

My name is Judith Rooks.

I'm a certified nurse-midwife, a past-president of the American College of Nurse-Midwives, and a CDC-trained epidemiologist who has published three major studies of out-of-hospital births in this country.

In 2011 the Oregon House Health Care Committee amended the direct-entry midwifery—"DEM"—law to require collection of information on planned place of birth and planned birth attendant on fetal-death and live-birth certificates starting in 2012.

Oregon now has the most complete, accurate data of any US state on outcomes of births planned to occur in the mother's home or an out-of-hospital birth center.

This table summarizes that data (PTT slide):

On the 1st row, you can see that nine babies died during or soon after labor in homes or birth centers.

The total mortality rate for planned out of hospital births was 4.5 per thousand, as seen in the last column of that row.

I have included the number of neonatal deaths both with and without the death of one baby who died of congenital abnormalities. That death cannot be attributed to the care given by the DEM attendant.

The 2nd row shows data on deaths associated with planned OOH births with direct-entry midwives as the planned birth attendants.

The total mortality rate associated with those births – excluding the one involving congenital abnormalities – is 4.8 per 1000.

For comparison, data on births planned to occur in hospitals is provided in the bottom row of the table.

Note that the total mortality rate for births planned to be attended by direct-entry midwives is 6-8 times higher than the rate for births planned to be attended in hospitals. The data for hospitals does not exclude deaths caused by congenital abnormalities.

Many women have been told that OOH births are as safe or safer than births in hospitals. This is true in some places, including British Columbia.

But out-of-hospital births are not as safe as births in hospitals in Oregon, where many of them are attended by birth attendants who have not completed an educational curriculum designed to provide all the knowledge, skills and judgment needed by midwives who practice in any setting.

Most women who have OOH births with direct-entry midwives are very happy, support them strongly, and many will contact their legislators to argue that DEMs do not need more education or regulation.

Oregon needs more direct entry midwives. More and more women want to have out of hospital births, and they want direct entry midwives. But currently the collective practice of these midwives is not safe enough.

In 2012 six Oregon mothers lost their babies in births attended by DEMs. They may feel guilty about having chosen a home birth with a DEM and are unlikely to lobby their legislators.

The more than a thousand women who had good outcomes and are happy are the ones who will call you. The legislature won't have another opportunity to make the law stronger on behalf of safety until 2015. Please keep the six women who lost their babies last year in mind as you legislate this year.

Intrapartum (IP) Fetal and Neonatal (NN) Deaths Associated with Planned Out-of-Hospital (OOH) Births in Oregon (OR), 2012*

Planned place of birth & birth attendant	Number births in Oregon in 2012	Number term IP fetal deaths in 2012	Number neonatal (NN) deaths in 2012	Number term IP fetal + NN deaths in 2012	Term IP fetal + NN deaths/1000 births
Planned out-of-hospital (OOH) births	1,995	4	5 (4**)	9 (8**)	4.5/1000 (4.0/1000**)
Planned OOH with DEM attendants	1,235	3	4 (3**)	7 (6**)	5.6/1000 (4.8/1000**)
<u>The last row provides comparison with births planned to occur in hospitals.</u>					
Planned to occur in hospitals	39,984	***	25	25***	NN = 0.6 /1000***

*Preliminary data

**Without congenital anomalies

***There are extremely few term IP fetal deaths in hospitals. Most fetuses in prolonged distress are delivered by cesarean section. Estimated rate of IP fetal deaths is 0.1 – 0.3 from the authoritative medical literature, based on studies in Canada and Europe. Data on all term fetal deaths cannot be substituted for IP fetal deaths.