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| Mennonite Midwife Freida Miller Arrested in Ohio  for properly using Pitocin to prevent a dangerous PP Hemorrhage |
| Letters by the ACDM to the Judge Thomas White, Prosecutor Robert Rinfret,  State Attorney General Betty Montgomery, Dr. P.W. Smith Jr., Pomerene Hospital,  Holmes County Health Department, Dr. Mullet and/or Sally Hofstetter  on behalf of Freida Miller and her situation, as it relates to the safety of childbearing women |
| American College of Domiciliary Midwives  Faith Gibson, Executive Director  3889 Middlefield Road  Palo Alto, Ca 94303  650 / 328-8491  [info@collegeofmidwives.org](mailto:info@collegeofmidwives.org)  October 16, 2002  Judge Thomas White  1 E Jackson St Suite # 301  Millersburg, Oh 44654  Fax # 330-674-0289  Phone # 330-674-5086 **Re: Request Reconsideration of the Freida Miller Case** Dear Judge White,  I have been following the legal preceding against Freida Miller since the original hearing last spring. I am a former Labor and Delivery Room nurse (17 yrs) and currently the director of the *American College of Domiciliary Midwives*, a professional organization representing community-based midwifery. Personally I am a Mennonite midwife living in California who has provided maternity care for the last 21 years under the religious exemptions clause of our state�s medical practice act. I am also licensed under our state�s direct-entry midwifery law and practice lawfully under the authority of both provisions.  As a former L&D nurse and a community midwife I am familiar with the various practical and legal issue surrounding the emergent use of anti-hemorrhagic drugs to prevent maternal death or permanent disability from the rare but potentially fatal postpartum hemorrhage. This is a particular problem in mothers who have had more than 8 pregnancies, which is not uncommon among the various communities of Plain People.  At the time of the initial hearing in the spring, I submitted a letter to the Akron and Canton, Ohio newspapers in an attempt to put the situation into the correct perspective. It appeared that many of those involved in the legal preceding do not understand the lifesaving qualities of the emergency drug Pitocin, which both a safe and non-toxic drug when used after the baby has already been born. It is apparently being confused with its use to induce or augment labor, which is *not* how it was employed by Freida Miller and other midwives who carry use oxytoxic drugs for their anti-hemorrhagic properties. It is morally and ethically appropriate for midwives to carry and use injectable oxytocin in an emergency.  I am frequently called upon to review midwifery cases for attorneys to determine if the midwife�s care was safe and effective. It is my expert opinion that Frieda Miller is to be commended for: (a) carrying oxytocin  -- i.e., Pitocin � a safe emergency drug to control uterine bleeding; (b) astutely recognizing the necessity for its use in serious postpartum bleeding; (c) being brave and honest enough to inform the ER physician that the mother had already received a dose of this emergency drug, thus alerting him to the seriousness of the situation. In regard to a �community� standard of care by direct-entry midwives in the US, this was **perfect midwifery management � A+ care.**  **Safety of the Drug and the Treatment:** When Pitocin is administered in a postpartum situation (i.e., after the baby is born) it is **one of the safest drugs in the world**, in fact safer than aspirin as, unlike aspirin, it is impossible to be allergic to oxytocin. Pitocin is only medicinally effective on the pregnant uterus and in a normal dose (1-3 ampules) has virtually no side effects, contra-inductions or allergic reactions and is never an �over-dose�.  The only medicinal effect it has in this minimal dose, in addition to stimulating the uterus to contract, is to be mildly �anti-diuretic�, that is to conserve or retain body fluids and blood volume. This is in the interest of a mother who has bled excessively.  **Emergency Exemptions Clause:** The emergency use of this safe and non-addictive drug by Frieda Miller not only protected the life of the mother but also the well being of her newborn baby and all other children in her family from the extreme and long-lasting distress of losing their mother. Also sever postpartum hemorrhage can cause permanent damage to the pituitary gland, causing **Sheehan�s syndrome** which, among other disease processes, makes it impossible to produce breast milk.  Oxytocin / Pitocin (the Parks-Davis brand name for oxytocin) should be available to every childbearing woman, regardless of where she gives birth (home, hospital or ambulance) or the status of the caregiver who attends her birth (religious practitioner, midwife, doctor or EMT).  The basic purpose of medical practice legislation is consumer safety. Any application of these laws should be consistent with (and not contradictory to) the well being of the public. For that reason, medical practice acts normally include an �emergency exemptions clause� that exempts laypersons from the technical requirements of regulated medical practice in a bona fide emergency. This is usually defined as a medical emergency occurring when no physician is present.  Functionally such �first responders� are restricted to actions made in an attempt to save a life, prevent permanent damage or extreme suffering and are within the technical ability and resources of the emergency responder. In war, natural disaster or accidents, lay rescuers perform all sorts of �medical� and even surgical interventions, such as an emergency tracheotomy on someone with an obstructed airway. As a counselor at a wilderness camp for kids, I was issued a pre-filled hypodermic syringe with **epinephrine** to use in case an allergic child was stung by a bee. There is ample precedent for the emergency use of anti-hemorrhagic emergency drugs.  In Freida Miller�s case, she appropriately administered a safe, single-purpose emergency drug that did not require her to either �diagnosis� between a variety of non-obvious medical conditions (tell the difference between a heart disease versus acute indigestion) or make choices between an array of different drugs (to give an antibiotics versus an antacid) or choose between various doses of the right drug. Pitocin comes in a 1 cc amp and you give one amp and repeat if necessary. Postpartum hemorrhage is a �clear and present danger�, a well-known complication of childbirth, of the same category of evident emergency as someone not breathing, suffering from anaphylactic shock, a sever asthma attack or arterial bleeding from an accident. It makes no sense to treat maternity emergencies differently than other medical emergencies that are protected by these well-founded legal principles.  **An Experienced Midwife is an Educated Observer with Emergency Response Capacity**  To criminalize the use of emergency drugs is to make childbirth unnecessarily dangerous. If the problem is the current law or its interpretation, then the law needs to be changed. If the prosecutor is serious in his concern for the welfare of the citizens of Ohio and interested in protecting the life and wellbeing of mothers and babies, he should bring this case to a close. Either the law is in need of revision or repeal or its interpretation is inadequate.  The basic purpose of medical practice legislation is consumer safety. Enforcing medical practice laws in a manner contradictory to common sense and the well being of the public is not in the interest of childbearing families or a civil society.  I hope to see this unfortunate case have a fortunate outcome �  a triumph of reason, compassion and just plain common sense in the interest of healthy mothers, happy babies and a stable society.  Freida Miller and other midwives are to be commended for carrying and appropriately using oxytocin to prevent maternal hemorrhage.  Faith Gibson, LM, CPM  Executive Director,  American College of Domiciliary Midwives  CC:      Holmes County Prosecutor Robert Rinfret              Ohio Attorney General, Betty D. Montgomery              P.W. Smith Jr., Pomerene Hospital              Holmes County Health Department,, Attn: Dr. Mullet and/or Sally Hofstetter **URL ~** [**www.collegeofmidwives.org**](http://www.collegeofmidwives.org/) A copy of this letter is post on the College of Midwives web site under the �Breaking News� subdirectory |
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