

They deliver & more



ERWIN GEBHARD/STAFF PHOTOGRAPHER

Above: Karen Lupa, a certified midwife at the Sixteenth Street Community Health Center, examines Cecilia Torres before she is sent home from the hospital. Below: Sandra Cecilia, one day old, gets a gentle stroke from her mother's hand.

Midwives' role in health care varied, vital

By MARILYNN MARCHIONE
of the Journal Sentinel staff

A decade ago, few midwives delivered babies except in poor neighborhoods, rural areas and dingy urban clinics. Not so today.

Nurse-midwives now deliver 200,000 babies a year in the United States — 5% of all births — and 95% of their deliveries are in hospitals. In Wisconsin, about 70 nurse-midwives delivered 3% of the state's newborns last year.

These midwives, who have four-year nursing degrees, two years of additional schooling in midwifery and are certified by the state, are not to be confused with the lay midwife movement whose practitioners have no formal medical training and are proponents of home births.

"The general public equates our name with home births" but that's a fallacy, said Paul Kaiser of Sinai Samaritan Medical Center, the only male nurse-midwife practicing in Wisconsin.

Certified nurse-midwives do more than just deliver babies.

They do prenatal monitoring, circumcisions on male newborns, write



prescriptions, do postpartum exams, provide birth control to women of all ages and do annual pelvic exams and Pap smears.

Because they aren't trained to do Caesarean sections or other gynecological or obstetric surgeries, they generally take only medically low-risk patients. They follow a philosophy of letting nature take its course — as little intervention and technology as possible combined with one-on-one support and coaching throughout a woman's labor and delivery.

They've gained a firm foothold in the field of women's health, stepping on the toes of some obstetricians in the process. And their ranks are growing.

In Milwaukee, five area hospitals have nurse-midwife programs, two large and modern community clinics are adding nurse-midwives, and several obstetricians have incorporated nurse-midwives into their private practices.

Even a health maintenance organization — Family Health Plan, which provides medical services with its own staff of health professionals at seven medical centers — hired its first midwives in December and now has three.

"We wanted to offer an additional choice to our members, said Phil Dougherty, manager of public affairs for the HMO, half of whose 106,000 members are women. "It also may allow the obstetricians to concentrate on managing more complicated cases."

Mohammad Shafi, an obstetrician at Sinai Samaritan who has had nurse-midwives in his practice for many years, said, "It helps me divide up the work. I spend my time more effectively. I take care of things I'm highly trained for, and the nurse-midwives can spend a lot more time with patients than I can."

Obstetrician Michael Dolan is another fan. He and two partners paid for a nurse clinician on their staff, Beth Garcia, to attend Marquette University's nurse-midwife program, the only school for midwives in Wisconsin.

Garcia was in the first graduating class last summer, and now practices with Dolan and the others, delivering babies at West Allis Memorial

Please see MIDWIVES page 7

Midwives/They have varied role in care of women, babies

From page 8

Hospital.

A nurse-midwife's professional fee is about the same as a physician's. The cost savings comes in because they use less technology, and routinely order fewer tests and do fewer procedures.

Studies have found that nurse-midwives induce labor less frequently, use less anesthesia, perform less fetal monitoring, do fewer episiotomies and forceps deliveries, and administer less intravenous fluids than physicians — largely because low-risk patients have relatively uncomplicated births but also because of their minimal-intervention philosophy.

A survey by Public Citizen's Health Research Group last year found that midwives had low Caesarean section rates — less than 12% vs. the national average of almost 25% of all babies born.

Of women who had previous C-sections, almost 70% were able to deliver another baby without surgery if they used midwives. Ordinarily, three-quarters of such women have repeat C-sections.

Deborah Rodriguez is counting on those odds.

Due to have her third child March 5, the 32-year-old Milwaukee woman sought out a nurse-midwife program partly because she hopes to avoid having a third Caesarean birth.

"I really liked the philosophy as compared to doctors," she said in an interview before a routine exam at Sinai Samaritan. "They try to do other things before they put an intravenous line in or an electrode (for fetal monitoring). I think they're more holistic."

Her nurse-midwife "said there was no reason I shouldn't be able to deliver vaginally" and promised "to be with me for the whole thing" — all of her labor and delivery as opposed to physicians who often don't arrive at a hospital until birth is imminent.

Deborah Rodriguez:

"I really liked the philosophy as compared to doctors. They try to do other things before they put an intravenous line in or an electrode (for fetal monitoring). I think they're more holistic."

