

Pioneer is working to dispel the myths

By Diane Hubbard Burns

OF THE SENTINEL STAFF

Betty Hilliard, director of the University of Florida nurse-midwifery program, can hardly believe her eyes when she opens the mail these days. Every day there are two, maybe three letters from doctors, hospitals or health maintenance organizations that want to add a nurse-midwife to their practice.

"Ten years ago they would have ridden us out of town on a rail," said Hilliard, herself a nurse-midwife and a pioneer who helped bring the nurse-midwifery movement to Florida.

But today obstetricians and HMOs "appreciate having nurse-midwives on staff to do childbirth education, normal baby assessments, family follow-up and breast-feeding instruction — things that are very important to families, but that the physician might not be quite as qualified to do as the nurse-midwife."

Notice she did not say deliver babies. That's the rub.

Too many obstetricians still think of nurse-midwives as competition rather than complements to their practice.

Too many uneducated consumers still think nurse-midwives practice folk medicine and officiate over only home births.

Dispelling those notions has been the mission of Hilliard, 64, who plans to retire from teaching this spring. A graduate of the Yale University College of Nursing's first midwifery class in the 1950s, she came to teach at the University of Florida nursing school in 1961.

In the late '60s she began to work toward establishing a training program for nurse-midwives and finally saw the program — one of two in the state — open in 1982.

Before she could open a school for nurse-mid-



Betty Hilliard helped bring the nurse-midwife movement to Florida and establish a training program.

wives, she needed established nurse-midwife programs where the student nurse-midwives could put in their clinical practice. She also needed proof that there would be jobs for them when they graduated.

Both have been hard to come by. "It took a lot of P.R. to even bring people around to accepting the idea of having a nurse-midwife," she said.

In the mid-1970s, the University of Mississippi, using a grant to battle low-birth-weight babies in the South, sent out seed teams to establish nurse-midwifery programs in Southern cities. Hilliard helped to persuade hospitals in Boynton Beach, Clearwater and Jacksonville to take nurse-midwives on staff. "Without that, I would still be struggling," she said.

The Jacksonville University Hospital nurse-midwifery program became the clinical base for Hilliard's training program, which has graduated more than 30 nurse-midwives.

There are now about 230 nurse-midwives practicing in hospital-based programs, birthing centers, clinics and doctors' offices throughout Florida. But there is still progress to be made, misconceptions to be dispelled, Hilliard said.

"We have to be members of the same team with doctors. We all have the same goal — good maternal health. It's just that we have different skills — we have to blend them together."

Lay midwives' distinguished history may be ending soon

By Diane Hubbard Burns

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Midwifery (mid-WIFF-ree) has a long history to which nurse-midwifery is only a recent installment. Doctor-attended deliveries came about only in the 18th century, and even then, only for the well-to-do.

Midwives who learned from watching other midwives delivered many of our ancestors, born before 1900, and during much of the 20th century, continued to serve many women in poor and rural areas.

But Florida's lay midwives soon will be extinct unless they succeed in persuading the state Legislature to amend present law.

While the number of nurse-midwives — nurses who obtain advanced training in midwifery — has risen to 230 in Florida, there are only 38 practicing lay midwives. Licensed lay midwives are not nurses. They either trained at three-year midwifery schools or apprenticed with other midwives and passed a state examination.

Lay midwives delivered 382 Florida babies in 1987, most of them in the mothers' homes. But a 1984 amendment to the Midwife Practice Act put an end to licensing new lay midwives. The proposal was authored by Sen. William "Doc" Myers, R-Hobe Sound,

a medical doctor.

In its wake, one of Florida's two schools for lay midwives has closed. The other, in Miami, continues to train midwives' assistants.

But lay midwives plan to lobby lawmakers again next year to revise their ruling, said Sharon Hamilton, a North Miami lay midwife and president of the Midwives Association of Florida. Until the 1984 amendment all but phased out lay midwives, Florida's midwifery law regulated midwifery schools, midwife licensing, and the conditions of their practice.

"It was on the cutting edge of midwifery practice in the U.S. and a lot of other states have used our law to set up their own," said Hamilton. With a partner, she delivers about 60 babies a year in Broward and Dade counties, mostly in clients' homes.

Laws regulating lay midwifery vary widely from state to state. Twelve states recognize and license lay midwives, while some others outlaw it and still others allow the practice to exist without regulating it, she said.

