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Special Interests Hurl Statistics

Midwifery Dispute In Judicial Limbo

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Lay midwives were legal in California from 1917 to 1949, when licensing was halted with the hospital-born baby boom following World War II.

Many doctors cite the declining U.S. infant mortality rate in postwar years as good reason for hospital births. Others say better public health and

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hygiene and general economic prosperity are more likely reasons.

Legally, the issue of lay midwifery is in a kind of judicial limbo. In 1974, three Santa Cruz lay midwives were prosecuted for practicing medicine without a license. The case eventually reached the California Supreme Court, which ruled in 1976 that lay midwifery is illegal under state law.

In San Luis Obispo last year, a lay midwife was prosecuted after a baby whose birth she attended was born with a knotted umbilical cord and died of asphyxiation five days later. The charges against Marianne Doshi were dismissed by Superior Court Judge Richard C. Kirkpatrick, who

urged passage of legislation to give parents "some options" in childbirth.

"Having a baby doesn't mean being sick and the medical profession needs to recognize this," the judge said. "It's their obligation to work with parents who want alternative birth situations rather than saying, 'This is the way it is.'"

Certified nurse-midwives are legal in California under legislation passed in 1974, but training is difficult to obtain and state officials say the demand far outstrips the availability of nurse-midwives statewide.

Professional medical associations say improved postwar infant mortality statistics will be reversed if more home births and lay midwives are allowed to practice. To that end, the California Medical Association's House of Delegates on March 14 approved a resolution reaffirming its call for births in "obstetrical units of properly accredited and staffed facilities" and "vigorously" opposing all programs encouraging home births.

The resolution as it pertained to home births was introduced by Dr. Albert Kahane, an obstetrician who is physician-in-chief at Kaiser Hospital

in Sacramento. Kahane's position that home births pose three times the risk of death for infants is based on a study of birth statistics in 11 states by the American College of Obstetrics and Gynecology (ACOG).

Critics of the study, which compared statistics on out-of-hospital versus in-hospital births, say it inaccurately forecasts the risk for home births since out-of-hospital births include a variety of circumstances, with and without professional help.

Based on the "rates and number of deliveries involved" in the study, ACOG concluded that 79 babies died in 1977 in California "associated with home delivery" who would not have died in a hospital. "Birth at home does not provide the equipment to recognize early fetal distress or the medical facilities to carry out complicated deliveries which may be necessary to save a fetus in distress," ACOG Executive Director Dr. Warren H. Pearse said.

Home birth advocates have long cited lower mortality statistics in other countries utilizing home birth and midwives on a large scale. American physicians opposed to home

birth say international birth statistics are inaccurate because populations and record-keeping methods differ widely.

"They very conveniently reject any data that is critical of American health care," says Michael Krisman, deputy director of the Department of Consumer Affairs and chief administration spokesman for last year's unsuccessful effort to license lay midwives. "They praise international statistics which are favorable to American health care."

Despite medical skepticism about home birth, some American studies indicate that, under carefully controlled circumstances, it can be as safe or safer than a hospital birth. A major spokesman for that view is Dr. Lewis Mehl of the Center for Research on Birth and Human Development in Berkeley.

In a November 1977 article in the Journal of Reproductive Medicine, Mehl and his colleagues reported on the medical records of 1,146 elective home births with physician and/or midwife backup in five Northern Cali-

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ifornia home delivery services. The average cost was \$277, including prenatal care, postpartum home visits and supplies, compared to \$1,450 for hospital delivery. The perinatal mortality (20 weeks gestation to one month after birth) was lower (9.5 per 1,000) than the 1973 national average (21 per 1,000).

Mehl also studied more than 2,000 home and hospital births. Most of the births, in and out of hospitals, were attended by physicians, although 30 per cent of the home births were attended by lay midwives.

Mehl's studies show an frequent incidence of surgical procedures (mostly Caesarean sections and epi-

One doctor says the medical association's position is 'vindictive'

siotomies) and drugs in hospital births, and a corollary incidence of infant distress and birth injury. The infant death rate was about the same for both hospital and home birth. There were no maternal deaths.

"Home birth is a safe alternative for selected women," Mehl said at a 1976 meeting of the National Association of Parents and Professionals for Safe Alternatives in Childbirth. "And, as for hospitals, there are some aspects of current hospital practice that may make birth more dangerous for some women and infants than if they had remained at home."

