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2007 SENATE HUMAN SERVICES

SB 2377

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2377

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-07-07

Recorder Job Number: 3019, 3068

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee, Chairman, opened the hearing on SB 2377 relating to obstetrical services provided by laypeople; relating to duties of professionals attending births; and to provide a penalty.

Vice Chairman Senator Erbele recognized Senator J. Lee.

Senator J. Lee introduced SB 2377. The reason for this being introduced is a concern, shared by many, about untrained people who are putting themselves out to be midwives. This doesn't mean that somebody can't choose to make a home birth delivery but it does mean that people who call themselves midwives need to be trained professionally.

Senator Erbele asked for any questions. There were none.

Bruce Levi (ND Medical Association) stated that NDMA is the professional membership organization for physicians, residents, and medical students in ND. NDMA supports SB 2377. See attached testimony in favor of SB 2377 with a proposed amendment. (Attachment #1)

Senator Warner asked if midwifery is a stand alone practice in ND.

Mr. Levi answered that there are categories of individuals that are nurse midwives. He said there would be others who could talk about qualifications and participation better than he

could. What they are looking at are those individuals who do not have the education of the nurse midwife or otherwise licensed under the medical practice act or the nurses practice act.

Senator Warner asked if there are any midwives in the state who have hospital privileges.

Mr. Levi said there are about 6-7 nurse midwives in ND but he wasn't sure what, specifically, the privileges were.

Senator J. Lee responded that there is a nurse midwife who is attached to the Women's Clinic at Dakota Clinic in Fargo.

Dr. Ocejo (Pediatrician and Neonatologist) See attached testimony #2 in support of SB 2377. Additionally, he offered information that approximately 15% of first time mothers end up having to have a C-section. He addressed different types of situations that would require medical care. There is nothing worse than a surprise when a baby is thought to be normal and it is born and is not. He said he is not against the concept of home deliveries. It is a natural process, but it is knowing which mothers can deliver at home and which mothers cannot.

Duane Houdek (ND Board of Medial Examiners) explained that the board licenses and regulates the practice of medicine. His intention was just to support the amendment that was offered by the medical association. He added one point that there only exists within the physician practice act and the nurse practice act the ability to stop the practice of medicine or the practice of nursing by those who are not licensed to do so. The great benefit of this bill is that it clarifies exactly what it is they are talking about in this instance.

Senator Dever asked if we have any practice provisions for midwifery.

Mr. Houdek said there would be others better able to address that.

Senator Dever asked if this only applied to business relationships.

Mr. Houdek replied that was his understanding. There would be an exception for a family member who was not operating as a business. One other exception would be a Good Samaritan.

Wanda Rose (Vice President, ND Nurses Association) testified in support of SB 2377. (Attachment #3)

Senator Dever asked if a certified nurse midwife is a RN with a specialty.

Ms. Rose said they are master prepared and then they participate in specialized education for nurse midwife and they take a certifying exam to determine their competency.

Senator Warner asked if those are stand alone practices and only make referrals to doctors if they believe they are necessary.

Ms. Rose couldn't answer in detail. She did say that five in ND practice within a clinic setting. (Meter 19:30)

Dr. Connie Kalanek (Executive Director of the ND Board of Nursing) testified in support of SB 2377 and the proposed amendment. She spoke to some of the questions that were asked earlier. The NDBON licenses and registers approximately 17,000 nurses and unlicensed assisted persons in the state. The board has currently licensed seven certified nurse midwives. Five practice in ND, one in MT, and one in MN. (Meter 20:50) They all practice with collaborative physicians. None of them do home deliveries. Their scopes of practice are very clear. (Meter 21:25)

Senator J. Lee asked, if one of the patients of one of the current nurse midwives wished to deliver at home, would it be possible.

Dr. Kalanek replied said there are two things that go into play here. First, the scope of practice is approved by the board of nursing and none of the individuals are approved to do home births. She didn't think it would be approved through the clinic or hospital either. (Meter 22:00)

There was no neutral testimony.

Senator J. Lee asked for testimony in opposition to SB 2377.

Becky Olsen testified on behalf of herself. (Attachment #4) She also responded to comments by Dr. Ocejo dealing with ultrasounds and vitamin k injections. (Meter 28:30)

Senator Heckaman asked Ms. Olsen how she handled the liability issue with the midwife. Was there a contract?

Ms. Olsen said she didn't necessarily know if she was covered for liability.

Senator Warner asked about the cost of midwifery.

Ms. Olsen said that the cost for her midwife was not based on income or anything. An actual fee wasn't charged for the birth. It was whatever they could pay, typically, about $1500. Her prenatal visits were on the average $50/hr.

Senator J. Lee asked if there was any insurance reimbursement for the care she received.

Ms. Olsen replied there was not.

Senator J. Lee asked what kind of training the midwife had who assisted her.

Ms. Olsen replied that the lay midwife who assisted her trained with other experienced midwives.

Senator J. Lee asked if she knew if her midwife had any medical training.

Ms. Olsen said, no, she wasn't licensed in any way.

Senator Dever asked Ms. Olsen how she heard about this hearing.

Ms. Olsen said her midwife called her.

John V. Emtor (citizen) testified in opposition to SB 2377 because he felt it takes away a person's freedom.

Dr. Blaine Olsen testified on behalf of himself in opposition to SB 2377. His wife Becky testified earlier and he wanted to add to her testimony. He said they had interviewed people

who had only home births as well as others who had both hospital and home births. No one told them they wouldn't do a home birth again. They sat down with the midwives and were impressed with their thoroughness and their knowledge and, when the process was all said and done, with their skills and their extreme caring. He wasn't speaking against the medical community. (Meter 29:57) They did see doctors who told them that if they alternated prenatal appointments with them and the midwife and no risks were seen throughout the process, there was no reason they couldn't have their children at home.

His reason for speaking is to just have the right and freedom of choice. He didn't feel it was right to make this illegal. He said he was more for the lay midwives to do simpler training or do continuing education hours.

Senator J. Lee said that when he talks about continuing education, continuing means they are educated in the first place.

Mr. Olsen said the nurses that are certified to do it aren't doing it. Those people could do it, if they were granted permission to do it. He gave examples of nurses who wanted to become midwives through a hospital setting and were turned down. (Meter 44:45)

Senator J. Lee talked about the safety of home births in rural areas without medical backup. She stated that this is less of an issue of home births than the training of those attending the births. A discussion on training continued. (Meter 46:20)

Cathy Karges testified on her own behalf in opposition to SB 2377. (Attachment #5 includes The Mehl Study)

Senator Warner referred to the study she read from and asked if the training was medical.

Ms. Karges said no. The defense is that, if someone wants to become a midwife and has to go to nurses training and then midwife training just to be a midwife, there should be a clause for just midwife training. They don't have to have the whole nurses training. She requested

that if this should pass, an amendment should be made to provide midwife training that would be legal in ND and they can do home births without being outlawed.

(Meter 59:55) The discussion continued on a midwife not having a medical background.

Berniece Thomas testified on behalf of herself in opposition to SB 2377. She emphasized that no one chooses a home birth the day before or the month before. Everyone she has been in contact with gives serious consideration to and prayer and study before deciding to do it.

The women who choose to do home birth are not normally in the high risk category.

She personally had 3 hospital births and 4 home births. She chose the home births because the hospital births were not pleasant.

Senator J. Lee stated her concern about this is that unanticipated things can take place during delivery for which there are no signs during a normal pregnancy. The right of the child needs to be considered, as well. The issue is health and safety. (Meter 68:46)

Senator Dever gave an example of a hospital birth with complications and asked how to insure the safety of the infant when there might be complications when not in a hospital environment.

Ms. Thomas didn't know the answer but said those that have home births take every consideration, have back up plans, and pray.

There was discussion on how many midwives are in ND. Since they are not licensed, there is no way of knowing.

Lisa Geiger, a mother of ten children and a registered nurse, testified in opposition to SB 2377. She had her last four children at home. Part of her decision to have home births was working in the hospital and seeing some of the unnatural things that did occur. She emphasized that she is not opposed to hospital births. She wants the option to make the choice. She gave personal examples of problems she had with hospital births and that those problems didn't occur with her home births. She addressed benefits of home births and said that women like

her want home births for different reasons such as religious, philosophical, and economic reason.

Senator Dever said she mentioned that they should be trained and asked if there should be some kind of training required for midwives.

Ms. Geiger said she can't believe someone would have a midwife who hadn't done some of her own training. She said she wasn't referring to a formal process. (Meter 82:47)

Karen Hanson (Bismarck) spoke in opposition to SB 2377. (Meter 83:59) She made some observations that she felt hadn't been discussed. She said it is a danger to think that every area of our life has to be regulated to the point where nobody has a choice.

Senator J. Lee asked if the board of medical examiners and the board of nursing should slack off on some of the requirements for education because not every nurse and not every doctor practices in every area. (Meter 88:59)

Ms. Geiger said she sees that as what they are marketing themselves as, a trained professional within that institution that the medical insurances cover.

Senator J. Lee said she was talking about the training not the insurance. She continued to address the topic of a broad based education and her concerns that the people providing these services have the kind of training to make sure that the mom and the baby are going to have the best possible outcome. (Meter 89:42)

Ms. Geiger asked how you know you are getting quality involvement even if it is in the medical community. (Meter 95:10)

Senator Erbele asked about the tools of the trade. What does the midwife bring to the birthing room?

Ms. Geiger responded that they very well prepared.

Senator J. Lee asked how the blood and urine testing is done in the home.

