

MEDICAL SOCIETY of the STATE OF NEW YORK

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Senior Vice President /
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Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

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A.446 (GOTTFRIED)

AN ACT to amend the public health law, in relation to midwifery birth centers

This measure would include the term “midwifery birth center” within the definition of hospital, although it allows them to be freestanding; and directs the commissioner of health to make regulations relating to the establishment and operation of midwifery birth centers. **The Medical Society of the State of New York opposes this bill.**

Midwives may perform routine, low-risk, uncomplicated, deliveries of babies. They cannot, however, perform any kind of surgery in the event that there is a complication and an emergency cesarean section, or other emergency surgery, such as a hysterectomy due to hemorrhaging needs to be performed. Therefore, it is necessary that a physician, preferably an obstetrician, be immediately available to take over from the midwife in these events.

This bill presents serious concerns regarding to the development, oversight, and emergency contingency planning regarding transfers to maternity hospitals, and the potentially dangerous situation this would create for pregnant patients.

This proposal would allow a midwifery birth center to be developed and governed solely by a midwife, by removing the requirement for a physician to be the owner of or medical director. Having a physician involved in developing these facilities is essential to ensure that all possible scenarios are considered and addressed prior to the opening of a birth center. There should be collaboration among physicians, midwives, nurses and administrators to ensure that all aspects of delivery are addressed to provide for a safe, nurturing, and comforting environment for childbirth.

A 2014 study that examined neonatal mortality in relation to birth settings and birth attendants in the United States from 2006 through 2009, found babies born outside of hospitals had higher rates of death. Babies delivered by midwives at home experienced four times the risk for death compared with those delivered by hospital-based midwives. Deliveries attended to by midwives in a birthing center had more than twice the risk for death compared with those delivered by midwives in hospitals. Researchers suggested that the actual neonatal death rates in home and birthing center deliveries are underestimated. Because infants with complications are often transferred to hospitals, and the Centers for Disease Control counts any subsequent death as a hospital outcome.

Midwifery birth centers should also be required to obtain accreditation from the Commission for the Accreditation of Birth Centers (CABC) or the Joint Commission. Through the inclusion of midwifery birth centers within the Public Health Law’s definition of a hospital, this bill allows for the evidence of compliance with the minimum operational standards to be achieved through accreditation by an accreditation agency. These accreditation agencies are nationally recognized to ensure the utilization of best practices as determined by the American Association of Birth Centers.

This bill does not directly address the oversight, accreditation, and emergency contingency planning of midwifery birth centers, and for these reasons **The Medical Society of the State of New York opposes this bill and urges that it be defeated.**

Respectfully submitted,

ELIZABETH DEARS, ESQ.

2/25/15 – Oppose

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