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MEDIA ALERT

5 Years in: Midwife-attended Home Births Double **June marked 5 years of legal Certified Professional Midwives in Missouri**

In June 2008, Missouri's state Supreme Court announced a rulingⁱ that decriminalized Certified Professional Midwives in the state, bringing an end to the previous status as felons.

According to statistics just released by the Department of Healthⁱⁱ, while the state's birth rate has dropped 8% since 2007, out-of-hospital birth has increased by 68%, with births attended by Certified Professional Midwives doubling between 2010 and 2012.

1,420 out-of-hospital births were recorded in Missouri in 2012, with more than 1,000 of those births attended by midwives. The state began directly tracking births attended by Certified Professional Midwives in 2010. Home birth has never been criminalized in Missouri: midwives, however, were banned from practicing professionally prior to 2008, leaving some families pressured into unattended birth.

Sarah Greek, Legislative Chair for Friends of Missouri Midwives, supports the new law -

"Our new midwifery law has served women and families well. Every Missouri woman should be free to make a smart, empowered choice about her healthcare provider.

The outcomes of midwife-attended home birth are as good as, and sometimes better than, physician-attended hospital birth.ⁱⁱⁱ I look forward to the day when we have at least one Certified Professional Midwife in every rural county."

Mary Walsh, Certified Professional Midwife, of the Missouri Midwives Association, reflects on the way life has changed since 2008 –

"The new law has changed things radically for families and their midwives. It creates transparency and accountability for the midwives, as well as fostering relationships between doctors and midwives, enabling them to work together for the best outcomes for their patients. The new law helps parents who choose home birth by making immediate access to appropriate care the norm. And it facilitates easy interaction with the state when it comes to filing birth certificates and complying with state mandated screenings."

Summer Thorp-Lancaster of Rolla was pregnant in 2008 when the state Supreme Court decriminalized midwives.

“Planning a home birth in 2008 before the law changed, I felt scared about my home birth plans. I couldn't tell anyone about my midwife and didn't talk about my birth too much. I told my children not to talk about it, and to use a fake name for my midwife if they did.

After the law changed, I was able to hire a Certified Professional Midwife, and finally felt excited about my birth plan! My midwife was thorough and professional while at the same time personal and compassionate. She helped me through a threatened miscarriage and challenging birth - with a triumphant outcome! The best part was that I didn't have to hide my plans. I know there are safer outcomes for mamas and babies now that we don't have to hide.”

Dr. Elizabeth Allemann, a family physician from Columbia, commented on the way Missouri’s new law has impacted doctor-midwife collaboration:

“Over my 20 years in practice, I have often consulted with families who are planning a home birth with a midwife. Legal home birth midwives means that we can all be open and honest about what has happened and why, and what the plans are in the future. I can't tell you how much more comfortable, complete, and safe the care I provide is now, compared with the past, when families felt the pressure to protect their midwife. Now I have the chart, and the midwife often calls before or accompanies the family to the visit. Open is better.”

Debbie Smithey, also a Certified Professional Midwife, comments on future trends -

“I believe the number of home births will continue to rise as home birth becomes more and more popular. Women educated about their options claim an empowered role as the best decision makers for themselves and their babies.

Women want to give birth in the way they choose and where they feel the safest. For more and more women, that place is home.”

Reasons for choosing home birth vary but include a desire for personalized care, family-centered services, and natural labor.

Certified Professional Midwives are health care professionals who specialize in low-risk birth, and the only providers trained specifically for out-of-hospital (home or birth center) birth.

All midwives are trained in comprehensive prenatal care, labor, birth, and newborn care. They are also trained to recognize and to prevent complications and to help a family access more specialized medical care when needed, even in an emergency.

Since 2008, there has also been a renewed public interest in midwife-staffed birth centers in Missouri, but excessive regulations from the Department of Health have prevented any centers from receiving a license.

The Midwifery Model of Care^{iv} is based on the idea that pregnancy and birth are normal life processes and includes an emphasis on education, hands-on support, and minimized technological interventions. According to the Midwives Alliance of North America^v, the application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.

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ⁱ Missouri State Medical Association, et al., Respondents v. State of Missouri and Missouri Midwives Association, et al., Case Number: SC88783, June 24, 2008

ⁱⁱ Source: Missouri Department of Health and Senior Services, June 21, 2013

**Trends in Attendant Type for Out-of-Hospital Live Births
Missouri Residents 2007-2012 (Provisional)**

	2007	2008	2009	2010	2011	2012*
CNMs	109	116	112	170	214	197
CPMs	NA	NA	NA	187	276	384
Other Midwives	178	203	382	239	304	446
Other	558	543	475	470	408	393
Total OOH	845	862	969	1,066	1,202	1,420
Missouri Total	81,883	80,944	78,849	76,718	76,069	75,400

*2012 counts are provisional as of June 20, 2013.

NA: CPM deliveries could not be identified in the DHSS birth database prior to 2010.

ⁱⁱⁱ British Medical Journal, "Outcomes of planned home births with certified professional midwives: large prospective study in North America" (2005), *BMJ* 2005;330:1416 www.bmj.com/content/330/7505/1416?ehom

^{iv} <http://cfmidwifery.org/mmoc/define.aspx>

^v <http://www.mana.org/about-midwives/midwifery-model>