Ms. Geiger said the midwife she had pretty detailed dip sticks.

Conrad Suechting (Bismarck) testified in opposition to SB 2377. He and his wife are the parents of five, two were home births. He wanted to address two points. First, he feels this bill, as it is currently worded, is the law of intended consequences. (Meter 101:45) Secondly, he addressed education and training. This country was founded and survived for many decades under an apprenticeship approach. These midwife assistants are not untrained people. They don't hold themselves out to be professionals in the sense of a registered nurse. (Meter 104:00)

Senator J. Lee asked if a pregnant woman signs a waiver of liability so, if something does go wrong, she doesn't sue the midwife.

Mr. Suechting replied that most home births are done by those people who are willing to take personal responsibility.

Senator Warner said he wasn't clear about the distinction between scope of practice and palliative care. He asked Dr. Kalanek what constitutes scope of practice where it is clearly medical and what is palliative care which is comfort and support care.

Dr. Kalanek (Meter 108:00) said the nurses use those techniques to assist the physicians in birthing the children. The physicians are always available for the actual delivery. If there are any complications, of course, they are available for immediate contact.

(Meter 109:15) There was a discussion on a stand alone midwife practice for a licensed nurse midwife. Certified nurse midwives are licensed independently by the board of nursing. The board at this point probably would not approve a practice that would be providing home births. There are free standing birthing centers that are connected so there are always emergency services available.

The hearing on SB 2377 was closed.

Job #3068

Senator J. Lee reconvened the Senate Human Services Committee and opened SB 2377 for discussion. She reported that she did request information from Joy Wilson at NCSL and she received a couple of links for information about credentialing and state law regulations for the committee to look at. (Attachment #6)

Senator Heckaman said there are some things she liked about the testimony. Maybe there is some way they can do more with education or certification.

(Meter 1:45) There was discussion about how the midwives felt about education. No midwives testified so their feelings were not known. They also talked about the way a midwife is located by a family who wants a home birth.

Senator J. Lee said they are actually practicing medicine without a license because they are doing lab work, administering oxygen, doing stitches, using various devices and equipment involved with the evaluations.

(Meter 4:40) The committee discussed scope of practice and tools of the trade.

(Meter 6:15) This bill came about after triplets were born at home with a midwife assisting. They didn't know it was going to be a multiple birth. Two of the babies were healthier than one would have anticipated in that situation, but the third one was not. They called 911 and it was the EMT that kept the child alive until they got to the hospital. It was the medical professional's point of view that the person attending this birth was not medically astute.

The committee discussed where midwives get their supplies.

Birth certificates were discussed. Who signs them?

Senator J. Lee noted to the committee that this was the first time in 20 years that all of the professional organizations that were at the hearing all testified on the same side of the bill.

Senator Dever said there was reference that there was already means within both the nurse practice acts and doctor practice acts on this issue set forth by the medical profession of stopping this. He said it would be interesting to see what in this bill would fill in gaps between the other two acts.

Senator Dever asked how an experience would be different if it was done in a hospital with a nurse midwife verses at home with a midwife or different between a nurse midwife and a doctor.

There was some discussion and examples given.

Senator Dever said he would feel more comfortable voting on this if they had a better definition of the problem.

Senator J. Lee asked who they would like to come in to answer questions.

Senator Dever wondered if information goes through vital statistics. Somebody has to sign the birth certificate and register the birth with the state. Is there reporting done on the outcomes of those?

Senator Heckaman said she would like to turn this around and do something positive in this area instead of penalizing people who can't bring it forward like another state.

Senator Erbele said the whole medical community would fight that. The issue always does come back the point they made about the natural process verses or in conjunction with personal responsibility and personal choice.

The committee discussed having Bruce Levi, medical association, Connie Kalanek, board of nursing, and Duane Houdek, board of medical examiners, to help them answer question.

The committee was interested in looking at how other states do this and maybe doing a study resolution.

There was a question about why the prenatal visits were billed but the obstetrical service wasn't. Discussion followed. Are they able to bill for it? Some people would be paying double if they were having regular every other prenatal visits with a physician. Insurance would cover the physician if they had insurance. They have to pay out of pocket for the midwife.

The committee agreed that the practice of what is happening is not going to change so they might as well figure out a way to make it better to help them.

Senator J. Lee closed the discussion on SB 2377.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2377

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 2-13-07

Recorder Job Number: 3444

Committee Clerk Signature	Mary K Monson

Minutes:

Senator J. Lee, Chairman, opened for discussion SB 2377 dealing with lay midwives.

She reported that she had an amendment drafted to convert this to a study. (Attachment #7)

She said that they had to address the fact that home births are an option some people want to have.

She asked Mr. Peske if he would share a few comments with the committee.

Mr. Peske (ND Medical Association) at the invitation of Chairman J. Lee visited with the Hospital Association, the Board of Medical Examiners, Board of Nursing, and the Nurses Association, to discuss this. The issue of a study resolution was acceptable to all parties (Meter 2:45).

(Meter 4:00) He talked about different options if no conclusion is reached after sending it to the House.

They had concerns like the committee did. They've heard that these uncertified people bring all sorts of equipment to the home. Newborns need vitamin K and they don't know if that is happening. There is a statute in law requiring an ointment be applied to the eyes of newborns. Those are things that aren't being addressed right now.

Senator Heckaman asked what the main reason was that certified nurse midwives in the hospitals aren't allowed to go into the homes.

Mr. Peske didn't have an answer.

Senator J. Lee said one recommendation about the amendment was to put "must study". This would bring it back to a conference committee.

Senator Warner moved the amendment as changed to say "shall study".

Senator Heckaman seconded the motion.

Roll call vote 6-0-0. Amendment accepted.

Senator Dever moved a Do Pass as amended on SB 2377.

Senator Heckaman seconded the motion.

Roll call vote 6-0-0. Motion carried. Carrier is Senator Heckaman.

Attachment # 7

70855.0101
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
February 12, 2007

PROPOSED AMENDMENTS TO SENATE BILL NO. 2377

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative council study of the provision of obstetrical services by laypeople.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE COUNCIL STUDY - OBSTETRICAL SERVICES BY LAYPEOPLE. The legislative council shall consider studying, during the 2007-08 interim, the law relating to the provision of obstetrical services by laypeople, including whether current law regulating the practice of medicine and the practice of nursing adequately addresses the obstetrical services provided by lay midwives."

Renumber accordingly

Date: 2-13-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2377

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken amendment to include "shall study"

Motion Made By Sen. Warner Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment ______

If the vote is on an amendment, briefly indicate intent:

Date: 2-13-07

Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2377

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70855.0102 Title .0200

Action Taken Do Pass as amended.

Motion Made By Sen. Dever Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2377: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2377 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative council study of the provision of obstetrical services by laypeople.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE COUNCIL STUDY - OBSTETRICAL SERVICES BY LAYPEOPLE. The legislative council shall study, during the 2007-08 interim, the law relating to the provision of obstetrical services by laypeople, including whether current law regulating the practice of medicine and the practice of nursing adequately addresses the obstetrical services provided by lay midwives."

Renumber accordingly

2007 HOUSE HUMAN SERVICES

SB 2377

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2377

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 12, 2007

Recorder Job Number: 4859

Committee Clerk Signature	Judy Schock

Minutes:

Rep. Price: *We will call the meeting to order and the clerk will take the roll. Everyone is present. We will open the hearing on SB 2377.*

Sen. Joan Heckaman: District 23, New Rockford. I was a co sponsor of the original bill 2377. My intent of co sponsor was to help with education and regulation and service in our state. When this bill came to our committee I found out I could not support it as is. Because it also referred to the penalty phase. In our committee we heard testimony relating to the work of midwives in our state. In our rural areas I believe we do have a place. Our women in our district are anywhere from 40-50 miles from hospital services. I still believe this will continue being an important part of our state. I think that anything we do to assist midwives with continuing their education is important to me. So as a result we changed this bill into a study. I believe that gathering information to help midwives would be very helpful and impact them very well. I ask for your support with this study.

Sen. Karen Krebsbach: *I come today before you as the sponsor of the bill that you are in the process of hearing. I know this bill caused great controversy among a lot of people. The bill has changed drastically since when it was introduced to the Senate side. I do support the study that you have before you out of concern for public safety. I have heard conversation for*

those who oppose the original bill and perhaps some will still oppose this study. I do believe that any time you can have a review of the situation, it's very important that it be done. I think that much has been said about this bill. It was introduced because of the great concern which you will hear about. That is the reason you have it before you. I have heard from some people that they are surprised and amazed that we did not pass some type of registration for midwives. I'm just here to tell you that I support the study. I think it will bring to light what is necessary to address the situation at hand. With that I thank you.

Bruce Levi: North Dakota Medical Association. Testimony attached.

Becky Olsen: Testimony attached.

Rep. Weisz: If I understand correctly, you want the study to be regulated or not?

Becky Olsen: A lot of us have questions on the intent of this study given the facts that the bill was written the way it was originally. We are unsure about the biased situations like who is selected. There is a lot of uncertainty there. From what I've heard previously it sounds like something that we would all hopeful for. There are some unanswered questions. If someone could be chosen that knows something about midwifery, I think a lot of us would feel a lot more at ease.

Rep. Price: I received an email early on in the process. She recommended that we look at the Minnesota law. Her comment that was if safety was your concern, to create a law that requires midwives to have passed the North American registry of midwife exams. Because it would then be a certified midwife. Are you familiar with the law?

Becky Olsen: As far as I know being certified involves a process of taking a test, passing it, and be certified. Beyond that I'm not too aware of as far as if there is any regulation included with the certification.

