

Nurse-Midwives Caught In Web Of Medical Politics

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JoAnn Ruiz attended the birth of a baby one October afternoon in 1977. The birth was normal, the baby 7½ pounds and healthy.

Mrs. Ruiz has been present for more than 80 home births, but it is unlikely that she will forget Oct. 18,

First of Two Parts

1977, when Karen Sierra Givich was born in her parents' South Lake Tahoe home. What has happened since that afternoon could have meant the loss of JoAnn Ruiz' nursing license and even criminal prosecution.

And, although the state Board of Registered Nursing on Friday dropped, for lack of evidence, its investigation of her attendance at the Givich home birth, the issue raised by the investigation is by no means settled. "If it's not me," Mrs. Ruiz says, "it will be somebody else."

Under California law, Mrs. Ruiz is an illegal midwife. Still, she is a registered nurse and Lamaze prepared childbirth instructor and she was among the alternates for the highly competitive certified nurse-midwife program at University of California-San Francisco Medical Center.

The number of California parents who refuse or cannot afford traditional hospital births, is increasing, state officials say. Yet there is nowhere near the number of nurse-midwives or alternative birth centers to meet the demand. And partly because obstetricians are in the "high risk" malpractice category, many California counties have no doctors who will deliver babies. Many others have no

doctors who will provide prenatal care or deliver babies for women under Medi-Cal. Physicians say Medi-Cal doesn't pay them enough for the job.

In Orange County in 1977, according to state figures, there was only one obstetrician for 200 Medi-Cal mothers. In Humboldt County in 1977, there was one for 3,048.

Loretta Givich was not a Medi-Cal mother. Like many parents, she and her husband Mike chose home birth because they thought it was a better, safer, alternative to hospital birth. They are not political people; their decision was a personal one. They are not entirely comfortable in the limelight of the Ruiz investigation, which may be the first of its kind for the state nursing board.

"I can't recall another one, off-hand," said Ken Gray, the board's assistant executive secretary, who does not preclude the possibility of future such investigations "if someone provides us with evidence."

Loretta and Mike Givich and 17-month-old Karen Sierra found themselves on the evening news March 12, when Loretta refused to answer the questions of a nursing board investigator who had subpoenaed her to testify about the birth of her baby.

"It's as if we don't have the freedom to choose," Mike Givich said.

"It's an invasion of privacy," said Placerville attorney Michael Stambaugh. "The Givichs studied home versus hospital birth, they looked at the pros and cons and they selected home birth. It was an intelligent decision."

He says it's not a matter of quality care, because Karen and Loretta are healthy. "The issue is economics," he



JOANN RUIZ
... subject of midwife probe

says, "and the government bureaucracy being used to protect the financial interest of the medical establishment."

The Givich's home birth, and Mrs. Ruiz' presence there, would probably never have become the issue it has if Mrs. Ruiz hadn't urged Loretta Givich to go to the hospital after Karen Sierra was born. Although the birth itself was apparently uneventful, the placenta was not expelled — a common enough occurrence, according to medical authorities, but one which may require medical care not available in a home setting.

Within the limitations of her medical equipment, Mrs. Ruiz says she did the best she could. Privately, some physicians agree with her. To dislodge the placenta from its stubborn

hold on the uterine wall, Mrs. Ruiz administered Pitocin, a standard drug used to induce contractions and more commonly used to induce labor or help it along.

The Pitocin-induced contractions didn't dislodge the placenta, and Loretta Givich did not want to go to the hospital. JoAnn Ruiz told her she would have to.

Since Mrs. Ruiz' unlicensed attendance at births is illegal, she couldn't go to the hospital with the Givich's. But being a professionally trained nurse, she printed information about the birth and the drugs used: Pitocin and Methergin, the latter administered to make the uterus "clamp down" and stop the bleeding for the trip to the hospital.

"If the medical politics weren't what they are," Mrs. Ruiz says, "I would have been with them and I could have controlled the bleeding without the Methergin."

