required before, and this has not created any problems. The collaborative agreements are reviewed by the state when they do their annual on-site evaluation for birth center licensure, and in order to credential us for participation in Medical Assistance programs. They are always available on-site for inspection on request.

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The regulations do not exhibit an understanding of the reality of midwifery practice. Each nurse-midwife in my practice has collaborative agreements with approximately fifteen physicians. These agreements change frequently, as the attending staff at our primary hospital changes. We would need to submit new collaborative agreements several times a year. This would come to a biannual cost of approximately $490 for each midwife. This is an undue burden on the individual midwife or our small non-profit practice, which I am sure was not the intent of the legislation or the regulations.

Thank you for considering these comments. I would be very happy to be available to answer any questions about them, and can be reached at 412-321-6885.

Sincerely,

Nancy Anderson Niemczyk

Nancy Anderson Niemczyk, CNM, MSN
Clinical Director