Rep. Price: Do you have any idea how many practicing midwives we have in the state? Do they have a foundation, a support group, etc?

Becky Olsen: No. As far as I know, I know of 1. I did have 2 midwives for my first birth. One of them moved away. Other than that I just know of one. There are some in Minnesota that come to ND and do births.

Rep. Conrad: You're not opposed to some kind of registry or regulation, are you?

Becky Olsen: No. I'm not opposed to that at all. I think it would be a good thing for ND.

Mark Dagley: Testimony attached.

Lisa Geiger: *I am a mother of 10 children, six of which I had at hospitals and the last four which I had at home with a lay midwife. Or just my husband and children because the midwife couldn't make it. I'm also a registered nurse. I have seen both sides very vividly. When I was in nursing I had been exposed to home birth, always with a negative. I understand the biased or fear that we have of home birth. As a professional I was very skeptical myself. After I had done some research I was going to do a home birth. I talked to my OB and he very much discouraged me from it because I have bleeding tendencies after my births. With my 7th child I had a wonderful experience. As we talk about the study, the way it is conducted and the input that it has gotten will affect the study dramatically. To have seen both sides of this, I see that the focus of the hospital birth is a medical focus. The focus of the home birth is that it is more of a natural process. When I went to college, in my nurses training, that was the first thing we were taught. Birth is a natural process. However, for me and my experiences personally, as well as what I have seen, it is treated as more of a medical process. When I went in, I was induced for three of my pregnancies only because my doctor said that the babies are going to get too big and he didn't want me to have any problems. You feel pressured because you want for your baby and yourself. He says that I have bleeding tendencies. I just think it's really*

important that the study is done to realize that pregnancy is not a medical condition. It can sometimes turn into a medical condition. I thank god that we have trained physicians, hospitals, and staff that are there for those situations or for those people who don't educate themselves, feel comfortable, or are at high risk for some other reason that we do have hospitals. I just want to compare and contrast a little bit of hospital view and the home birth view. First of all in the hospital many times there are inductions. Usually it is with breaking water. After that we have more difficulty because the water can only be broken for 24 hours, then you have to have a C-section. At home you just wait for that birth to occur. The midwife does not use any medication for induction. She does not use pain medication. She just waits. It is a matter of time. In the hospital I had IV's because of my problems with bleeding. At home I just drink what I usually drink and eat what I usually eat. That was one thing that was hard for me in the hospital was feeling like I was a patient and not a mother having a baby. The other issue for me and my husband was the loss of control that you are under someone else's authority. I appreciate my husband being able to see what my needs are and make a decision without the fear of someone turning him in for child neglect. I had a situation where I was also miscarrying. I'm not bashing physicians but I do think it is important that we have choices. I had already had a procedure for a second miscarriage. The risk of infection is far higher in hospitals just because you are exposed to all the different germs. You have nurses that are coming in from one patient to another patient. They do wash their hands and wear gloves. There is still a risk. At home it is your own natural beings. The risk of infection is almost non existent. For me it was separation of my other children. I have 5 teenage daughters. I have taken my daughters through the anatomy of the human body. The physiology through a birth. It has given them hopefully everything they have wanted to know about their own bodies some day. It is a wonderful experience to teach your children that birth is very spiritual. Most women

that come in are so scared. It doesn't have to be that way. God made our bodies in a way to deliver these babies. The study that I showed you, there were 12% of the home births that were transferred to the hospital. For me, having my children there was a real blessing. Then you have a time schedule to follow. OB's have people in the clinic, surgeries, people in labor. It is tough. When my midwife comes she is there for the duration of my labor no matter how long. Another thing that is great about this is when you go to the hospital your doctor may not be the one on call. The nurses you see, you may not have seen in your life. You don't know the lab technicians which can be fearful which in turn can increase the complications of labor. As women you need to relax so your cervix can open. The cost of it all. Who knows what the price of a home birth is. It so varied. I would say $1,500 on average. A hospital birth is $3,000 and a C-Section is at least $6,000. The cost is huge. Then you have the issues of all the interventions that occur that don't occur in a home birth. The study that I gave you was done strictly with direct entry to midwife. This was a 2000 study. They were all births that were planned at home. 12% of them did get transferred. Of that 3.7% of them ended up in a C-Section. Our current C-Section rate is 29%. The maternal and fertility rates were basically identical. Again, we are talking about low risk mothers who have a prime home birth, and low risk mothers who have a home birth. I feel it is a study with a very legitimate and accurate study. The escalating fee of the C-Section rates, the rural health saw that they should be 15% or less. Our C-Section rates have continued to increase in spite of that. In 2002, in the US, 26.1% of the US Women birth was Cesarean. 18% of women were primary C-Sections. In ND in 2004 there were 14.25% of primary C-Sections and 25.69% was our overall C-Section rate. There are risks of C-Sections. A woman is 3 times more likely to die from a C-Section than a vaginal birth. It doubles the risks of still born babies in subsequent pregnancies. They don't know why. A baby is twice as likely to end up in the NICU. That escalades the cost of the state.

I believe that the C-Section rate has been very influenced by the American College of OB/GYN's. In 1998 they gave a recommendation that encouraged vaginal births after C-Sections. In 1999 they reversed the position and discouraged them unless a physician, anesthesia, and personal were immediately available. That is almost impossible unless you are at a large center with someone there. In a Bismarck hospital you don't have someone 24 hours on staff. They are home and on call. But it might be a 10-15 minute drive. A study in 2004 stated that 75% of the births were successful. The statistics I had in 1999 in ND we had a 70% success rate of the vaginal births after C-Sections. 45% were attempted. In 2004 after they reversed their recommendation it dropped to a 16% attempted rate. The success rate dropped also. That is discouraging me because they have such an influence on what goes on in our society. When you have 75% of those who are successful, why not try it. In summary I just want to say that medicine is constantly changing. The design of the human body is not. From my personal experience my midwife works with my body. They don't use medication, forceps, or anything. They encourage and educate and support women to allow her body to function as it was designed to. It worked. It has been around for centuries. When the first American's first came over they brought their midwifes with them. It was something that we started then abandoned. It is not invasive, it is safe. It educates a new generation. It is very cost effective. It is time to bring this back into the American culture and let it bless families now as it has. In one last note, if we are going to have direction it is interesting to know that of all the countries in the world we are 28th on the line of having a maternal mortality rate. We aren't high like we should be. People do homebirth for religious, economical, and philosophical reasons. I implore you to help us keep it safe and legal. And also encourage people.

Rep. Weisz: Do you see a problem with the system and the way it is working in ND?

Lisa Geiger: I don't see a problem, but I do understand people who need to ensure that there

isn't a problem. Unfortunately there are midwives who deliver in hospitals. It doesn't necessarily mean that they are more competent or better trained than someone who delivers at home. The home environment is so unique.

Rep. Price: You have to pass the CPN's study?

Lisa Geiger: Yes it is a study strictly of CPN.

Rep. Price: Do you feel that we do need some sort of level so that someone who for the first time is going to go be a midwife, that they know the person has had some level of training?

Lisa Geiger: I think it is that person's responsibility to check around, just like I would with a physician. I didn't' just pick the first one out there. Some are competent, some are not. Some have great records and techniques.

Rep. Price: Since there is no registry, how do you find who is out there so if you wanted to do this, maybe you only got word of mouth from one person? You can't make a choice if you only know there is one. Wouldn't it be better to have some sort of a list to know what sort of training they have? You have your choices.

Lisa Geiger: There is truth to that. Just because someone has the education or the title does not mean that they are trained. Word of mouth is by far the best because you talk to people who have had that person in their home. They know that person. Typically when you go to a midwife you drill her. You want to know everything about her. You want to know what her stats are, what she brings with, what her procedures are, and those kinds of things.

Rep. Price: A first time mom may have no idea where to go with that? They have no idea.

Lisa Geiger: That may be a valid point. Maybe that would be a real benefit of this study. If indeed the study is done with the understanding of the incredible wealth of a midwife, whether she is trained by being there. When I came out of nursing school and I attended birth without having my own children, I wasn't trained. I wasn't the one totally in charge but sometimes you

are. Sometimes that baby is born. Until the doctor got there I was in charge of whatever happened. A title doesn't mean training but I do understand what you are saying. There hasn't been a problem in my eyes so I hate to think that we have to fix it when there is no problem. I like the idea of personal responsibility and people educating them and getting the facts. Most people that wouldn't be willing to do that wouldn't go through with it.

