

## Testimony before Regulatory Reform Committee 6/17/15

My name is Laurie Zoyiopoulos and I am a certified professional midwife. I have been in practice for over 20 years and have attended over 1000 out of hospital births. I am a rural midwife, traveling on average 2000 miles per month and I cover many counties, including 13 counties without a hospital with obstetrical services. I attend about 60 home births each year.

Thank you for allowing me this time, Chairman Franz, and thank you, committee, for listening this day.

Last week I came prepared to give testimony, but we ran out of time, so I was rescheduled for today. There were a couple of questions asked by representatives that didn't truly get answered. So, since most of what I had planned to say last week, has already been brought up and discussed, I thought I would use my time to try and answer what wasn't answered last Wednesday.

One question was, "What has changed?" Why do we want licensure now? I'm sure that there might be many answers to this question but here are some of them.

The number of midwives practicing in Michigan has changed. Our numbers have grown and more families are choosing out of hospital births. With that comes more visibility by the medical community, and there is much confusion about the care we provide and what we are able to do or not do. Confusion never encourages optimal care, and can actually hinder it. We strive for seamless transports, and being a licensed midwife could only have a positive effect on this. If it were you, your wife or baby, entering a hospital in a timely manner, screened out by your competent midwife, the last thing you would want is to find a doctor acting indifferent, or confused and wasting time on wondering why someone was planning a homebirth with a lay midwife, and if she received prenatal care.

Another change is that, with so many states moving towards licensure of midwives, we have felt sure it would also be occurring in Michigan. We prefer to be proactive in this process, no matter how difficult it may be.

Unsure legal status of midwives has also brought complaints filed by hospitals and doctors, to law enforcement, about midwives. Complaints have not been based on standard of care given, but over concerns as to whether a license is needed for such care. If this increases, our already overworked legal system will have the burden of trying to sort out what could have been taken care of with a license.

A change that has been very helpful is having more doctors willing to do collaborative care. I currently have 3 doctors and 1 physician's assistant who I can call or text with questions, and these 4, plus a 5th, will see a client when there is a need. Since I cannot order an ultrasound or basic lab work or antibiotics for a urinary tract infection, this collaborative care has been extremely helpful for me and my clients. There is also need for consults, for hypertension or a baby in a breech position, for example. It has taken me many, many years to attain this collaborative care, and it may appear as though I don't have a need for a license now. I disagree. First, these willing doctors deserve to be collaborating with another licensed health care professional. If I were licensed it would make liability issues less of a factor for these kind men and women. Secondly, if they move away, stop practicing, or retire, I am left without their help and input. It isn't that midwives don't know what ethical care and standard of care is, because our training insures that we do. It's that, without a license, we have no authority to

acquire this care, autonomously, for the women we serve.

Another question was, "How is leaving it this way (no license) better?"

It is my opinion that it would not be better. If there is concern over how midwives achieve certification, then why not make a way for them to gain a license, and, therefore, have a standard that all follow? There are many midwives in this state, including Amish, who stay so isolated, and without peer review or continuing education. I had one of those midwives call me this week, wondering what this licensure bill is all about and where it will leave her. After our conversation she was very interested in learning more about becoming a certified professional midwife. I think that this uniform process is a better way. It is the norm for all other health care providers, and families choosing home birth midwife care will benefit by this uniformity.

As I sit in my hairdresser's chair, her license to do cosmetology is something I often notice. It has given her profession credibility, viability, and the people are ensured that she can safely do what she does. Because others see this as a respected profession, one that takes proper training and provides you with a license to practice, they are drawn to this career path in ways that they would not be if a license wasn't needed.

The profession of midwifery needs the credibility of a license to encourage women to pursue it as a viable and sustainable career. Pregnant women and their families need safe and affordable care in their communities, and it is my opinion that a license will encourage this.

Thank you again, Rep. Franz, and members of the committee, for this opportunity to share my views. Please vote "Yes" on House Bill 4598 to help ensure that Michigan families have access to as many safe options for maternity care as possible.

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