

Working with YOU

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Executive Director

Caught in the Squeeze

“**C**esarean section rates are off the charts and women are being duped into thinking that this is all right; in fact they are being enticed to consider c-sections on demand based upon questionable promises.” These are the opening words of an ACNM op-ed submitted to leading newspapers starting in late December 2002. Blowing the whistle on the actions that downplay the risks of cesarean section, attempt to eliminate VBAC, and falsely portray cesarean section as a cure for incontinence in later life, is a job that had to be done. But, even after 22 years as a nurse-midwife, I was still surprised at how difficult it is to find anyone who cares enough about women’s health to publish our hard hitting article.

Written immediately after the Washington Post and National Public Radio ran reports on the National Center for Health Statistics’ 2001 data showing a rising c-section rate of 24.4% and a rapidly declining VBAC rate of 16.5%, our op-ed was designed to ruffle some feathers. As we heard celebrities extolling the virtues of planned primary cesarean section and reporters giving positive press to promises of a c-section “cure” for a problem seen in women who have no children, it became clear that women are not receiving full informed consent. Bottomline: the risks associated with cesarean section are not trivial and, unlike the overwhelming majority of vaginal births, the risks go up with each subsequent surgery. Though we did not say so in our op-ed, I still wonder how a physician can in good conscience schedule a cesarean section for no, or flimsy, medical indications. We know we can’t trust antibiotics to cure all infections and we have legitimate reasons to question the availability and safety of blood transfusions.




The long list of unproven treatments, too rapidly adopted should have taught us not to go down this path.

The decision to go the Op-ed route meant we had to temporarily delay other interventions. As we waited, one paper at a time, to hear if we would be published, we issued an alert on our Web site.

As time passed, it became clear that we needed to generate some interest in the story, so we sent out a press release and used Speak Out for Midwifery as a call to members to write their own letters to local reporters. We published a bibliography to support our statements and spent hours trying to get the interest of the press. All of our information is available on the Web site www.midwife.org.

As we go to press, I am unhappy to report that only a few major newspaper have picked up this story. Still, I see this as the beginning of a long and sometimes painful debate between and among health care professionals and consumers. Just as we call on clinicians to not underestimate the risks of cesarean section, we must call for more research and we all must be willing to change practice if needed. It is possible that there is a subset of women who push too long and too hard. With the lives of women on the line, it is irresponsible to turn away from these hard questions.

I am grateful to our Board of Directors, staff and members who offered encouragement and expertise as we fine tuned our call to action especially in the midst of many other competing agendas that are addressed throughout this issue of *Quickenning*. Hanging over our heads is the shrinking pool of professional liability underwriters, which is very disturbing, especially in light of the many competing priorities facing our nation. 

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ACNM in Action

- ❖ **“ACNM is the only organization committed to finding stable coverage for CNMs and CMs.”** How ACNM is confronting the professional liability crisis. *Pages 8 and 15*
- ❖ **Licensure in New Jersey.** ACNM rallies behind New Jersey Certified Midwives. *Page 9*
- ❖ **Measuring the Impact.** ACNM’s phenomenal year in Marketing & Public Relations. *Page 11*

- ❖ **“Five Wonderful Midwives, Five Fabulous Birth Centers,”** CNMs take the national spotlight.



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- ❖ **From Washington, DC to Ambo, Ethiopia.** ACNM staff reaches out for the holidays.

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