Julie Liffrig: *I live in rural Oliver County. I have 9 children and half of them have been birthed at home. Because we are fairly well known in our area, people are continuing to ask who the midwives were and so forth. The two midwives we had both left the state because the laws are not conducive to them. I understand your concerns. There are going to be a lot of people like ourselves that are going to birth at home, no matter what the law says or whatever. There are a lot of people who would like to have a midwife to have a choice. Right now that is not possible. I have had four calls from people in our neighborhood this year who have asked if I know of a midwife. I have to tell them that I don't' right now. It is an issue. I guess I just wanted to add that it would be good to have a lot of good input from people who have a legitimate good and bad birth experience. I think we can arrive at a conclusion. I think it would be good to have all the choices available. The choice of having a certified midwife, the choice of birthing on your own, or whatever you want. It would be good to have that choice of a midwife who is certified.*

Deb Eslinger: *I have had two home births and I am certainly working on my third. Some people think that home births are done for financial reasons; some people do it for philosophical reasons. I definitely do it because the belief I have in my heart for my safety for myself and my child. Going through a home birth you really have to prepare yourself a lot more than you do with a hospital birth. Months before you plan conception I am preparing the muscles needed and the knowledge needed on knowing what I am getting myself into. The*

first birth we had we worked with a lady who had a 30 year experience in the OB/GYN area. She physically retired and wanted to help people with midwifery. She didn't have a certification of a midwife but she was there to help us because she obviously had types of experiences. She has since moved because she wanted to go move forward with becoming a midwife but the laws in this state don't support the midwifes. It is shunned upon. When I was 7 months pregnant with my first child I felt kidney stones. The first thing that my husband and labor assistant advised me to go get it checked out. If there is a red light that comes up we will go seek help. I did go into the hospital and the only thing I had done was IV's to get fluid. While I was at the hospital I felt shunned upon because we weren't going through the prenatal visits with the OB/GYN. We were looked at poorly. When the doctor came in the morning it was a negative experience. I have safety concerns with myself in the hospital. Having all these different people coming in and all the noise, I wouldn't be able to birth there. My second birth was phenomenal. After that I was up an hour later making a pan of lasagna. It was just really relaxed. It fit my way of birthing. I really think the most important thing that we have to take into consideration is the freedom of choice. I would love to see both parties, medical field and midwife, come together and really make it better known and accepted. I think there are a lot of people that leave the state because they can't practice here. There are a lot of educated people making these choices. I think people associate home birthing as unsafe. The people that are doing it are very high trained and educated. They just don't go into it blindly. We prepare our bodies.

Holly Dickson: *How does a new mom find out about midwifery or that type of situation? I'm not from here. I have traveled around the world and have met many people. I love ND. My husband and I decided to move here to raise our family. It's a very safe environment for children. After being married for five years and never thinking we were going to have children,*

discovered that we were going to have a child. We had to make arrangements. I did the first thing most of you do when you discover you are going to have a child, you go to the hospital. I went and toured the few facilities where you deliver children. It scared me. I don't go to the hospital regularly. I haven't been there in 12-15 years. When I was at the hospital just for that brief amount of time, I was very intimidated. I was very scared. I don't know how people, unless they are familiar with that environment, can go in there and have a child. I backpedaled a little bit and talked to people at my church. I talked to other women who had small children on where to go and where to find someone. I figured maybe I could just block out the atmosphere. In order to find a physician you have to make an appointment. They charge a lot of money to do that. If you have to go to 5-6 physicians to take care of you, it's expensive. It's not something to be taken lightly. The people that I had talked to who had home births have delightful children who were very well mannered. They have that type of demeanor that was very positive. So I went further and I had arranged interviews with a person that was going to be delivering our child. Then I talked to a friend of mine who lives in the Netherlands. She said that everyone has babies at home. She couldn't believe that we went to the hospital without medical complications. That made sense to me. Delivering children isn't something that we just came up. We have been forever. I think we have gone through some complications. We are kind of at a crossroads now. Women are taking personal responsibility to deliver their children. If there is a medical problem, thank goodness we have the hospital and technology. That is something that we are very fortunate to have. If you aren't a high risk of pregnancy and take good care of yourself, there is no reason why you can't deliver at home. I have an 18 month old and a 2 month old and I can't imagine having a baby in that environment that I'm not comfortable with. You take personal responsibility.

Conrad Suechting: *My comment is a support for the study with some reservations. Because I'm not convinced that the possibilities here have been fully explored. Certification certainly is a good thing when you are looking at dealing with potentially life threatening situations. You want someone who has experience and has a lot. I feel that in the general sense of having some way to know that these midwifes have preformed and have experience is important. I think that in regards to that there are a couple things that must be understood or studied. One is that experience is as valuable as knowledge. In fact in this environment experience is far more beneficial than passing a test of some criteria that says they are making themselves here. We start out with an apprenticeship approach to learn it. I think that qualifications can be gained by experience as much as by education. I think that is an important thing. The second point is having a registry or certification doesn't give the consumer the opportunity to really understand that person. It was mentioned that you go into that appointment. The fact is that there is no way currently to understand the experience, the success rate, and the procedures that are generally used by that certified individual without personally interviewing them and understand. The next thing is the issue connecting this to the medical profession. Currently we have 5 children, 3 attended by midwives, 2 home births. If you choose to do a home birth, there is no access to medical technology. The midwife can't recommend things that are available. These are most all low risk births. None of that is really necessary. Should it be? It should be necessary to have access. That is not provided for because of the separation in this state. As you undertake this study you must be prepared to examine this issue that in the large extent our medical decisions today are driven by the insurance companies. What insurance companies see as the lowest risk for their dollars, now what is the best for the person involved. There have been questions of liability. The term personal responsibility has been used several times a day. All of the moms and dads who have chosen to have home births are very aware*

of the fact that they are making a very informative decision and taking full responsibility. That is not something insurance companies really understand. As you undertake this, there is an issue of if we create a registry, do we now have unintended liability issues. How do we provide for this alternative method way of providing for the comfort and choice?

Rep. Price: Is there any opposition testimony?

April Liftin: Testimony attached.

I myself have had 7 births, 5 at home. I have never gone early. I have carried one of my children overdue. He was born perfectly fine without complications.

Rep. Uglem: I support midwifery. I think we should have it. One thing that scares me is someone having a baby 60 miles from the nearest hospital. If things start going wrong, what happens? Do you have an opinion on that?

April Liftin: I was reading it on behalf of someone. I don't know how to answer that. I know of people who have had been that far away. They made a wise decision to be transported. The midwife is competent. She makes the decision on what is happening.

Dusty Johnson: Testimony attached.

Donna Henderson: *I am against this study. As we look around other states like Minnesota, Idaho, and California, it seems that there is a pattern. They do a study, and then come the registration, then the regulation. I know in some of the states that I have mentioned they put the regulations on where you live and where you are located. I proved them wrong all three times at that. I had my first 4 babies at the hospital. I had a lot of hemorrhaging. I had to be transferred to a hospital 2 hours away and got 9 units of blood and 3 units of plasma. I have complications. When we were pregnant with our last one we did our research. We felt that we could do a home birth. We talked to people. We found a midwife that we were pleased with. We took responsibility for our birth. If we believed we were patient and let the placenta come*

out on its own there would be no hemorrhage. We just waited. I had zero bleeding. I was saved. I believed the cost of my health was compromised in a hospital. I had a safer home birth than all my hospital birth. I had it over 40. The study scares me in that respect. If all those regulations are put into effect with registry and so forth, you are going to prevent some of us from having our choice on having our babies at home. We didn't go into it blindly. We did our research and took responsibility for that. We didn't take it off the doctor and put it on our midwife. We did it ourselves. She was there as a support person. She just helped me with everything that needs to be helped with like how and when to push. It floors me that I can kill my baby anytime but I can't have my baby at home.

Summer Joy Peterson: *I live south of New Leipzig. I want to give you a background. I'm not a typical home birth mom. I'm well educated. I'm a successful business owner. I'm a ranch wife. I want to appeal to you on an economic basis. Yes I'm a mom. I love my children. I'm a ranch wife. In this time in ND ranches are struggling. Not only have we just come off drought, we don't have family farms left. It's important that farmers and ranchers are able to have children, and as many as they want and not have to limit family size because of costs. Hospital births are too expensive for families want a lot of children. I have had a hospital birth and a home birth. My hospital birth resulted in an infection; it resulted in a disruption of family life, and 3-4 months of recovery. My home birth resulted in a very healthy boy; I was up 3 hours later. I worked the next day. I didn't have any complications, no infection. To me that is huge. My husband needs me. My family needs the income that I bring in. If we intend to keep ND a farming and ranching state. We need to have home birth allowed. I'm against the study because I think it would be unfair and that certain considerations would not be taken.*

Kaylon Faul: *My wife and I have four wonderful children all born at home. I will admit that I didn't know there was such a thing as home birth until my wife was pregnant with our first child.*

My parents were both born at home. We discussed it. We researched it and found a midwife. We talked to her, checked her out, and decided to go with her. We have had four positive births. I feel that this study would make it so we can't do that. As a parent I feel that is my choice and not someone else's. We live 30 miles out of town, on a farm. Our midwife checked the baby constantly. She checks the mom constantly. If there is any doubt in her mind we were going to go to the hospital right away.

Rep. Price: Is there any other testimony on SB 2377? If not we will close the hearing on SB 2377.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2377

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: March 19, 2007

Recorder Job Number: 5308

Committee Clerk Signature	Judy Schock

Minutes:

Vice Chair Pietsch: Take out SB 2377 for discussion and possible action.

Representative Hatlestad: After discussing this with my wife, the ladies in her group felt women should have an option. She and her group were rather adamant about that.

Representative Conrad: Do we want to have a study, or do we leave them on there own?

Representative Schneider: I spoke to the gentleman who spoke against, in opposition to the bill. I tend to agree with his comments. They seem to be pretty happy with things the way they are now, and to study it will only get further regulations. By studying it you are only endorsing the idea of putting any further restrictions on this.

Representative Damschen: I agree with Representative Schneider. I think there is some indication after the fact that those testified in favor were just relieved it was not what it started out to be. They seem to have reconsidered their feelings, and wouldn't care for the study. I think the study will end up in regulation. Child birth has been around as long or longer than medicine.

Representative Hofstad: The statistics out of the 379 births in 2005, we had 44 home births. That is a small number for us to get our nose in there and start regulating. I only problem I identified from the testimony was finding someone in that field.

