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THE MIDWIFE CENTER
FOR BIRTH ● WOMEN'S HEALTH

January 15, 2008
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 share my thoughts on the proposed regulations for prescriptive authority for certified nurse-midwives. I have been a full-scope certified nurse-midwife for 3 and half years. After completing midwifery school, I chose to move my family from Wisconsin to Pittsburgh in order to work in an environment where I felt I could truly perform woman-centered care and independent midwifery. I have not been disappointed with my decision. 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. Furthermore, we provide individualized care in an attempt to maximize the childbirth experience and give respectful and dignified gynecological care.

Now that certified nurse-midwives are able to obtain prescriptive authority, I am even more pleased with my decision to move here. However a few things concern me:

1. I do not agree 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.

   The regulations do not exhibit an understanding of the reality of midwifery practice. Each nurse-midwife in our 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

2. 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.

Thank you for your consideration in these matters. Please feel free to contact me at my practice site at 412-321-6880.

Sincerely,

Ann McCarthy CNM, MSN

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The Midwife Center for Birth and Women's Health

2825 Penn Avenue

Pittsburgh, PA 15222