It is illegal for a registered nurse to administer drugs without the specific written permission or direct supervision of a physician, although some doctors say a nurse can administer drugs in an emergency. And they point to paramedics with less training than nurses who administer drugs in emergencies.

Mrs. Ruiz says she has obtained the drugs from a sympathetic physician who felt she should have them, and from a medical supply house. "I don't know of anybody who engages in home birth," she said, "who doesn't have those kinds of drugs."

State officials estimate there are 400 or 500 unlicensed lay midwives practicing in California. Legislation to license at least some of them failed in the Legislature last year. What



Loretta Givich gave birth to Karen Sierra at home.

emerged was a limited study project which officials say doesn't even mention midwives and has no real substance. They blame the bill's failure on "intense lobbying" against it by medical and nursing associations.

Despite the passage of certified nurse-midwife legislation five years ago, only two programs exist in California to train registered nurses in midwifery — at the University of California-San Francisco Medical Center and UC-San Diego. The programs are limited in enrollment and they are expensive. At UCSF alone, according to the state Department of Consumer Affairs, \$150,000 in federal funds were spent last year to train three nurse-midwives, plus \$2,000 each from the three nurses enrolled.

According to the state Board of Registered Nursing, 111 nurse-midwives have been certified in California since passage of the 1974 legislation, but most of them were trained

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wives," she said. "They didn't favor nurse-midwives until they became alarmed about lay midwives. Now suddenly they love nurse-midwives."

Michael Krisman, deputy director of the state Department of Consumer Affairs, which gave strong support to the unsuccessful lay midwifery legislation, says a major obstacle to training nurse-midwives in California is the board requirement that programs be conducted in a medical center setting.

"That is," he wrote in a 1977 letter to nursing board executive secretary Michael Buggy, "in the most expensive educational medical training institutions," where there is resistance to giving up "physicians and space and faculty for the training of nurse-midwives."

As a result, he says, the demand for nurse-midwives far outstrips the state's limited programs to train

Krisman, whose second child was born at home seven years ago, finds himself in an ironic position. The department of which he is a deputy director technically oversees the operation of the numerous licensing and regulatory boards for medical and nursing professions in California. Although the professional organizations and regulatory boards do not favor lay midwifery or home birth, the department took an active role in favor of lay midwifery legislation last year. While department directors favor changes in the law, their division of investigation supplies the investigators who conduct licensing probes such as the Ruiz investigation.

"This is a Balkanized department,"

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out of state. Nine nurses are currently enrolled in the San Francisco program, from which three nurses have been graduated; six are enrolled in San Diego, which has graduated 10.

Under the law, certified nurse-midwives must be supervised by a physician. "I probably would have been accepted if I had a physician to back me," said Mrs. Ruiz, who lives in Placerville, "but there is no physician in El Dorado County who would sponsor me."

Assemblywoman Jean Moorhead, R-Sacramento, former legislative representative for the California Nurses Association, says that group is opposed to lay midwives "because of the medical linkage problem," because physician backup is needed to make lay midwifery work. "Doctors really come unglued about lay mid-

Krisman says. "One of the few powers we do have is veto power over their (licensing boards') regulations."

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And the governor has the appointing power." He said there are two vacancies on the nine-member nursing board, and two more board members whose terms have expired. "We hope to be able to appoint progressive people to those vacancies," Krisman said.

He says "eight or 10" legislators regarded as "sympathetic" to the midwife issue have been approached by Gov. Brown's administration this session to sponsor a new lay midwife bill. All have declined, he said, citing workload or the "intensity" of the professional association lobbying against the previous bill.

"With 400 or 500 midwives practicing in California, the state can either go out and bust people or license them like other health professionals," Krisman said. "There are good reasons for licensing lay midwives. All of them out there aren't competent. I guess we'll have to wait for a tragedy to happen before the law is changed."

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