Representative Uglem: I get the feeling everything is going alright for those that are doing it, but it is not a generally excepted practice, and a lot more could be doing it successfully, if there were regulations, and they felt confident. We would have to be careful, because I hear some states were regulated out of business, because it costs more to go to a midwife than go to the doctor.

Representative Potter: A question I had with it, after I thought about it, in some of their testimony that a problem they had was the midwives have left the state. I didn't understand if we don't have regulations, than what is it we are doing that makes them leaving the state?

Representative Weisz: The whole idea is practicing medicine with out a license. Depending on your interpretation there seems to be a grey area. The medical profession is very protective.

Representative Hatlestad: What I have heard from people about the concern of the study is the fact the medical community will shake the direction and they will be SOL. I don't know that.

Representative Conrad: I think the way the study is written, it is written from the medical nursing perspective, not from advancing the use of midwives. I think more people would use midwives if it was understood better.

Representative Damschen: I don't think a little regulation of the government fit in the same line. If we regulate it will it be over done?

Representative Hofstad moves a do not pass, seconded by **Representative Damschen.** The roll was taken with 9 yeas, 0 nays, and 3 absent. **Representative Conrad** will carry the bill to the floor.

Date: 3/9
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES SB 2377 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number ______

Action Taken Do not Pass

Motion Made By Rep. Hofstad Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad	✓	
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor		
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter					
Gerry Uglem	✓				
Robin Weisz	✓				

Total (Yes) 9 "Click here to type Yes Vote" No 0 "Click here to type No Vote"

Absent 3

Floor Assignment Rep. Conrad

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2377, as engrossed: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (9 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). Engrossed SB 2377 was placed on the Fourteenth order on the calendar.

2007 TESTIMONY

SB 2377

Attachment # 1

Testimony in Support of SB 2377
North Dakota Medical Association
February 7, 2007

Madam Chairman, Members of the Senate Human Services Committee, I'm Bruce Levi representing the North Dakota Medical Association. NDMA is the professional membership organization for physicians, residents and medical students.

NDMA supports SB 2377, as does the North Dakota Healthcare Association. We recognize that there are individuals in North Dakota who may prefer home birth and that there are unlicensed and unsupervised individuals who assist with home births. SB 2377 was introduced as a result of a hospital's internal quality assurance review process. That review of the circumstances surrounding a home birth and subsequent care of a newborn at the hospital concluded that the welfare and safety of the newborn and mother had been placed at an unnecessary level of risk.

The public should expect that an individual who holds themselves out as someone who can provide medical services, including obstetrical services, is competent and practices safely with a defined standard of care. SB 2377 would ensure that that expectation is fulfilled.

SB 2377 asks the Legislative Assembly to clarify the standards relating to the provision of obstetrical services, allowing only those individuals licensed and in compliance with current professional medical and nursing standards to provide obstetrical services.

According to Department of Health data, there are on average 39 home births per year in North Dakota:

2001-2005 ND RESIDENT BIRTHS BY BIRTHING FACILITY TYPE

	HOSPITAL BIRTHS	EN ROUTE BIRTHS	HOME BIRTHS	TOTAL
2001	7618	0	46	7664
2002	7718	2	35	7755
2003	7934	2	35	7971
2004	8140	1	35	8176
2005	8330	5	44	8379

The bill provides exceptions for persons who provide obstetrical services if the person is a family member and the services are not provided as part of a business arrangement, or if the person is a "good samaritan" under our current laws, or if the person is personnel of an emergency medical services operation.

Dr. Rafael Ocejo, a pediatrician and neonatologist here in Bismarck, will testify regarding the serious concern in the medical community regarding the safety of newborns in these assisted home births.

The purpose of this bill is to maximize potential health outcomes and safety for newborns and their mothers. On behalf of NDMA and North Dakota's physicians, I urge you to recommend a "Do Pass" on this bill with a minor amendment as attached.

Proposed Amendment to SB 2377
North Dakota Medical Association

Page 1, line 11, replace "or" with "and"

Renumber accordingly

Attachment #2

TESTIMONY IN SUPPORT OF
SENATE BILL NO. 2377
February 7, 2007

Presented by Rafael Ocejo, M.D., F.A.A.P.

I am a Pediatrician and a Neonatologist (specialist in the care of sick newborns) at a Bismarck Hospital and a member of the American Academy of Pediatrics and the Section of Neonatology of the same academy.

The birth of a baby is and will always continue to be one of the most gratifying experiences for parents, grandparents and health care providers. Although considered one of the most natural processes on earth, with the advances in technology we have learned that many things can go wrong during a pregnancy and delivery. We also have learned that there are limitations as to what we can do to help the fragile newborn and that results can vary from disaster to amazingly good outcomes, depending on where and how a baby is delivered.

In our own hospital, with all the technology we have available, we often refer mothers to deliver their babies in a more sophisticated medical center (i.e., Minneapolis/St. Paul or Rochester) if we know the infant will require an infrastructure we can not provide (i.e., pediatric cardiovascular or gastrointestinal surgeons, neurosurgeons, etc.)

We also know that multiple births are on the rise (twins and triplets) as a result of new fertility drugs and other sophisticated new technologies. This places many mothers and their babies at

significant risk of dying if not delivered in the appropriate setting.

Through our own hospital's internal process improvement, we learned about the delivery of premature triplets by a lay-midwife, with much concern as to what can continue occurring in our state and the lack of safety for our mothers and babies.

There are well-designed and clear standards for the care of pregnant mothers and their babies by the medical and nursing professions. There is little purpose in setting those high standards for safety and then allowing laypeople care for our fragile newborns at such an important time.

The new technical advances, particularly prenatal ultrasound, have allowed us to diagnose multiple births, malpresentations of babies, fetal cardiac, gastrointestinal and kidney anomalies that can be treated successfully if these babies are born in the best of circumstances.

The practice of nursing has established guidelines as to what is and what is not safe in the practice of midwifery.

For the safety of our mothers and babies in our state, I ask you to seriously consider SENATE BILL 2377 and vote in favor of protecting the high obstetrical and neonatal standards that we would like to continue maintaining in North Dakota.

This BILL is to protect those precious humans without a voice: our newborns!

Thank you.

Attachment #3

Senate Human Services Committee
February 7, 2007
SB 2377

Good morning Chairman Lee and members of the Senate Human Services Committee. My name is Wanda Rose, I am Vice-President of the North Dakota Nurses Association and am here this morning representing the association.

The North Dakota Nurses Association is a professional association for licensed registered nurses in North Dakota. The association supports SB 2377 which limits the provision of obstetrical services, except in the case of family members or emergency situations, to professional licensed providers.

Certified Nurse Midwives are licensed, registered nurses (RNs) who have graduated from an accredited* nurse-midwifery education program and have passed a national certification examination to receive the professional designation of Certified Nurse Midwife.

To my knowledge, there are currently only five practicing Certified Nurse Midwives in the state of North Dakota. According to a letter in the Fargo Forum on January 28, 2007 from the State Chairman for the American College of Nurse Midwives, Dr. Terry Burrell, not one of North Dakota's Certified Nurse Midwives participates in home births. Nationally, the American College of Nurse Midwives website reports that 10% of the births in the United States are attended by Certified Nurse Midwives with 96% occurring in hospitals.

Patient safety is a priority in the provision of all health care services. The North Dakota Nurses Association asks members of the committee for a do-pass recommendation on SB 2377.

Wanda Rose, Ph.D., RN
Vice-President, North Dakota Nurses Association
(701) 323-6274
ndna@prodigy.net

*American College of Nurse Midwives the division of Accredtiation

Attachment # 4

1

Madame Chair~~man~~ & members
Of the Senate ~~[illegible]~~ Committee
Human Services

Good morning! I am Becky Olsen here today to discuss Senate bill 2377. I came here with my husband, Dr Blaine Olsen. Blaine + I were both born + raised right here in the capitol City, + both sets of our parents still reside in Bismarck. We also both have numerous family members living in North Dakota. I am a proud stay-at-home mom to 3 beautiful + healthy daughters, ages 4, 2 + 16 months, all of whom were born at home - uncomplicated births - delivered by lay midwives. - not untrained people putting themselves out there as midwives, but trained + ~~apprenticed under other lay midwives~~ professional midwives, as Madam ~~Senator~~ Chair ~~[illegible]~~ ~~[illegible]~~ mentioned while opening this bill. Birth is a natural process a woman's body was made to do - all on its own. Birth is not a disease or an illness, nor is it life threatening for Mom or baby. Of course, medical intervention is necessary occasionaly if certain complications arise, ~~and quoting my [illegible]~~

~~"Any woman can have a baby at home as long as there are~~

5 years ago, newly pregnant with our 1st baby, my husband + I didn't know too much about home birth but were interested in finding out more about it. What we did know for sure is this: RELAXATION is the key to having a labor that progresses well. And a labor that progresses well is more likely to have less complications. We knew I could have a very difficult time relaxing in a hospital with nurses I've never met walking in + out of my hospital room, not always at my side when needed during a long, long labor, me wearing a hospital gown, perhaps restricted to my bed due to IV's, or baby monitor equipment hooked onto me + my belly or the numerous vaginal checks performed during labor to see when dilation is complete so the nurse can call the doctor in for delivery - the doctor could also be someone I've never met. For this most beautiful + intimate moment we wanted something different than the hospital birth.

My husband + I knew that home was the place to be most relaxed.

