

## President's Editorial

July 11, 2008



### Midwives Alliance of North America

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## Doctors Ignore Evidence, AMA Seeks to Deny Women Choices in Childbirth

One wonders what process the American Medical Association (AMA) House of Delegates used to determine that “**Resolution 205 on Home Deliveries**” was a prudent and reasonable proposal to adopt. AMA Resolution 205 attempts to outlaw a woman’s choice to birth at home or in a freestanding birth center by calling for legislation to establish hospitals and hospital-based birth centers as the safest place for labor, delivery and postpartum recovery. Further, Resolution 205 seeks to establish that hospital-based midwives who work under the control of physicians are the only safe midwifery practitioners.

The Midwives Alliance of North America, which has represented the profession of midwifery since 1982 and whose members are specialists in homebirth, finds AMA’s Resolution 205 to be arrogant, patronizing and self-serving. We have three major objections to Resolution 205. First, Resolution 205 patently ignores the vast body of scientific evidence that has documented homebirth to be a safe, cost-effective and satisfying option for women who prefer this alternative to hospital birth. Second, AMA Resolution 205 is seriously out-of-step with the ethical concept of patient autonomy in health care (encompassing both informed consent and informed refusal), which has gained widespread acceptance in the medical community. And third, Resolution 205 distracts from other critical issues in maternity care to which healthcare professionals should be giving substantial attention, including increasing access to care, improving perinatal outcomes, reducing health disparities and fostering client satisfaction. AMA Resolution 205 is anti-homebirth, anti-midwife, anti-choice and is unsupported by scientific evidence.

Why is the American Medical Association not asking the real questions instead of trying to debunk existing research evidence on the safety and efficacy of homebirth and attempting to corner the market on maternity care? For example, why are midwife-attended births far more likely to have fewer interventions, fewer postpartum infections, more successful breastfeeding rates, healthy infant weight gain and result in more satisfied, empowered mothers ready to embrace their newborns and parenting experiences? Why are so many women across the nation

left emotionally traumatized by their childbirth experiences in hospitals and consequently why do rates of postpartum depression, anxiety and post-traumatic stress continue to escalate?

It is ironic that the AMA should have a quarrel with a known safe birth option such as homebirth at the same time when the epidemic rise in coerced or elective cesarean sections puts healthy mothers and infants at greater risk than normal vaginal birth and causes excess strain on the limited resources of our healthcare system. The rate of cesarean sections in the United States is unacceptable—one in three pregnancies end in major abdominal surgery—and the decline in availability of vaginal birth after cesarean (VBAC) is deplorable. It is unethical to expect that women and infants should continue to bear the brunt of increasing medical malpractice risks by over-treating them with obstetric technologies such as c-sections while denying them safe evidence-based options such as VBAC. It is past time that the AMA in collusion against homebirth with the American College of Obstetricians and Gynecologists (ACOG) realizes that women and their partners are choosing to labor and deliver at home and in freestanding birth centers to avoid ethically unsupported obstetric interventions.

Modern medical ethics have evolved to embrace autonomy—patient choices and patient rights—over medical recommendations based on paternalism or physician preference. In almost all areas of modern medicine, except obstetrics, the locus of control rests firmly with the client or patient and not with the medical provider. It is a commonly held principle that it is not appropriate to force medical treatment upon clients or patients against their will, including medications, blood transfusions, chemotherapy or even life-saving surgeries. Informed consent has appropriately become the gold standard in healthcare decision-making. Why then do the AMA and ACOG believe that they can promote legislative efforts to deny women choices in maternity care providers and childbirth settings? In the 21<sup>st</sup> century this concept is outdated and absurd.

The AMA and its members might consider using their considerable energy, intelligence and resources to focus on promoting the health and well-being of mothers and babies and devote less time to limiting women's access to midwifery services. All maternity care providers should band together to reduce the unacceptably high rates of maternal and infant mortality and morbidity in the United States, increase access to maternity care for all women, reduce unnecessary cesarean sections, encourage vaginal birth and VBACs for healthy women, reduce health disparities of women and infants in minority populations, and promote increased breastfeeding. These challenging but attainable goals would improve the health of mothers and babies far more impressively than reducing the rates of homebirth.

The Midwives Alliance joins the other individuals and organizations, including individual AMA and ACOG members, who have grave concerns about the AMA taking the stand articulated in Resolution 205, and calls for the AMA to abandon this resolution. Midwives everywhere honor and respect the numerous friendly physicians with whom we already partner and look to the day when midwives and obstetricians will consistently work collaboratively to support women's choices in childbirth and provide the best possible and most appropriate range of services for every situation.

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