Some physicians in the state medical association say privately that

positions such as the one adopted by the House of Delegates March 14 are counterproductive. They fear women and babies will be the victims of a philosophical disagreement. One high-ranking physician who asked not to be named said a bloc of conservative physicians holds sway in the association, hampering any resolution of the dispute.

Another inactive member termed the position "vindictive," in effect a boycott of women who choose an alternative birth method.

"What it means is that women desiring home birth will have to lie to physicians about where they plan to give birth if they want to receive prenatal care," the physician said. "That's a very bad situation, that people have to lie to their doctors."

Physicians sympathetic to the alternative birth movement find themselves in a difficult position. If they give prenatal care to a woman who plans to have her baby at home, and refuse to attend the birth, they fear liability if something goes wrong. So, many deny care — and some agonize over it.

Loretta Givich didn't tell her family doctor, Dr. Jeffrey Applebaum of South Lake Tahoe, that she was planning a home birth. He doesn't approve of home births. But unlike other doctors in El Dorado County, he reserves judgment on the ethics or ability of JoAnn Ruiz, the Placerville nurse who attended the Givich's home birth and was investigated by the state Board of Registered Nursing for practicing illegal midwifery and administering drugs without the supervision of a physician. The investigation was closed last Friday because of "insufficient" evidence.

Contrary to other reports, Applebaum said Mrs. Givich was not bleeding heavily when she entered Barton Hospital for removal of a retained placenta after the Oct. 18, 1977, home birth. He said the drugs (Pitocin and Methergin) administered by Mrs. Ruiz to stimulate contractions and control bleeding in effect "trapped" the placenta inside the uterus, "which is not the best of circumstances."

"Generally we give it after the placenta is out," he said. "Some have given a very small dose beforehand."

Another physician who asked not to be named said Mrs. Ruiz acted according to proper medical standards. He said the only solution in the case of

Home birth advocates cite lower morality rates in other nations

a retained placenta is to "remove it" — a procedure he said cannot be accomplished at home. "You might start an IV (intravenous tube) with Pitocin to control bleeding en route. Methergin causes constant contractions and if she (the midwife) were concerned about bleeding on the way, Methergin would be better."

Dr. William Colliflower of Placerville believes Mrs. Ruiz should have her nursing license revoked. Colliflower thinks she is a very dangerous woman.

"We've had some bad incidents from complications from her deliveries," he said. When asked to specify the complications, he cited "a baby with severe infection, a baby with severe jaundice, and a woman with a

perineal laceration" from her vagina to her rectum.

Mrs. Ruiz says a paramedic team delivered the baby with the "severe infection ... I wasn't even there." She says the baby ran a high fever at about three weeks of age and was later diagnosed as having the flu.

She said she reported the jaundiced baby to a medical clinic after a post-

natal visit when the baby was three days old. "The doctor (not Colliflower) said to bring the baby in the next day, although I thought he should be seen right away," she said. "When the baby was seen, he required hospitalization."

The woman with the laceration, she said, was attended by the father, who insisted on performing the delivery although Mrs. Ruiz was present. She said the woman had an unusually large baby and tore along an episiotomy scar from a previous birth. Mrs. Ruiz said she insisted the woman go to a hospital for surgical repair.

"I've been at more than 80 births, and that was the only severe tear," she said angrily. "That very likely could have happened in the hospital. Colliflower's comments are so aggravating. He makes it sound like only babies born at home get jaundice, only mothers who give birth at home tear. Babies get jaundice in hospitals, mothers tear in hospitals."

Until March 12, when nearly 200 people staged a demonstration in Sacramento against the investigation of Mrs. Ruiz, she did not speak publicly about her attendance at home births. That anonymity is gone now.

"When I graduated from nursing school (Fresno State University, 1969), if anybody had said home birth to me, I would have been appalled.

But ever since I was in training I wanted to be a midwife. I really wanted to be a certified nurse-midwife, but that doesn't seem as important now.

"Doctors are traditionally trained in illness, not wellness. I won't say they're all concerned about money, but they are trained differently than midwives ... People ask me how

many babies I've delivered, and I say two, my own. Doctors and midwives don't deliver babies. Women deliver babies."

She says she is disappointed that the investigation has been dropped. "Because if it's not Loretta Givich and me they go after, it will be somebody else."