Home was where my uncomfortable, laboring body would be more free. No woman knows what position or movements will be most comfortable for them until ~~labor~~ ~~til~~ theyre in labor. Home is where I would feel most comfortable to lean on my husband, take a hot shower or bath, kneel, use a labor ball, sit, rock, stand walk up + down stairs, moan, groan, whatever it takes to make me more at ease, without the same interruptions, noise, strangeness + strangers of a hospital room. Home was where a trusted midwife could be with us, never leaving my side for the entire labor, constantly reassuring + soothing me, monitoring + detailing labor progression, the baby + me. - Home - the place that gives me the most comfort.

So, we knew what we wanted to do - a home birth. After a couple of pre-natal appointments with a medical doctor, we contacted a lay midwife. Boy did I quiz her during our 1st meeting - she met with me for an hour. I learned more about the whole process. Was there pain medication available? No medication whatsoever.

Do you perform episiotomies (an incision of the perineum to enlarge the vaginal opening) - no, during the pushing stage of labor the midwife uses moist heat + performs perineal massage to stretch the area which helps prevent ripping or tearing - something most doctors don't do. Sometimes there can be some ripping or tearing that does take place, which heals just as well if not better than an episiotomy because it tears along the natural ~~tear~~ stress pattern. Another question I had - will you refer me to a doctor during pre-natal visits if complications arise - yes. Will you call an ambulance if complications beyond your expertise occur. - during labor - yes. Of course I would want medical intervention if needed. I had numerous questions that day - & was reassured by all of her answers.

O.K. She was hired. I did visit a doctor every other prenatal appointment. He spent 5-10 minutes with me, while my midwives usually spent an hour with me at my home. My medical doctor did tell my husband & I any woman could have a baby at home as long as there are no serious complications.

The midwives performed urine & blood tests just as the doctor did. ~~And every appointment I learned so much.~~ Thru our own research & the tremendous knowledge & experience of the midwives my husband & I became very well educated during those 9 months.

Finally the time came to have our 1st baby at home, with my husband, my Mom, a registered nurse of over 40 years, & 2 lay midwives ~~& of course my hus~~ at my ~~side~~ service & never leaving my side for the entire labor. ~~The midwives were just what I needed~~ It was long - 18 hours - and hard but uncomplicated. Even for a 1st baby - born at ~~8~~ 9 lbs - I did not tear due to the midwives perineal massage.

And baby # 2 was born at home.

And baby # 3 was born at home.

And if there is a baby #4, as long as there are no complications we will have that baby at home with a lay midwife.

6

In North Dakota, there is a need for home births. People want this for themselves & their babies.

For us, home birth was a wonderful experience & the right choice. Of course it is not for everybody, but it should be a legal choice for those who seek it.

I urge you to vote against this proposed bill & allow parents to continue having the right to home births.

Thank you for your time & consideration.

Attachment # 5

SB2377

Madame Chair and committee My Name is Cathy Karges.

I oppose Senate Bill 2377 for the following reasons:

1.. CHOICE
A woman has a right to make choices about her baby,if she can choose to keep or abort it then she has every right to choose who should assist her wi her delivery and where she is most comfortable and confident to deliver her baby.

2. CERTIFICATION
License or unlicensed is no guarantee that a birth will be good or bad in or of a hospital. You can not pass legislation to guarantee livebirth healthy mothers.

3. SELF EDUCATED
People can and do prepare themselves for birth by self study and experienc

4. ECONOMIC
To pay a licensed attendant is costly and hospital birth is costly as well. $5000.00 +

5. SAFETY
Homebirth is safe for mother and child, they are more relaxed in their natur surroundings, and there is less chance of infection.

6. DISEASE
Childbirth is not a disease or sickness. It is a natural process, if you take a natural process and put it in a disease infected situation there is a good chance a healthy situation will be exposed to something unhealthy.

7. MONEY
The doctor and hospital and insurance company make more money if we ha a baby in the hospital. Follow the money trail, who is really benefiting fron this bill?

Attachment # 5

Homebirth vs. Hospital Birth
The Mehl Study

"The largest scientific study comparing outcomes of homebirth with hospital birth is Dr. Lewis Mehl and associates' "Home Birth Versus Hospital Birth: Comparisons of Outcomes of Matched Populations." In the study, 1046 homebirths were compared with 1046 hospital births of equivalent populations in the U.S. For each home-delivered patient, a hospital-delivered patient was matched for age, length of gestation, parity, risk factor score, education and socio-economic status, race, presentation of the baby and individual major risk factors. The homebirth population had trained attendants and prenatal care.

Their study shows a three times greater likelihood of cesarean operation if couples gave birth in a hospital instead of at home with the hospital standing by. The data from their hospital population revealed twenty times more forceps, twice as much use of oxytocin to accelerate or induce labor, greater use of analgesia and anesthesia, and nine times greater incidence of episiotomy (while at the same time having more severe tears in need of major repair). The hospital sample showed six times more infant distress in labor, five times more cases maternal high blood pressure, and three times greater incidence of postpartum hemorrhage. There was four times infection among the new born; three times more babies needed help to begin breathing. While the hospital sample had thirty cases of birth injuries, including skull fractures, facial nerve palsies, brachial nerve injuries and sever cephalohematomas, there were no such injuries at home.

The infant death rate of their study was low in both cases and essentially the same. There were no maternal deaths for either home or hospital. The main differences were in the significant improvement of the mother's and baby's health if the couple planned a homebirth, and this was true despite the fact that the homebirth statistics of their study included those couples who began labor at home but ultimately needed to be transferred to the hospital."

Taken from Special Delivery by Rahima Baldwin Dancy page 6

NDLA, S HMS

From: Lee, Judy E.
Sent: Wednesday, February 07, 2007 2:50 PM
To: NDLA, S HMS
Subject: FW: info on lay midwives

please make copies.

From: Joy Wilson [mailto:joy.wilson@ncsl.org]
Sent: Wednesday, February 07, 2007 2:47 PM
To: Lee, Judy E.
Subject: RE: info on lay midwives

2/7/07

Senator Lee:

So nice to hear from you. Here's what I've been able to find so far.

The Midwives Alliance of North America has some information that might prove helpful, including links to some state laws and regulations. Here's the link to their page on state laws and regulations http://mana.org/laws.html and here is a link to their chart on the legal status of "direct entry midwifery" which is apparently their term for lay midwives http://www.mana.org/statechart.html .

Some states use materials provided by this group for credentialing purposes. See http://www.narm.org/stateboardchart.htm . This chart lists which states use them, what board/agency is responsible and what the individuals are called in the state (e.g. lay midwife, licensed midwife...).

I hope this is helpful. Please let me know if you need additional information.

Joy

Joy Johnson Wilson, Health Policy Director
444 North Capitol Street, NW, Suite 515
Washington, D.C. 20001
joy.wilson@ncsl.org
202-624-8689
202-737-1069 (fax)

-----Original Message-----
From: Lee, Judy E. [mailto:jlee@nd.gov]
Sent: Wednesday, February 07, 2007 2:12 PM
To: joy.wilson@ncsl.org
Subject: info on lay midwives

Joy -
Do you have any information about the regulation of lay midwives, including licensure, training requirements, etc.? We have a problem here with untrained people acting as lay midwives with no medical training, combined with families who are very loyal to their services and don't want anything to change, so that they can continue to have home births.
I also understand that CA permits licensed nurse midwives to attend home births, and I'd be interested in any information you might have about other states and what their boards of nursing permit in that area.

Introduced by Sen. Krebsbach, Heckaman, J. Lee Introduced by Rep. Price, Thoreson
Senate Bill 2377— A BILL for an Act to provide for a legislative council study of the provision of obstetrical services by laypeople.
Section 1. LEGISLATIVE COUNCIL STUDY - OBSTETRICAL SERVICES BY LAYPEOPLE. The legislative council shall study, during the 2007-08 interim, the law relating to the provision of obstetrical services by laypeople, including whether current law regulating the practice of medicine and the practice of nursing adequately addresses the obstetrical services provided by lay midwives.

This bill was previously referenced as Senate Bill 2377—relating to obstetrical services provided by laypeople— "A BILL for an Act to create and enact a new section to chapter 12.1-31 of the North Dakota Century Code, relating to obstetrical services provided by laypeople; to amend and reenact section 23-07-10 of the North Dakota Century Code, relating to duties of professionals attending births; and to provide a penalty for Obstetrical services by laypeople.

My name is Jody McLaughlin, I was born in Mandan and grew up on a farm between Flasher and Solen. I live in Minot and my husband and I have two grown children and one grandchild.

I submit this testimony in opposition to the intent of Senate Bill 2377. The language of this bill "to provide for a legislative council study of the provision of obstetrical services by laypeople" indicates a lack of basic knowledge about the practice of obstetrics as it differs from the care provided by midwives. If the intent of the ND Legislature is to prohibit midwifery or regulate independent midwifery out of existence, then I oppose this study. My concern is the study participants will not be examining information about the compatibility of obstetrical practice and independent midwifery care.

If the intention of the bill is to advance the quality of maternity care, please consider amending this bill. I suggest a **Blue Ribbon Baby** study. This study would develop a plan for *the use of obstetrical and midwifery care to improve maternity outcomes in North Dakota while reducing costs.* This study group would research world-class maternity care systems and recommend strategies for incorporating successful program models in North Dakota. The goal would be to expand midwifery and medical evidence-based options.

Through these efforts, it would be possible for North Dakota to have not only the best maternity care statistics in the United States, but to have the best maternity care system available anywhere.

Looking at the countries that have the best maternity care outcomes, it becomes clear that midwifery is part of the solution to be supported, not a problem to be suppressed. The United States is now 40th in the world, 39 other countries have lower Infant Mortality Rates including Cuba, Taiwan, South Korea, Portugal, Slovenia, the Czech Republic, Japan and Singapore. The availability of midwifery as well as obstetric care is vital for reducing infant mortality rates in North Dakota.

