

Senate Health and Human Services Committee

Kyle Baker 271-2609

SB 62, relative to rulemaking of the midwifery council on the scope of practice.

Hearing Date: January 27, 2017

Time Opened: 2:55 p.m.

Time Closed: 3:20 p.m.

Members of the Committee Present: Senators Bradley, Avar, Gray, Fuller Clark and Hennessey

Members of the Committee Absent : None

Bill Analysis: This bill provides that the rules of the midwifery council on the scope of practice for midwives shall not prohibit a certified midwife from choosing to assist in a vaginal birth after a cesarean delivery.

Sponsors:

Sen. Avar

Sen. Bradley

Rep. P. Schmidt

Who supports the bill: Senator Kevin Avar, SD# 12; Adrian Feldhusen

Who opposes the bill: Sherry Stevens, NH Midwifery Council; Carolyn Drake, Northern New England Perinatal Quality Improvement Network; Kathryn Cranford, NH Midwifery Council; Kathryn Hartwell, Concord Birthing Center; Oge Young MD, NH Medical Society; Evelyn Aissa; Valerie Acres, NH Medical Society

Who is neutral on the bill:

Summary of testimony presented in support:

Senator Avar – Senate District 12

- This bill was introduced because of an issue we ran into in JLCAR.
- There is group of individuals who are currently disenfranchised when it comes to using midwives and we would like to stop it.
- This bill would prohibit rules being established that prevent a licensed midwife from assisting a patient in having a vaginal delivery after a cesarian delivery.

Adrian Feldhusen – Certified Midwife – Former chair of Midwifery Council

- The role of the council is regulatory and to set scope of practice.
- Dartmouth Hitchcock was a large player in the original VBAC laws. They tried to create a paradigm where would women would be safe.

- Current scope of practice states requirements for vaginal birth after a cesarian delivery
 - o Must be a length of time between the births
 - o Can only have one previous C-section
- No known morbidities and mortalities from vaginal deliveries after cesarian delivery in NH.
- Do not want to debate the current VBAC statutes but do not want to expand them.

Senator Avard – Currently women even while understanding the risks are denied the service?

Feldhusen – Yes

Summary of testimony presented in opposition:

Carolyn Drake – Lakes Region General Hospital, Obstetrician, Physician Representative on Midwifery Council

- Current guidelines were carefully crafted to find a middle ground between a patients right to choose their own care and the safety of all involved.
- This bill would undermine the current relationship between midwives and OBGYN physicians.
- Could place mothers and infants in unnecessary danger
- There are many states that have no relationship between midwives and hospital providers and that is a much more dangerous situation that we do not want to go back to.

Senator Hennessey – Can you give an overview of the risks of VBAC?

Drake – One of the risks is that the mother has had an incision in her uterus which has the possibility of rupture which can cause bleeding.

Kathyrn Cranford – Naturopath Doctor, Midwife – Chair of Midwifery Council

- Current VBAC laws were crafted in a situation where women would prefer to have a home birth where they would have no practitioner present rather than go in to the hospital and have another C-section.
- Current rules are safeguards to keep patients safe and keeps the midwife scope of practice in area that is safe for everyone.
- The council does not feel comfortable in expanding the scope of women getting VBAC.

Senator Fuller-Clark – So you and the council are opposed to this bill?

Cranford – Yes

Senator Hennessey – Since the current rule has been in place how often have

you found that women have gone off to have births on their own?

Cranford – Not too often.

Kathryn Hartwell – Concord Birth Center, Midwife

- Practicing in a state that has a scope of practice for midwives is a very important thing for the industry
- We are allowed to carry malpractice which means we can accept health insurance including Medicaid
- We do not want to go back to the days where the relationship between doctors and midwives was poor.

Dr. Oge Young – NH Medical Society, American college of OBGYN

- Opposed
- Shared a story about a woman who had a cesarian delivery previously and was attempting to have a vaginal delivery at this time. The patient ended up suffering a ruptured uterus. The patient survived and so did the baby due to a successful emergency cesarian section. The services and resources the hospital had on hand are credited as saving the patient's life and if that patient was at and out of hospital birthing center the outcome could have been much worse.
- The rules exist to provide the best outcomes for all patients.

Neutral Information Presented: None

Future Action: Inexpedient to Legislate

KRB

Date Hearing Report completed: January 27, 2017