
LETTERS

More on Midwives

Thank you for publishing the article by Gabay and Wolfe, "Nurse-Midwifery: The Beneficial Alternative," in the September/October 1997 issue of *Public Health Reports*. It contains a good overview of the practice of certified nurse-midwifery but completely ignores an important and fundamental aspect of midwifery—the practice of direct-entry midwifery. The authors also failed to discuss the national certification for such midwives—the Certified Professional Midwife (CPM)—or the existing infrastructure of state-licensed midwives.

While the article makes a good case for the individualized care and lower intervention rates that are achieved through the use of nurse-midwives, it should be noted that both obstetricians and certified nurse-midwives practice primarily in hospital and clinic settings. The benefits cited are realized to an even greater extent when the practice setting moves from the hospital to the home or freestanding birth center and a direct-entry midwife serves as the maternal care provider.

Why? Women with low risk pregnancies who choose this option will unequivocally tell you that birthing in familiar surroundings or their own home without the distraction of strangers creates the optimal level of comfort and relaxation for the laboring mother. Removing the distraction of a noisy hospital setting and the ever-present potential for unwanted and unnecessary interventions is perhaps the single greatest factor in speeding delivery in normal, low risk, birth situations.

The article also focuses on the state of Florida and its active support for nurse-midwifery services. Yet it omitted the story of how Florida was

equally aggressive in promoting the education and practice of licensed direct-entry midwives. The CALL TO ACTION campaign and the Florida Midwifery Resource Center were created to advance the practice of midwifery in general, not just that of certified nurse-midwives. Because Florida has a large number of freestanding birth centers and a significant immigrant population accustomed to out-of-hospital care by midwives, the state needed practitioners who were trained to practice in out-of-hospital settings. Florida created its own infrastructure for direct-entry midwives to fulfill this specific need.

The success of the Florida maternal care campaign is a testament to the effective use of the full range of midwifery practitioners and the services they provide. A more inclusive article would have pointed to this success and would have described the various midwifery options, including CNM (Certified Nurse-Midwife), CM (Certified Midwife), CPM (Certified Professional Midwife), and LM (Licensed Midwife).

For information about the Midwives Alliance of North America, contact me at PO Box 188, Summer-town TN 38483; tel. 931-964-2589; e-mail <cpmcnel@usit.net>.

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Inappropriate Photo

I just came across *Public Health Reports*, Vol. 112, No. 5, September/October 1997. I regret to say that I do not see the point of your cover picture. It was in bad taste and did not enhance the article in any way; instead, it has taken away from the professional nature of your journal.

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SES Data Are Available

The article by Krieger et al. ("Can We Monitor Socioeconomic Inequalities in Health?" 112:6;481-91) is of great interest to us at the National Center for Health Statistics. We agree that accurate monitoring of social inequalities in health requires that appropriate data be routinely collected and published. Appropriate measures include educational attainment of mother and father for births and educational attainment and occupation for decedents.

The authors report that vital records information on socioeconomic status (SES) is published only by a limited number of states, thus restricting the ability to monitor trends and variations in fertility and mortality by socioeconomic status. While it is true that not all states publish these data, NCHS does publish this information. National, state, and substate (county and city) data on births by educational attainment of mother and on deaths by education and occupation of decedent are available from NCHS in tabular form and on public use data tapes and CD-ROMs that include unit record data.¹⁻⁶

In monitoring fertility and mortality differentials by SES, it is important to keep in mind that block-level SES data, or even county- or state-level SES data, needed for linking and for computing population-based rates are not routinely available from the U.S. Bureau of the Census. Detailed information of this nature is generally available only for Census years, thus precluding states from calculating population-based rates from vital statistics data. This severely restricts the ability of states to monitor trends and differentials in fertility and mortality by socioeconomic status and to develop intervention strategies to reduce differentials.

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