Please support legislation that is focused on the health of our children, not on creating obstetrical maternity care monopolies. The countries who have the best outcomes also have high midwife to obstetrician ratios.

Full disclosure:
Jody McLaughlin, Publisher,
Compleat Mother Magazine, US
PO Box 209, Minot, North Dakota 58702-0209
www.CompleatMother.com
email: Jody@Minot.com phone: 701 852-2822

Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum by Mary Kroeger with Linda J. Smith

Expecting Trouble: the Myth of Prenatal Care in America by Thomas H. Strong Jr. MD.

The Farmer and the Obstetrician by Michel Odent, MD

Gentle Birth, Gentle Mothering: The wisdom and science of gentle choices in pregnancy, birth, and parenting by Sarah J Buckley, MD

Kangaroo Babies, A Different Way of Mothering (improving premature baby survival rates through low-cost mother/baby care) by Nathalie Charpak, MD

The Dr. Tom Brewer's and Gail Sforza Krebs'classic books ***What Every Pregnant Woman Should Know*** and ***The Brewer Medical Diet*** are a MUST READ for any woman who is or might become pregnant. This information could literally save her baby's life... and drastically reduce the cost of health care in our country. www.pregnancybooksonline.com
www.blueribbonbaby.org

Birth As We Know It DVD video www.birthintobeing.com (530) 519-1445 California

The World Factbook 2007, Central Intelligence Agency
Infant Mortality Rate by country is at:
www.cia.gov/cia/publications/factbook/fields/2091.html
See IMR ranking at:
www.cia.gov/cia/publications/factbook/rankorder/2091rank.html

Infant mortality rate (deaths/1,000 live births)
Date of Information 2006 est.

Rank	Country	IMR
183	United States	6.43 IMR

The following countries all have an IMR lower than the US

Rank	Country	IMR
184	Taiwan	6.29
185	Cuba	6.22
186	Korea, South	6.16
187	Faroe Islands	6.12
188	Italy	5.83
189	Isle of Man	5.82
190	Aruba	5.79
191	New Zealand	5.76
192	San Marino	5.63

North Dakota's Infant Mortality Rate 5.6

Rank	Country	IMR
193	Greece	5.43
194	Monaco	5.35
195	Ireland	5.31
196	Jersey	5.16
[illegible]7	European Union	5.10
[illegible]	United Kingdom	5.08
[illegible]99	Gibraltar	5.06
200	Portugal	4.98
201	Netherlands	4.96
202	Luxembourg	4.74
203	Canada	4.69
204	Guernsey	4.65
205	Liechtenstein	4.64
206	Australia	4.63
207	Belgium	4.62
208	Austria	4.60
209	Denmark	4.51
210	Slovenia	4.40
211	Spain	4.37
212	Macau	4.35
213	Switzerland	4.34
214	France	4.21
215	Germany	4.12
216	Andorra	4.04
217	Czech Republic	3.89
218	Malta	3.86
219	Norway	3.67
220	Finland	3.55
221	Iceland	3.29
222	Japan	3.24
223	Hong Kong	2.95
224	Sweden	2.76
225	Singapore	2.29

123 Sherman Ave
Takoma Park,Maryland
20912, USA

To the North Dakota State Legislature

I am writing to you as a physician, perinatologist, epidemiologist, scientist and former Director of Women's and Children's Health for the World Health Organization— curriculum vitae attached.

I wish to make two essential points about the practice of midwifery. The first issue is safety. In every country which loses fewer women and babies around the time of birth than the U.S., midwives and obstetricians work together as a team, midwives attending all low risk births (including in the hospital) and obstetricians assisting at the roughly 10 % of births which are high risk. Furthermore, additional excellent research on over 5000 pregnant women in North America proves that planned home birth attended by a direct-entry (non-nurse) midwife is just as safe as physician attended hospital birth. The idea that midwives are less safe than physicians to attend low risk birth and that out-of-hospital low risk birth is less safe than hospital low risk birth has absolutely no reliable scientific data supporting it.

The second point is that pregnancy is not an illness and childbirth is not a medical procedure, they are part of the normal life cycle and belong to the woman and her family, not to doctors and hospitals. In a free country, the family must have the freedom to choose who will attend the birth of their child and where it will occur. This is why in the majority of States, the State Legislatures, after considering all the facts, have legalized direct-entry midwifery and given all their families their rightful freedom to choose where the birth will occur. The central issue is not safety, it is freedom and family sanctity.

I would be happy to confer with you further on this issue if you wish.

Sincerely,

Marsden Wagner M.D., M.S.

BRIEF CURRICULUM VITAE
MARSDEN WAGNER, M.D., M.S.

BIRTH San Francisco, California, USA

EDUCATION

B.S. University of California at Los Angeles (UCLA)

M.D. UCLA School of Medicine
Internship , UCLA Hospital
Resident physician, UCLA Hospital
Chief resident physician, UCLA Hospital
Post-doctoral Fellow of National Institutes of Health in perinatology (Obstetrics and Neonatology) and perinatal epidemiology at the UCLA Schools of Medicine and Public Health

M.S. Post-graduate degree in perinatology (Obstetrics and Neonatology), perinatal epidemiology and reproductive science, UCLA

EXPERIENCE

6 years Assistant Professor of Perinatology (Obstetrics and Neonatology) and Public Health, UCLA School of Medicine and UCLA School of Public Health

3 years Co-Director, Maternal & Child Health, California State Dept. of Public Health

6 years Director, UCLA-University of Copenhagen Health Service Research Center

15 years Director, Women's and Children's Health, World Health Organization (responsible for Women's and Children's Health in 45 industrialized countries)

Present Private Consultant

SELECTED PRESENTATIONS

Testimony given before the US Congress, British parliament, French National Assembly, Italian Parliament, Danish parliament, Israeli Parliament.

Consultations with national and local governments and non-governmental organizations and scientific papers and lectures given in 45 countries. As an example, since the year 2000, consultations and presentations in: Argentina, Australia, Austria, Brazil, Canada, Chile, China, Denmark, England, France, Germany, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Mexico, Netherlands, North Ireland, Norway, Poland, Russia, Singapore, Slovenia, Spain, Sweden, Switzerland, Taiwan, Thailand, USA (Austin, Bridgeport, Boise, Boston, Chicago, Eugene, Great Falls, Honolulu, Houston, Los Angeles, Miami, Montgomery, Newport News, New York City, Oakland, Philadelphia, Phoenix, Portland (Maine), San Antonio, Seattle, Sioux Falls, Washington DC)

Television interviews in the U.S. on Dateline NBC, CBS Boston & New York & San Francisco, Good Morning America, Phil Donahue, and others, and in Great Britain, Canada, Denmark, Sweden, Germany, Spain, Albania.

SELECTED HONORS AND AWARDS

Including, as examples: Professional Achievement Award, UCLA School of Medicine; Alumnus of the Year, UCLA School of Medicine 1995; Living Treasure Award, Mothering Magazine USA

PUBLICATIONS

144 scientific papers, 20 book chapters, 14 scientific books published in English, German, French, Spanish, Russian, Italian, Japanese, Chinese, Swedish, Hebrew and Danish.

Good morning, Madam Chair and members of the House Committee.

I am Becky Olsen of Bismarck. I am Mom to 3 healthy young daughters, all born at home. I want to start out by stating I have much respect for doctors and nurses. My Mom was a registered nurse for 44 years and just retired last year. I saw first-hand how much she cared for her patients and wanted only the best for them. It takes a special person to work in healthcare, and OBGYN's especially have a hard schedule, trying to manage pre-natal visits, gynecological exams and procedures and labor that happens any time of day, 7 days a week.

I also understand how doctors, nurses and most people don't know much about midwives. The profession has gained ground in the United States in the past 2 decades, but most people have no personal experience with midwives and have been exposed to some misinformation about midwifery. But that is no reason to judge without becoming better informed. I also have a tremendous respect for "lay" or direct entry midwives. (The term "lay midwife" has no specific meaning that is widely understood or accepted. It has been used to describe all kinds of midwives who may or may not be formally educated, may or may not have met some legal requirements for the practice of midwifery, etc, thus the term may be used erroneously to discredit well-trained direct entry midwives.) My experience with midwives in this state has been nothing but positive. They are very thorough, caring and knowledgeable and I trust in their skill and abilities to assist in birth. They also have hard schedules, frequently on the road for regular prenatal visits and when labor begins and they are summoned, they never leave the laboring woman's side, and stay after the birth as long as they are needed.

My mom, the registered nurse, observed all three of her grandchildren's births. No one on the planet is more concerned about my health and safety and that of my baby's than Mom. I recently discussed my birth experiences with her. She said that before the birth of my 1st, she couldn't imagine how well a home birth worked without seeing with her own eyes. She never once felt that it was unsafe. And I am blessed to have such an open-minded Mom, supporting my husband and me to make our choice of home birth.

If I had a complicated pregnancy or complications beyond the midwives' expertise during labor, my 1st choice is a hospital with a highly trained obstetrician and all the technology available. But given a normal pregnancy and labor, my 1st choice is home with a midwife, carefully monitoring me and the baby and never leaving my side, making sure no problems are detected and allowing the birth to unfold naturally.

