Texas Preventable Disease NEWS

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contents:

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LAY MIDWIFERY IN TEXAS

The year 1983 brought about the first lay midwifery law in Texas. This was an attempt to delineate the scope of lay midwifery practice and establish a mechanism for voluntary educational preparation for childbirth attendants in Texas. Lay midwifery has never been illegal in the state; lay midwives have been referred to in various civil statutes since 1925. In the past, these childbirth assistants were better known as "granny" midwives or the Hispanic equivalent of "parteras."

The term lay midwife is used in Texas to distinguish non-nurse midwives from Certified Nurse Midwives (CNM). The latter are Registered Nurses who have completed a year or more of advanced perinatal education and clinical experience and have passed a national certification examination. The preparation for lay midwifery is extremely varied throughout Texas, but generally involves extensive reading and independant study and an apprenticeship with a more experienced lay midwife for a year or more. The mentor system, used for years by the granny midwives, is still in use, as well. A recent questionnaire sent out to Texas lay midwives revealed educational backgrounds ranging from no academic preparation to graduate degrees (15%) including some doctorates.

Over the years, the proportion of Texas births attended by lay midwives has changed. Today the lay midwives assist at 2.3% of the state's births, 6,000 to 7,000 births a year (Table 1). Ten years ago close to 80% of the births in areas such as Cameron County in South Texas were managed at home by lay midwives; however, this percentage is closer to 20% today. These births involve a disproportionate number of women who come across the border to deliver and obtain American birth certificates for their babies. The majority of lay midwifery clients are the poor and those who have traditionally turned to midwives for their births. However, a growing number of families "of means" are seeking home births, and a few insurance companies will now pay for such births.

The Lay Midwifery Law of 1983 specified that certain things be accomplished by the Lay Midwifery Program. Among the many responsibilities of the TDH Lay Midwifery Program is the development and maintenance of a roster of lay midwives. In 1984 when the first roster was compiled, over 550 lay midwives identified, as required, with their county clerks. Today between 450 and 500 practicing lay midwives are identified on the Texas roster.

In 1985, a Lay Midwifery Manual was published, giving basic information on midwifery, the laws affecting lay midwifery, prenatal care, the stages of labor, care of the newborn, and family planning. This manual is available in both English and Spanish.

The law also specified that midwifery courses be made available throughout the state, followed by an examination. For those who pass the examination, a "Letter of Completion" is awarded by the program. The law, however, does not require lay midwives to attend the course or take the examination. Nevertheless, to date, over 100 lay midwives have attended courses offered in

of Completion. Courses are being arranged in Laredo, Abilene, Bryan-College Station, Midland, Corpus Christi, and Lubbock for 1988. These courses emphasize standard basic practices and are not meant to substitute for far more extensive study and apprenticeship.

In an effort to place certain limitations on the practice of lay midwifery, the law specifies that lay midwives will attend only women who are expected to have normal childbirths. The lay midwife is required to inform each client of the limitations to the practice of lay midwifery and the prohibition of certain obstetrical acts. These are described on a disclosure form which must be signed by the client and lay midwife and submitted to the TDH Lay Midwifery Program.

Other laws and ordinances apply to the practice of lay midwifery in Texas. Both San Antonio and Houston have had midwifery ordinances in the past. More recently, Brownsville and El Paso have inacted ordinances affecting lay midwives. In 1985, statewide legislation was passed to regulate birth centers in Texas. Although there are a number of physician/Certified Nurse-midwife centers, the majority of birth centers are staffed and run by lay midwives. Any lay midwife who uses her own home for births must have a license for her residence. These birth centers are licensed by the Health Facility Licensure and Certification Division at the Texas Department of Health.

Over the past four years, the Lay Midwifery Program has accumulated data on the practice of Lay Midwifery and the distribution of lay midwives throughout Texas. Although large numbers of lay midwives practice in some of the major cities, there are also many lay midwives in smaller towns and rural areas across the state (Figure 1). Data also indicate that the Hispanic parteras, once thought to practice only in the border regions, now practice as far north as the Panhandle and in many other areas of the state as well.

The 1983 legislation provided for sunset review of the Lay Midwifery Program in 1989. At this time, it will be determined whether the program will continue as it is, be changed, or be discontinued.

