November 2, 2018

To Whom It May Concern:

As citizens of Iowa, we are writing to urge the Iowa Department of Public Health, the Iowa Healthcare Collaborative, hospitals, and health care providers with a focus on women's health to support Iowa joining the Alliance for Innovation on Maternal Health Program (AIM) administered by the Council on Patient Safety in Women's Health Care.

As women who have been directly impacted by health care in Iowa, we have experienced and continue to see firsthand the challenges facing women in accessing evidence based care throughout the state of Iowa, especially as it relates to maternity care. We continue to see outdated practices that lead to a cascade of interventions in labor negatively impacting mother, baby, and creating a higher risk patient population in Iowa.

It is challenging to find providers, even in large metros like Des Moines, that practice using evidence based care. Even if you do find a provider using the latest in evidence based care, they are often part of groups where not all the providers do so, placing women in stressful and confusing situations with contradictory medical advice during appointments and while in labor.

Examples of outdated practices or those without evidence to support the practice we have faced and continue to hear from our friends and family include:

- Saying you cannot eat solid foods while in labor
- Performing "routine" cervical checks throughout pregnancy
- Insist on continuous electronic fetal monitoring
- Induction or recommend a c-section because you are measuring as having a "big baby"
- Recommend induction because you are past your "due date"
- Limiting both your movement during labor and birthing positions
- Not following ACOG recommendations for Vaginal Birth After Cesarean for low-risk pregnancies
- Limiting the role and practice of Midwives

Of significant concern, the cesarean rate is at more than 30% in Iowa, with at least 20% of these coming from low-risk pregnancies.These women will face significant challenges with subsequent births, in many cases because their provider was not practicing evidence based care and may not offer them the option of a trial of labor after cesarean for subsequent births.

By joining AIM we hope Iowa will continue to improve the maternal and overall women's health care available throughout the state and serve as a leader for other states on practicing evidence based care.

Thank you for your consideration. If you have questions regarding this letter please contact Rachel Bruns at rachel.m.bruns@gmail.com or (515) 720-5892.

Sincerely,

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