I am not sure what to think of the study. I haven't seen a problem with midwifery in North Dakota until the original bill was introduced to illegalize it, as the criminal courts are not the appropriate venues for regulating health care providers. I personally would like to see midwifery advance like it has in other states, and I hope a study would help it do so. All I have to do is watch The Learning Channel on cable TV to realize that home birth assisted by midwives are happening coast to coast, and that more and more parents are choosing alternative birthing centers to safely have their babies.

What I do know is that the people here today and those that couldn't be here are strong in their convictions. We are not here to convince anyone to hire a midwife and have your baby at home. We are here to ensure that we continue having the choice of where to safely have ours. Thank you.

The Best Birth for You: A HOW-TO GUIDE

Dare to dream, then assemble a team of caregivers who vibe with your worldview

by Alyssa Ford

Today there are as many ways to have a baby as there are names to give one. Women no longer have to rush into the waiting forceps of a male obstetrician or rely on an herbal, unlicensed midwife. Freestanding birthing centers, certified nurse-midwives, doulas, and widespread acceptance of natural birthing [illegible] have allowed more women to get creative with how they bring babies into the world, without compromising safety.

"If you told me you really want to give birth with a cross-dressing midwife in a freestanding birthing center with a commune attached to it, I could probably find that for you," says Lisa Gould Rubin, a doula and childbirth educator at the Good Birth Company in South Salem, New York, and coauthor of *The Birth That's Right for You* (McGraw-Hill, 2005).

Even as women have more options, birthing experts and surveys have found a phenomenal number of women coming away from their birth experiences feeling let down at best, violated at worst. Jennifer Block, a New York City–based journalist who interviewed dozens of mothers for her new book *Pushed* (Da Capo, 2007), says many of the women she spoke with imagined themselves dealing with labor in time-tested ways, but their experience resembled an intensive care unit more than a candlelit sanctuary.

"They saw themselves walking around the hospital, taking a bath, breathing through the contractions, and bouncing on a birth ball," Block says. Instead, many were tethered to their hospital beds by monitors, catheters, and tubes. "One woman told me that she felt like a science experiment."

Carol Sakala, program director at the nonprofit Childbirth Connection in New York City, says if women feel that they were duped by their hospital birth, it's because they probably were. Hospital caregivers and marketing messages often tout options and choice, but when contractions begin, much hospital birth care is in fact quite standardized. "For women who want a natural, unmedicated birth, the hospital environment really is a square peg in a round hole," says Sakala.

The good news is that women have options and information. All it takes is some research and self-exploration.

Know Yourself

The first step to building the ideal birth experience is to visualize what *ideal* means to you—not your sister, your mother, or your best friend. "It's important to think about who you are, and how you live your life, and what's important to you," says Gould Rubin.

Start by being inquisitive. Have coffee with a midwife or a doula. Tour a freestanding birth center and your local hospital. Explore natural birthing philosophies such as the Bradley Method (www.bradleybirth.com), the Alexander Technique (www.alexandertechnique.com), HypnoBirthing (www.hypnobabies.com), water birth (www.waterbirth.org), and Lamaze (www.lamaze.org).

"Women need to ask themselves, 'Where, and with whom, am I best able to deal with this process of labor?'" says Block. "'In this huge physiological process—where my body needs to do this crazy thing of pushing out a baby—where am I going to feel safest and most comfortable?'"

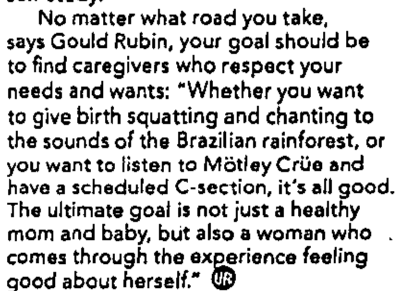
Dream Team

Once you have an idea about your ideal birth, you can start assembling a team of experts who share your beliefs. According to the national *Listening to Mothers II* survey, women often choose a caregiver based on insurance coverage, personal recommendations, or past experience with the caregiver (for example, the person is her gynecologist). "What struck us was that women gave very low priority to whether their chosen person fit with them, what their record was, or their beliefs," says Sakala. "I don't think women really understand the tremendous amount of variation between the provider classes."

Interview at least two different practitioners, says Gould Rubin, and trust your instincts. If you're a healthy woman without extenuating circumstances, then a midwife birth could be a perfect fit, but be sure to research midwife licensure laws, as they vary from state to state. (For a guide, visit http://cfmidwifery.org/states.)

Certified nurse-midwives (CNMs) are advanced-practice nurses with specialized training in childbirth and gynecological care. They can prescribe medication in 48 states and can do routine procedures, like IVs, if necessary. The downside is that many CNMs do not attend birthing center or home births, and work only in hospitals. If you choose a hospital because it has a midwife on staff, ask about the odds of her showing up at your birth, says Gould Rubin; the midwife may be on a rotation with the doctors.

Other midwives, generally called direct-entry midwives, include certified professional midwives, or CPMs, who are required to have out-of-hospital experience. Another group includes licensed (in 24 states) midwives, who may also be CPMs or CNMs, and lay midwives, who may have received training through apprenticeship or self-study.



No matter what road you take, says Gould Rubin, your goal should be to find caregivers who respect your needs and wants: "Whether you want to give birth squatting and chanting to the sounds of the Brazilian rainforest, or you want to listen to Mötley Crüe and have a scheduled C-section, it's all good. The ultimate goal is not just a healthy mom and baby, but also a woman who comes through the experience feeling good about herself." UR

I would like to take this opportunity to encourage you to take the time & effort to investigate the facts in this matter. I have no doubt that the facts will show that home birth & midwife attended births are just as safe if not more safe for the mother and baby than requiring a healthy mother & infant to go to a place where disease and infection are concentrated, and pressured into making uninformed choices.

Most of us appreciate the right to choose what is best for us and our families. When big bucks & multimillion dollar corporations stand behind the right to choose it becomes all too easy to take such a course but when we find financial interests on the other side wanting to restrict the right of a woman to choose when & where and in what manner to bring forth the life from her womb, it is no time to abandon our high ideals and principles to do what the facts show is in the best interests in the heath and well-being of the child, the mother and the family. I am sure that you will leave no stone unturned in your efforts to do what is best for the mothers and children of ND.

Thank you for your attention,

Mark Dagley
MARK DAGLEY

According to Department of Health data, there are on average 39 home births per year in North Dakota:

2001-2005 ND RESIDENT BIRTHS BY BIRTHING FACILITY TYPE

	HOSPITAL BIRTHS	EN ROUTE BIRTHS	HOME BIRTHS	TOTAL
2001	7618	0	46	7664
2002	7718	2	35	7755
2003	7934	2	35	7971
2004	8140	1	35	8176
2005	8330	5	44	8379

The study proposed by SB 2377 is needed to maximize potential health outcomes and safety for newborns and their mothers. On behalf of NDMA and North Dakota's physicians, I urge you to recommend a "Do Pass" on this bill.

Madam Chairman and members of the committee. My wife and I oppose this bill based on a religious and constitutional belief. In Exodus 1:17-21 But the midwives feared God and did not as the king of Egypt commanded them, but saved the men children alive. And the king of Egypt called for the midwives, and said unto them Why have ye done this thing, and have saved the men children alive? And the midwives said unto Pharoah, because the Hebrew woman are not as the Egyptian women; for they are lively, and are delivered ere the midwifes come in unto them. Therefore God dealt well with the midwives, and the people multiplied, and waxed very mighty. A God honored age old practice. It is also a freedom of choice a much better choice than womens choice of abortion. Most of us here hold this same belief. We also have a small percentage of the babies born in this state. In 2005 according to the Dept of Health there was around 8330 babies born in ND at the Hospital 44 babies were born at home. This is a little over half of one percen This bill wich is supported by the medical association is worried about this small percentage when autism has risen to 15 percent of our children born get at, 150 out of 1,000. a big increase has occured in the last 10 years and they dont know why. Women and babies also die in the Hospital do we penalize them when these things happen. 60 minutes has even shown some of the things that go wrong even when they are proffessionals.

Testimony in Support of Engrossed SB 2377
North Dakota Medical Association
March 12, 2007

Madam Chairman, Members of the House Human Services Committee, I'm Bruce Levi representing the North Dakota Medical Association. NDMA is the professional membership organization for physicians, residents and medical students.

NDMA supports the study envisioned by SB 2377, as does the North Dakota Healthcare Association. We recognize that there are individuals in North Dakota who may prefer home birth and that there are unlicensed and unsupervised individuals who assist with home births. SB 2377 was introduced as a result of a hospital's internal quality assurance review process. That review of the circumstances surrounding a home birth and subsequent care of a newborn at the hospital concluded that the welfare and safety of the newborn and mother had been placed at an unnecessary level of risk.

Dr. Rafael Ocejo, a pediatrician and neonatologist here in Bismarck, testified in the Senate regarding the serious concern in the medical community regarding the safety of newborns in assisted home births.

The public should expect that an individual who holds themselves out as someone who can provide medical services, including obstetrical services, is competent and practices safely with a defined standard of care.

SB 2377 as introduced would have asked the Legislative Assembly to clarify the standards relating to the provision of obstetrical services, ensuring that only those individuals licensed and in compliance with current professional medical and nursing standards are authorized to provide obstetrical services.

The bill as introduced was also supported by the ND Board of Medical Examiners, ND Board of Nursing, and the ND Nurses Association. The bill was amended in the Senate to require the Legislative Council to study, during the 2007-08 interim, the law relating to the provision of obstetrical services by laypeople, including whether current law regulating the practice of medicine and the practice of nursing adequately addresses the obstetrical services provided by lay midwives.