Interviews of Local Midwives

Rebekah E Teel

MDWF 1010

Ruth Ann Colby Martin

December 4, 2020

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I conducted interviews of two local midwives, Rebekah Myrick and Maria Cranford, where I asked the same set of six questions. Both midwives have practiced in other states and now practice in Alabama. The answers and information I gained are included in the following paragraphs, along with my feelings, and how I will use this information in the future.

The laws in Alabama and the surrounding states differ greatly. I wanted to know how the midwives felt about the laws regarding midwifery in Alabama compared to other places they had practiced. Rebekah was involved in the passing of 2 bills in Alabama in late 2017. The first, to decriminalize midwifery, the second, regarding licensure and state board regulation, opposed by many, because of restrictions including no breech, twin, or VBAC births out of hospital. Alabama requires midwives to carry a large amount of professional liability insurance, and the Alabama Department of Public Health will not release newborn screening cards to midwives, so some newborn screenings are not being recorded until they can make an appointment with a pediatrician. Rebekah stated that in Tennessee a birthing person can use a midwife for out of hospital care even if the baby is breech, for twin births, or VBAC. Maria currently lives in Georgia where politics and people in power are making sure midwives cannot practice the way they want to. There is no licensing available, and it will take time to change the laws. For her, Alabama is better, midwives can practice legally, but must carry malpractice insurance. Because she has worked in Utah, as an independant mid level healthcare professional, practicing under Alabama law is somewhat constricting.

I asked both midwives if they saw a way for collaborative care to work in the future, and both answered with a resounding “YES!”. Rebekah has seen small pockets of collaboration happening within the state already, where doctors and midwives are working together with great

respect and communication. This makes caring for pregnant people and their babies much easier. With access to testing, medications, and a safe place to transfer care if necessary. Maria has seen collaboration work in other areas and knows that it is possible,but will take time and effort to get things going.

A big problem in Alabama is transferring care from home to hospital. I asked the midwives what they thought the hardest part of transferring was and how it could be improved. Rebekah said that before COVID if she had an unattached patient, one who has not been seeing an OB, that needed to transfer, they would go through the ER and get whatever doctor was on call. It was a lengthy process but worked, although she was not respected as a professional medical provider when trying to give a report of the patient to either a nurse or doctor. During COVID it has been even more difficult, not being able to even give a report, but rather like abandoning the patient at the door of the hospital. For Maria, before COVID, she would prepare herself before going in with a client, knowing that she was up against a “brick wall” but needing to protect the client and their birth experience. She was willing to take the brunt of the negativity to maintain the birth space. Since COVID it has been difficult to give reports over the phone, hoping that her clients will be treated respectfully once they arrive. Both midwives agree that hospital provider education is going to be the key for successful, respectful transfers. Midwives should be recognized as part of the patient care team.

One of my long term goals is to open a freestanding birth center, run by midwives and staffed by doulas, midwives, and obstetricians. Both midwives were a little hesitant about my plan. Rebekah emphasized that autonomy is very important to midwives. They need the freedom to practice the way they feel is best. She recommended that midwives must be part of the decision making team for rules and practice guidelines. Maria felt that with obstetricians, their

standards of practice would follow, that don't align easily with midwifery standards of practice. It will take work,but I am dedicated to find a way to bring a birth center to Northeast Alabama.

In our assigned readings, we learned about group prenatals. I wanted to know how the midwives felt about this type of care. Rebekah thought it sounded interesting, with great potential for good, but her clients are too far spread to make it work. Maria has already been thinking about offering it, and has seen this model in action before with a group of midwives all seeing patients on the same day. They offered childbirth education, prenatal information, birth stories from 6 week postpartum clients, and even new dads sharing their experiences.

The future of midwifery in Alabama is important to me and I asked both midwives their thoughts on this subject. Rebekah says there's a lot of potential for growth. There are only 16 licensed midwives in the state, and we need many more. It is a long process to get midwives trained. She is hopeful that in the future many more women can have access to midwifery care. Maria would love to see a midwife for every 2 counties, as this would give people more opportunities to choose the care that is right for them. She also hopes to see the demand for midwives increase to a point that can support that many midwives.

Alabama is headed in the right direction. Midwives have been decriminalized and can legally practice in this state with a license. Collaborative care is beginning to happen between doctors and midwives, although more education is still needed in many locations to support safe and respectful transfers from home to hospital environments. Birth centers might be a viable option in the future for birthing people to have more choice in Alabama. Even with the current restrictions, there is potential for the growth of midwifery in this state. Options should be available for all birthing persons, but that is not yet the case in Alabama.