

# Arresting Homebirth Midwives Just Reduces Women's Birth Choices

After being arrested and charged with practicing midwifery without a license last fall, a midwife in upstate New York is wondering whether or not she will go to jail for the work she has done for decades.

Elizabeth Catlin is a beloved certified professional midwife (CPM) who has caught hundreds of babies in the tight-knit community of mostly-Mennonite women near her home. According to a recent [in-depth article](#) on her ordeal, the state is cracking down on her actions, which they say are illegal.

## Another Tale of Occupational Licensing

New York is one of 19 states that does not recognize the national CPM certification, a private, standards-based, intensive training and certification program for midwives across the country. Instead, New York requires midwives to have state-approved midwifery licenses through a Certified Nurse Midwife (CNM) designation, requiring a nursing degree, specific training, and state registration, or a Certified Midwife (CM) certification that requires a master's degree and other stipulations.

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These state licensing requirements have little to do with safety and a lot to do with bureaucratic special interests and job protectionism. Not only do they threaten the freedom and livelihood of women like Catlin, but these regulations also

severely limit women's birth choices by creating midwife shortages and driving up costs. They also make safe birth choices, like a planned homebirth attended by a trained midwife, much less safe as women choose less qualified providers or opt for an unattended homebirth.

Women choose homebirths and other out-of-hospital births (like those at a birth center) for a wide assortment of reasons. Some want more control over the delivery process, a less rushed or sterile atmosphere, and fewer restrictions while in labor. Some find homebirth fees to be lower than what they would need to pay out-of-pocket for a hospital birth. Others choose homebirth for religious or cultural reasons. Like some women, [I chose homebirths](#) for my last two children after negative hospital experiences with my first two.

## Homebirth Is Fine for Most Women

Most pregnancies are uncomplicated, and many labors and deliveries, when allowed to progress without intervention, proceed as normal life events and not medical procedures. Recognizing this, Britain's national health service [recommended](#) in 2014 that low-risk women give birth at home or in a birth center rather than in a hospital.

As *The New York Times* [reported](#),

*For these low-risk mothers-to-be, giving birth in a traditional maternity ward increased the chances of surgical intervention and therefore infection, the [British] regulator said.*

But midwives remain heavily regulated by, and mostly funded through, the British government's National Health Service (NHS), creating a severe [shortage](#) of available midwives and preventing many women who want a homebirth from having one. Moreover, the few midwives operating independently of the NHS

face increasing [regulatory pressures](#) that threaten their ability to practice.

## Hospitals Are Dangerous

In the US, [demand for non-hospital births](#) is increasing, prompted in large part by dismal maternal health outcomes. A sweeping 2018 *USA Today* [investigative report](#) found that the “U.S. is the most dangerous place to give birth in the developed world,” with more than 50,000 women “severely injured” during childbirth each year, and approximately 700 annual maternal deaths.

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Many of these adverse outcomes can be linked to the rising rate of C-section deliveries that increase maternal risks associated with surgery and infection. In the US, the [C-section rate climbed](#) from 23 percent of births in 2000 to 32 percent of births in 2015. By comparison, the World Health Organization (WHO) suggests that a reasonable C-section rate is about 10-15 percent of all births.

If these adverse maternal health outcomes persist, it’s likely that more women will seek alternatives like out-of-hospital births. That is, as long as state regulators, politicians, and special interest groups don’t continue to take steps like those in New York to criminalize independent midwives and actively limit women’s birth choices.

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