



4975 Wyeth Mountain Rd. Guntersville, AL 35976

Midwifery Licensure Position Statement
International Cesarean Awareness Network
August 14, 2020

ICAN supports efforts to increase availability of midwifery care for all, regardless of where they plan to give birth. Restricting the ability of midwives to practice independently by forcing restrictive collaborative agreements or legislating physician consultations is an abuse of power differentials, a conflict of interest, and reduces already limited access to care. With regard to people with a previous cesarean or cesareans, research is clear that planning a vaginal birth after cesarean (VBAC) is a low-risk option for many. There are risks and benefits to all options; it should be up to the family to make an informed decision, as no birth is risk free, and risk level does not change the human right of a decisionally capable adult to make their own healthcare choices. Midwives are trained to respond to rare, life-threatening complications.

A spontaneous, physiological labor after cesarean typically results in a VBAC and does not represent a special procedure. Given that, worldwide, one in five will undergo a surgical delivery, the population of people who may consider VBAC for a subsequent pregnancy is large and expected to continue to increase. Since finding support for a VBAC within the hospital system is difficult, or even impossible in many communities, out-of-hospital care for people desiring a VBAC is essential to any serious effort to reduce the cesarean rate and its associated maternal and fetal consequences. Further, as autonomous beings, pregnant people have the right to make informed choices. The American College of Obstetrics and Gynecology describes the importance of informed choice and autonomy in their Committee Opinion, titled: [Informed Consent](#). People should not be forced by legislators to have a certain type of care provider, nor birth location, as it violates their rights and autonomy.



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ICAN **categorically opposes** any proposed licensure or regulation of midwives that in any way restricts the access of anyone desiring midwifery support for a planned VBAC. We believe such restrictions are short-sighted and will ultimately **restrain the trade of midwifery and increase the access to care gap that families with a prior cesarean already experience**. Legislative VBAC restrictions consign a significant number of people to preventable repeat surgery, increasing maternal and fetal morbidity and mortality. There are those who will birth out of hospital, for cultural, religious, or personal reasons and any restrictions of this sort could lead to families birthing unattended, without the desire to do so. Restrictions on VBAC are strictly the result of **political maneuvering and conflicts of interest, and are not ethically enforceable**. This abuse of power differentials violates the human rights of the constituents which legislators serve.

Passing legislation that codifies restrictions on VBAC only serves the interests of the medical establishment by further limiting access to the midwifery-model of care. ICAN urges those working on licensure issues to **stop using VBAC as a negotiating tool** and rather put energy into educating legislators on the need for VBAC access as part of the larger effort to educate on the benefit of the midwifery-model of care. ICAN as an organization does not support any efforts that place restrictions on VBAC access. Statute limitations on VBAC are **never acceptable** and criminalizing midwives who attend VBACs is **never progress**. There are no mitigating circumstances or rationalizations that justify these restrictions. Support is always available for any efforts to educate and advocate for VBAC as an option for those with a previous cesarean or cesareans, consistent with our Mission Statement: To improve maternal-child health by reducing preventable cesareans through education, supporting cesarean recovery, and advocating for Vaginal Birth After Cesarean (VBAC).

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