

March 6, 2008

Skyline Regional Perinatal Coordinating Council
P.O. Box 800386
UVA Health System
Charlottesville, VA 22908

Ms. Kirkland and Ms. Veith,

We are writing in response to a letter from your organization sent to the Board of Medicine, dated November 27th, 2007. This letter was made public at the Advisory Board on Midwifery and Board of Medicine meetings last month.

As a consumer organization representing members all over the state who seek to promote mother-friendly and evidence-based care for mothers and infants, we were dismayed to see your opinions on Vaginal Birth After Cesarean (VBAC). Though you cited no specific studies to base your safety concerns in the letter, we are very concerned that you neglected to account for the well-documented evidence that expectant management of VBAC (no augmentation or induction) is the defining factor in risk of uterine rupture. (Cahill et al. Vaginal Birth After Cesarean Delivery: Evidence-based Practice. Clinical Obstetrics and Gynecology 2007)

As you may know, expectant management is the hallmark of the Midwives Model of Care and midwives are the only providers in Virginia who practice this model in regard to VBAC in Virginia. In fact, most obstetrical practices and many hospitals in our state do not even allow women the opportunity of a trial of labor for VBAC despite the astounding amount of evidence of risks to mother and future babies with multiple c-sections. As a council whose purpose is to coordinate community health care systems that serve women and infants, we are surprised that you would take a position of opposition to an existing practice of women exercising their right to provider choice instead of working to improve collaborative relationships among maternity providers to maximize good outcomes in the event of transfer-of-care. In fact, we perceive your action of asking that DMAS and the Board of Medicine deny low-income women the opportunity to have access to midwives as both discriminatory and insensitive to the reality of maternity care options for women in this state.

It is clear from your letter that the Skyline Regional Perinatal Coordinating Council is not well educated on the training or standards of practice of CPMs. They are trained specifically to assess risk every step of the way during prenatal and labor. Most Virginia midwives who attend VBACs report a vaginal birth rate of 90% (greater than the 60-80% that you quote in your letter). The competency-based training of the CPM, the only credential with home birth experience requirements, lends itself to excellent and careful care including timely and appropriate intrapartum transfers-of-care for the 10% of women who will need a repeat surgery for their deliveries. CPMs are experts in intrapartum transfers. Their standards require good communication and all CPMs attend transfers, providing all necessary records and information to facilitate optimal care for

women who need medical attention. Lack of respectful communication and understanding from receiving hospital staff and local policy makers is a great impediment to timely and appropriate transfer-of-care, and we hope that this Council can play an important role in addressing concerns and misunderstandings among providers.

Women in this state who choose home VBAC are educated, informed consumers. Given the well documented risks of cesarean sections and a rising rate for surgical deliveries in this state (over 32% in 2006), we feel that DMAS not reimbursing midwives for home VBACs would significantly affect a population of women deserving access to safe choices. We commend the Virginia Perinatal Councils for their much needed role in addresses areas for improvement in maternal and infant care and ask that the Skyline Council redirect it's energies regarding home birth towards education and improved relationships among providers. Please let us know how Birth Matters can be a part of this important process.

Sincerely,

Melissa Schuppe
Executive Director Birth Matters Virginia