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SENATE JOINT RESOLUTION NO. 196

Offered January 26, 1998

Establishing a joint subcommittee to study the regulation of and laws relating to midwifery.

Patrons—Edwards, Bolling, Hawkins, Howell, Lambert, Marye, Miller, Y.B., Mims, Quayle, Reynolds, Trumbo and Williams; Delegates: Blevins, Darner, Davis, Dillard, Grayson, Harris, Hull, Ingram, Jones, J.C., Jones, S.C., Katzen, Kilgore, Landes, Moran, Nixon, Phillips, Puller, Spruill, Stump and Ware

Referred to the Committee on Rules

WHEREAS, prior to January 1, 1977, individuals could be registered to practice midwifery with the Virginia Department of Health; and

WHEREAS, since 1977, although a few individuals registered under the old law still may practice in Virginia, the practice of midwifery has been restricted to nurse practitioners who are regulated jointly by the Boards of Nursing and Medicine; and

WHEREAS, some of the people of this Commonwealth want access to the services of lay midwives who go into the home to deliver babies, or who practice in birthing centers; and

WHEREAS, these individuals believe that pregnancy and birth are normal life events; and

WHEREAS, these advocates believe that the best care during pregnancy would include minimizing technological interventions, providing the woman with education, counseling, and prenatal care, monitoring the physical, psychological, and social well-being of the woman throughout the pregnancy, and identifying the need and referring the woman, in appropriate circumstances, for obstetrical care; and

WHEREAS, lay midwives have long been the practitioners who serve on the frontline of care throughout the world; and

WHEREAS, these lay midwives, although not medically trained, have a long history of successful and safe care for mothers and babies; and

WHEREAS, midwives are said to deliver over 70 percent of babies born in Denmark, Sweden, Norway, and Finland, and these countries have lower infant and maternal mortality rates than the United States; and

WHEREAS, the World Health Organization (WHO) notes that, outside the United States, the preferred site for births is either in the home or in a birthing center, and supports the training and implementation of midwifery; and

WHEREAS, direct-entry midwives, who are not nurses, provide a low cost, viable, and effective alternative to hospital delivery of babies; and

WHEREAS, currently, only four percent of babies in the United States are delivered by direct-entry midwives; and

WHEREAS, the safety of direct-entry midwifery continues to be questioned but, across the world, access to professional midwifery is common, with physician-attended hospital births having no determinative evidence to support a higher degree of safety for women with normal pregnancies; and

WHEREAS, proponents of direct-entry midwifery aver that many billions of dollars could be saved by deinstitutionalizing birthing services; and

WHEREAS, in recent years, states across the nation have taken a variety of actions on the practice of midwifery, with some allowing direct-entry midwifery while others have prohibited this practice; and

WHEREAS, in this age of continuously rising health care costs and consumer desire for alternatives to traditional health care, authorization of direct-entry midwifery may save billions of dollars; now, therefore be it,

RESOLVED by the Senate of Virginia, the House of Delegates concurring, That there be established a joint subcommittee to study the regulation of and laws relating to midwifery. The joint subcommittee shall be composed of nine members, which shall include eight legislative members and one ex officio member as follows: four members of the Senate, to be appointed by the Senate Committee on Privileges and Elections, and four members of the House of Delegates, to be appointed by the Speaker of the House. The Commissioner of Health shall serve as an ex officio, with voting rights.

The joint subcommittee shall consider: (i) the differences between midwives who are certified nurse midwives and the registered midwives practicing in Virginia; (ii) the proper education needed to deliver babies with safety and efficiency; (iii) A comparison of the costs of the obstetrical services provided in hospitals and the costs of direct-entry midwives; (iv) a comparison of birth outcomes as related to the health status of the mother and time of seeking prenatal care; and (iv) the provisions of other states' laws.

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60 In its deliberations, the joint subcommittee shall receive data from the American College of
61 Obstetricians and Gynecologists, the American College of Nurse Midwives, the American Nursing
62 Association, the Midwives Alliance of North America, the International Association of Parents and
63 Professionals to Promote Safe Alternatives to Childbirth, the North American Registry of Midwives, the
64 Department of Health Professions, the Director of the Department of Health Professions, and the medical
65 schools located in the Commonwealth.

66 The costs of this study shall not exceed \$ 4,800.

67 The Division of Legislative Services shall provide staff support for the study. All agencies of the
68 Commonwealth shall provide assistance to the joint subcommittee, upon request.

69 The joint subcommittee shall complete its work in time to submit its findings and recommendations
70 to the Governor and the 1999 Session of the General Assembly as provided in the procedures of the
71 Division of Legislative Automated Systems for the processing of legislative documents.

72 Implementation of this resolution is subject to subsequent approval and certification by the Joint
73 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the
74 study.