Operating Principles of Midwifery

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I. Midwives' highest priority is to provide a higher level of safety to pregnant women than is currently available. This is done through a marriage of

a. "up to date" science.

b. one to one care,

c. competency

d. thorough knowledge of alternative health care and treatment modalities including but not limited to nutrition, chiropractic, acupuncture, homeopathy, and herbs.

e. thorough knowledge of the medical model of care.

II. Midwives might do more, less or something different than traditional physicians, but this would be done with a thorough knowledge of the medical standard of care in the community, and the alternative care would be done always in consideration of long term outcomes.

III. The "midwifery" and "medical models" of care are actually based on the same science, proven truths, operating principals, and are in fact a ladder of technology that is applied at the level most likely to produce the best patient results and the best long term outcomes for mother and infants.

IV. "The less intervention with nature the better" will improve outcomes in low risk mothers, but is the opposite is true with high risk patients or those with certain risk factors.

V. There is a gradient of risk factors defined to the best of our scientific knowledge where pregnant mothers fall actually into five categories:

Low Risk,

Moderate Risk,

Intermediate Risk,

High Risk, and

Identified multiple risk.

VI. Women with risk factors need access to alternative health care as well as the sophisticated diagnostics of the medical doctors. This document acknowledges that current technology for diagnosing enhances our clinical knowledge but does little to "cure" the problem. Pregnant women need the wisdom of both medical and midwifery approaches to give the best physical, emotional, and spiritual outcome. Therefore, integrated practices have the best hope of forwarding midwifery science into the future.

VII. There is no law or rule made by man, government, or God that disallows a woman to choose to procreate or not, her place of giving birth, or her care giver. These are fundamental human rights.

VIII. Likewise, it is the choice of every woman to seek or not seek care even if we think she should. But knowledge of risk and probable outcome is her right and responsibility. Should a pregnant woman seek midwifery or medical care, the availability of options,

providers of care, and places of birth is the right of every woman and the responsibility of midwives and physicians.

IX. The government has the responsibility to insure those choices exist because no one group has cornered the market on knowledge. The government cannot regulate the place of birth but only the actions of licensees.

X. No hospital, medical group, or insurance provider has the right to dictate choice of providers or place of birth. However, insurance providers have their own rules regarding who they will pay. The factual basis of these rules and their effects on pregnant women's choices need to be scrutinized.

XI. With these rights of pregnant women have come the right and responsibility to education and for informed consent.

XII. The childbearing public has the right to make decisions with which midwives or physicians disagree, but midwives and physicians can refuse to support or condone or back up those actions.

XIII. The rights to informed consent must include:

1) Knowledge and explanation of any procedure and why it is being done, in language that the woman understands.

2) the right to know and be informed of the benefits and risks of alternative procedures including doing NOTHING.

3) Without all three the pregnant woman patient cannot understand why the provider would suggest one treatment over another.

XIV. Midwifery patients have the:

1) **Right to physician back up**. If the midwife is unable to obtain medical back up it is the midwife's responsibility to oversee transport to an ER with an on call team and stay with the patient for continuity of care.

2) It is also the mother's right to produce her own back up physician.

XV. In order to insure the safety of her patient, all midwives need to work diligently on helping physicians with patient care, building respect for the doctor and basically integrating her knowledge and skills into established health care of her community. This makes the midwife a valuable addition to the team. The midwife has the right and responsibility (as does the physician) to give a second opinion.

XVI. No physician is responsible for care given by midwives or decisions the midwives make prior to transfer of care unless the physician ordered the midwife to do a procedure.

XVII. Physicians who receive laboring patients have the right to foreknowledge of the patient (ideally early) transfers, complete records, compete truth on what has transpired.

Mothers' birth experience, outcomes and comfort are greatly enhanced by the midwives continued presence as part of the team.

XVIII. Physicians have the right to refuse to support procedures with which they disagree, in or out of the hospital. Midwives have the same rights.

XIX. Physicians and midwives have the right and responsibility to make individual care plans and protocols for patients with risk factors who request special considerations for alternative birth including

1) request VBAC
2) other risk factors in which the patients seek alternative care
3) unusual or rare circumstances.

XX. Individual patient protocols demonstrate a well thought out plan of care including high level one to one care by the midwife who would then report to the physician in the previously described condition.

Women's' Health Care
Reproduction and Gynecology

I. Midwives have the right and responsibility to do well woman screening and gynecology, family planning, nutrition, breast screening and other issues related to reproductive and public health.

II. Midwives have a responsibility to follow up on basic tests and to make sure their patient is referred to a competent gynecologist or other physician specialist should there be a result requiring advanced care.

III. The midwife has the responsibility to make sure that patient was seen and further work ups and procedure completed to insure her patient's safety.

IV. Midwives may be utilized to improve the public safety as an important first step in public health screening or complicated work ups. Midwives have a broad outreach to the public a place in prevention programs. The midwives care is ideal for triaging the public into the correct physician specialist.

V. Public outreach screenings vary depending on how rural, isolated, or urban the midwives practices may be.