Case Represents Midwife Tension In Hospitals

John Miller, AP

Midwives and doctors are longtime rivals in the politics governing where women should give birth - home or hospital. But that tension, typically played out privately between pregnant women and their healthcare providers, was laid bare this month in the case of two Idaho midwives suspended by the state after three babies died during a 14-month period between 2010 and 2011.

The Baby Place in Meridian remains open, but its midwife owner, Coleen Goodwin, and her daughter, Jerusha Goodwin, are barred for now from practicing, in part over decisions allegedly influenced by their distrust and frayed relationships with doctors in hospitals where they felt mistreated or disrespected. A former employee who trained at The Baby Place said hostility the Goodwins developed for doctors ultimately led to delays in emergency transports to hospitals.

Dani Kennedy told The Associated Press this antagonism caused them to make decisions against the best interests of mothers and babies, broadening the historic midwife-doctor divide to a wide gulf — with tragic consequences. Coleen Goodwin "did hesitate to transport, and that was really upsetting to me," said Kennedy, who trained at The Baby Place between 2007 and 2010. She left to open a practice in Hawaii, in part over these concerns. "I wanted to work in an environment where I was able to make my own decisions about the care of my clients," she said.

Kennedy was interviewed by Idaho investigators who began scrutinizing the Goodwins after one of the three mothers who lost babies lodged a complaint with the state. The Goodwins, whose website indicates they've helped 1,400 women give birth, declined interviews. A receptionist who answered the phone declined to say who is providing services to women following the Goodwins' March 23 suspensions.

St. Luke's Health System spokesman Ken Dey in Boise declined to comment specifically about the Goodwins' interactions with doctors at the hospital's facilities in Meridian or Boise. "The message we want to get across is, we're not anti-midwife," Dey said. "Women have the option to choose where they have their babies. But we want to make sure all the safety regulations are in place." OB/GYN Associates, the Idaho business that provides doctors to St. Luke's, didn't return phone calls seeking comment.

Though more than 99 percent of U.S. women give birth in hospitals, home births are increasing, accounting for 0.72 percent of deliveries in 2009, up from 0.56 percent in 2004, according to the National Center for Health Statistics. Significantly more Idaho women have a midwife-assisted birth or home birth than the national average. About 3.2 percent of the 92,000 total births between 2008 and 2011 were midwife-assisted, either at birthing centers or home birth.

Given that, remedying feuds like the one Kennedy said influenced the Goodwins' decision-making is growing more important, said Oregon State University professor Melissa Cheyney, a medical anthropologist and certified midwife. Midwives often feel disrespected by the medical establishment, Cheyney said, while doctors' objections to out-of-hospital births may harden with every traumatic transport.

This comes on top of the already-existing divide between the two views of childbirth, with midwives emphasizing the safety of natural births in a familiar, comfortable setting, while the American Medical Association contends women are best off in a hospital, where life-saving technology is nearby if something goes awry. "You're having this compulsory interaction between two value systems," Cheyney said. "A transport means these two systems have to come together — and work together."

The Idaho Board of Midwifery probe that preceded the Goodwins' suspensions highlights numerous instances where investigators said that didn't happen.

In August 2011, Jerusha Goodwin waited 11 minutes to call paramedics after a baby was born "limp, unresponsive and pale," investigators wrote. The mother labored for more than 48 hours, prompting the Meridian Police Department to launch an ongoing criminal negligence investigation after the baby died. "There were some questions about the length of labor," Deputy Chief Tracy Basterrechea told the AP.

On Oct. 11, 2010, a student midwife improperly cut an infant's umbilical cord, resulting in significant blood loss before the baby died. Jerusha Goodwin failed to provide medical personnel at St. Luke's Meridian Medical Center with relevant records, investigators wrote. And on June 30, 2010, Coleen Goodwin delayed paramedics from entering The Baby Place for four minutes. When they were finally allowed in, Coleen Goodwin instructed them to drive past two nearby hospitals to St. Luke's in Boise, adding precious minutes to a journey that ended in the infant boy's death.

The mother, Rachel Rabey, said in an interview Coleen Goodwin whispered to her, "If we go to Meridian, they won't let me stay with you." Rabey said she was perplexed. "I didn't care where I went, or if Coleen could stay with me," remembers Rabey, who recently had her third child, a girl, at St. Luke's in Boise. "All I cared about was getting to a hospital."

The Baby Place's website does indicate negative feelings toward hospitals, with one employee writing in a testimonial to prospective clients that she began her midwife studies after a hospital birth where she felt "cheated out of the birth experience." The Goodwins do have troubled relationships with doctors, said Alison Hunter Stucki, who planned her eighth child's delivery at The Baby Place in 2007 but was forced by complications to transfer to nearby St. Luke's Meridian Medical Center.

Stucki said her family witnessed hostile doctors force Coleen Goodwin from the delivery room. Still, Stucki, an ardent Baby Place supporter, doesn't believe those experiences led Goodwin to endanger women or their babies. "What I've

experienced is nothing but professionalism," said Stucki, who gave birth to her ninth baby at The Baby Place in 2009. "I do believe the doctors are upset with her. Every baby she delivers in her birthing center is one baby they don't get."

In addition to the three babies that died, the Goodwins were hit by a separate 2010 lawsuit, filed by the parents of a baby that suffered permanent brain damage. Last week, the midwives agreed to pay $5 million to Adam and Victoria Nielson, the couple that sued. The Nielson's attorney, Eric Rossman in Boise, said he pursued the case pro bono because he couldn't "in good conscience dismiss the case as long as they continue to practice in this facility."

Objective measures of Idaho's midwife-doctor relationships — and their impacts on babies — are difficult to come by, because the state doesn't keep comprehensive records of the outcomes of midwife-assisted births requiring hospital transports. A private effort, the Idaho Perinatal Project run by St. Luke's, documented 138 instances between 2005 and 2011 where mothers who planned a home birth were transported to a hospital. Though its records are also incomplete — reporting is voluntary; there are no reports for 2012 — they do point to the trauma that accompanies a planned out-of-hospital birth where something goes wrong. There were at least nine cases where infants died at or before arriving at the hospital and several instances of birth asphyxia, fractures, post-partum hemorrhage and unexpected twins.

For many doctors who don't see the cases of successful home births, these tense interactions add to already deep misgivings about midwifery. "There were also 34 cases which had no infant outcome listed," said Dr. Scott Snyder, medical director of St. Luke's Newborn Intensive Care Units. "The data is not an overestimation of what we're seeing. It's an underestimation."

Snyder does believe standards set by Idaho's midwife licensing that took effect in 2010 have fostered communication between most midwives and doctors, despite problems investigators found at The Baby Place. Midwives now visit St. Luke's, attending some staff meetings. Doctors' appreciation for midwives' services has grown, he said. Snyder is also hopeful when the Idaho Legislature reviews the state's midwife rules in 2014, when the existing licensing law expires, they'll make it mandatory for mid-wives and doctors to track outcomes of transfers.

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