Shauna Leinbach, one of two nurse-midwives at the Sixteenth Street Community Health Center, 1032 S. 16th St., knows firsthand the value of midwives. Her two children, ages 4 and 1, were delivered by midwives in Washington, D.C., where she lived until moving to Milwaukee last summer.

The midwife program at Sixteenth Street has delivered nearly 400 babies since it started in 1991.

"The whole approach is different (from physicians') in terms of taking time with you and teaching you," she said.

Brian Bear, an obstetrician at St. Joseph's Hospital, said nurse-midwives "do a good job at what they do" and "have a place in obstetrics."

But he said he views them as less qualified based on their training, than physicians. Patients might start out low risk but "someone can become high-risk in a second" and need swift intervention by a physician who can perform surgery if needed, he said.

Karen Lupa, a midwife at Sixteenth Street, said that when a pregnancy turns high risk and a physician or surgeon's skills are required, nurse-midwives don't hesitate to turn over the case to them.

"We're careful providers and we seek referrals when needed," she said. "Very, very rarely have there been cases where I have needed someone that quickly in an emergency."

One such time involved a prolapsed uterus, a rare complication where the woman's uterus inverts and follows the child out the birth canal, she said.

It requires general anesthesia and quick action to reposition the uterus and control bleeding, and help for the patient was obtained immediately, she said.

Lupa described her relationships with obstetricians, anesthesiologists and other physicians at hospitals as "mutually respectful."

Kaiser, the male nurse-midwife at Sinai Samaritan's program, said obstetricians who are leery of nurse-midwives often never have worked with them and may fear the unknown.

"Those physicians we work with quickly realize our mutual talents and it becomes a beneficial relationship," he said.

Using a midwife offers pregnant women "a chance to try out more options" and alternative approaches to childbirth, like walking during labor and pushing in different positions, said Leona VandeVusse, director of Marquette's nurse-midwife program.

Established in 1993, Marquette's program recently got a federal grant to expand the number of students in each entering class from six to eight, and to add sites for clinical experience in Madison, Eau Claire, La Crosse and Sparta besides the ones in Milwaukee.

The school graduated its first class in May 1995, said Madeline Wake, dean of Marquette's College of Nursing. Pay for nurse-midwives ranges from \$40,000 to \$60,000 a year.



Karen Lupa (left), a certified midwife at the Sixteenth Street Community Health Center, and Cecilia Torres share a special moment with Torres' baby, Sandra Cecilia.

ERWIN GEBHARD/STAFF PHOTOGRAPHER

Some places where you'll find them

Here are where most nurse-midwives practice in Milwaukee:

■ Sinai Samaritan Medical Center. The largest group in the area with 11 nurse-midwives, it's part of the University of Wisconsin Medical School's clinical campus.

■ Sixteenth Street Community Health Center/St. Mary's Hospital. Two nurse-midwives work at the 16th St. clinic with obstetrics backup at St. Mary's. The clinic's nurse-midwives also deliver babies at Sinai Samaritan.

■ Rainbow Community Health Centers/Indian Health Board. Two nurse-midwives are employed and a third is about to be hired. They deliver at St. Joseph's Hospital.

■ The Medical College of Wisconsin. Midwives work at the Teen Pregnancy Service, 2040 W. Wisconsin Ave., and at Froedtert Memorial Lutheran

The myths and realities

Some midwife truths, fictions:

Myth: Midwife means "home delivery."

Fact: Nurse-midwives do virtually all their deliveries in hospitals. The lay midwife movement — people without formal training — is known for home births.

Myth: If you use a midwife, you must have "natural childbirth."

Fact: Nurse-midwives use anesthesia or pain killers as the patient needs or wants them. Studies show nurse-midwives use less intrusive delivery practices, but they do use such measures when warranted.

Myth: Midwives are all women.

Fact: A midwife can be either gender, though the vast majority are women. Wisconsin has more than 50 nurse-midwives, only one of whom is male.

Hospital.

■ Family Health Plan, an HMO that provides health services with its own staff of medical professionals, started offering midwife services in December and now has three midwives who deliver babies at West Allis Memorial Hospital.

■ Private physician practices that employ a nurse-midwife and where the nurse-midwives do most deliveries: James Dolan, Edward Parker and Leslie Man/West Allis Memorial Hospital; Jazmin Parcon/St. Mary's and Sinai Samaritan; Mohammad Shafi/Sinai Samaritan.