"We are dedicating a lot of time and energy to educating people to the fact that women have a right to choose," Hamilton said. "This is not something we want to see legislated out of existence — that would be a grave, grave loss for women and babies."

still, Hoover said, "Out-of-hospital birthing is more of a problem issue than midwives alone, because in any normal, routine delivery, complications can occur suddenly and unexpectedly."

Dr. Steven Pillow is one of only five obstetricians in Lake County. He backs up two nurse-midwives on the staff at Waterman Medical Center in Eustis. They were hired last spring to help handle the large number of women giving birth there who had no doctor. The midwives have taken the burden of frequent emergency-room walk-in births off the doctors.

Pillow is an advocate of in-hospital nurse-midwifery for uncomplicated cases. "The two we have are excellent," he said. But he said of out-of-hospital deliveries: "There's been a hundredfold decline in [maternal] deaths since hospital births became standard early in this century. I think that speaks for itself," he said.

Ironically, nurse-midwives have had problems gaining the privilege to practice in hospitals in places like Orlando, where there are plenty of obstetricians. Yet many nurse-midwives — 40 percent, in fact — work in hospitals. They have found easier acceptance in areas like Lake County where there is an oversupply of indigent patients and an undersupply of doctors.

Attending the poor has been a function of nurse-midwifery since the movement was founded in the early 1900s to serve rural Appalachian families. But nurse-midwives historically assisted in home births. Today, that function is moving into birthing centers and hospitals. The doctor-owned Fern Park Birthing Center, opened this fall, handles private and Medicaid patients, some of whom are referred from Orange and Seminole county health clinics.

In Lake County, midwives Millie Abbott and Elizabeth Blossley

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MIDWIVES

From E-1

sors by advancing a holistic, non-interventive philosophy of pregnancy, labor and childbirth.

"Birth is a natural process — women have been doing it for so long," said Fennell, the college spokeswoman. "It's part of the midwifery philosophy to let that process happen."

The recent growth of interest in nurse-midwifery had its roots in the consumer and women's movements of the '70s, Fennell said. "People began to realize they did have options for care, and nurse-midwives were one of them. For so long there was the mind-set that physicians were the only ones you could rely on for birth care."

Grass-roots acceptance has pushed nurse-midwifery into the mainstream. "When I became a nurse-midwife 15 years ago, we couldn't work in Florida. Now we are licensed in all 50 states," said Ann Richter, a nursing consultant with the Department of Health and Rehabilitative Services in Tallahassee.

Doctor-attended births remain the choice of most women, however, and they are an absolute necessity for risky, complicated or Caesarean deliveries. Nurse-midwives who practice independently must have a backup physician who will agree to be on call for emergency deliveries if complications arise. Nurse-midwives carefully screen their patients and refer women with risky pregnancies to obstetricians.

But nurse-midwives have maintained that routine births do not require a doctor's presence or hospitalization.

ORLANDO SENTINEL

BIRTH.

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before joining the staff of Special Beginnings when it opened five years ago.

She prefers the less clinical birth center setting to that of a hospital. "Hospitals have a lot of routines they apply to everybody. We just kind of bypass some of the routines," she said. "There's no comparison in the family-centeredness of a birthing center."

Her clinical garb was emblematic of the center's atmosphere. She wore drawstring pants and a pink T-shirt that read "24 hours — we deliver."

"It's more relaxed here," said Joanne, who walked about the room and talked with her husband and a niece while waiting for her labor to progress. In a hospital, she said, "I'd be in bed with an IV and not able to get up."

Joanne's first two babies were slow to arrive after her water broke, even though she delivered them in a hospital where Pitocin, a synthetic hormone used to stimulate contractions, was administered intravenously.

Mattix encouraged her to think that would not be necessary this time.

"I think she was not totally convinced she was not going to need the hospital and the Pitocin. I tried to make all my messages really positive: 'You can do that on your own.'"

Around 8 p.m. Mattix resorted to an old remedy for slow labors — castor oil. Joanne swallowed two ounces. It causes the release of a prostaglandin that softens the cervix. It also causes diarrhea, which brings on contractions, Mattix said.

An hour and a half later, Joanne was in steady labor that continued until after midnight. Then her contractions again began to wane, and Joanne began to tire. "I was begging for sleep," she said.

At 1:30, Mattix took a break and called her colleague, nurse-midwife Sandra Williamson, to consult.

"You have to weigh the birth ex-