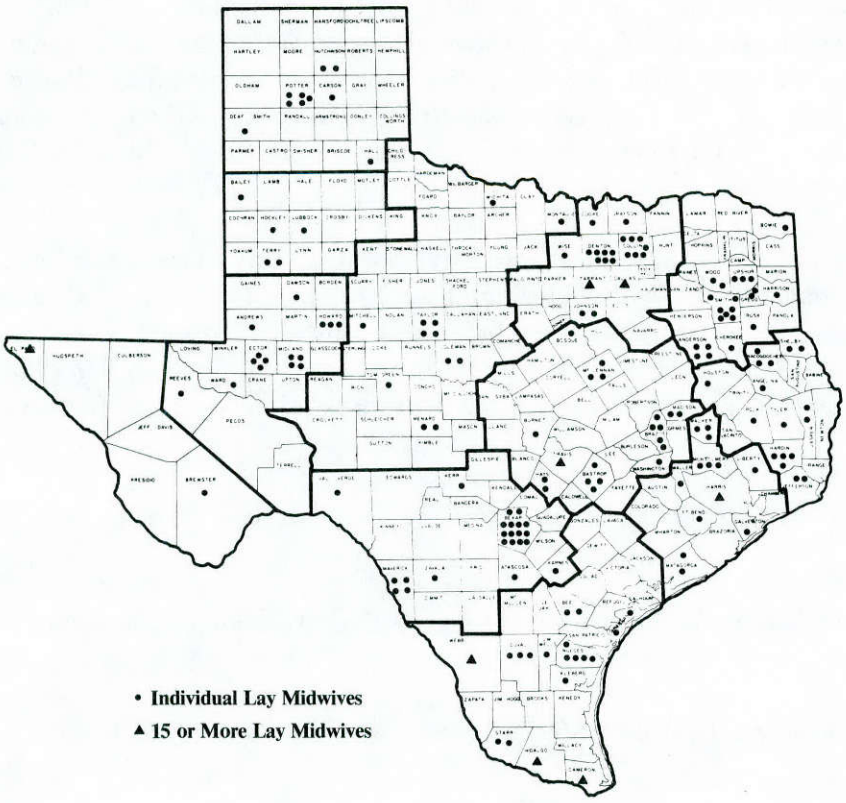
Prepared by: Jocelyn Alexander, RN, CNM, Director: Lay Midwifery Program, Bureau of Maternal and Child Health, TDH.

Table 1. Reported live births by delivery attendant and resident status of mother, Texas, 1986

Delivery Attendant	Texas Resident* n	%	All Births n	%
Physician	295,404	96.2	297,961	95.8
CNM	3,914	1.3	3,902	1.3
LMW	5,788	1.9	7,193	2.3
Other	1,897	0.6	1,951	0.6
Total	307,003	100.0	311,007	100.0

*Births occurring out-of-state to Texas residents are counted as resident births through reciprocal agreements with the other states.

Figure 1.
Distribution of lay midwives, Texas, 1987



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INFLUENZA UPDATE

Influenza virus activity intensified sharply by all indicators during late January and early February. Outbreaks of flu or flu-like illness were reported among nursing homes (Lancaster and Seguin), institutions (Corpus Christi State School), and schools (Marine Military Academy in Harlingen). Physician inquiries concerning the identity of the influenza virus strains in circulation have come in from all over the state.

This season the predominant strain of influenza virus has been identified as influenza A(H3N2). Texas is one of 25 states in which this virus is in widespread circulation. During the 1986-1987 influenza season, the predominant strain was influenza A(H1N1). There is now evidence that influenza B virus activity will increase, as both the Influenza Research Center at Baylor College of Medicine in Houston and the influenza surveillance program in Austin have reported isolation of influenza B virus from patients with dates of onset in January and February. Prior to these notifications, influenza B reports were received by CDC from five states other than Texas.

Laboratory analysis by the CDC of recent influenza A(H3N2) isolates from Texas and elsewhere in the nation has indicated some antigenic drift from previously prevalent strains (influenza A/Mississippi/1/85 and influenza A/Leningrad/360/86).[1] Hemagglutination inhibition (HI) testing of isolates from the United States and other countries has demonstrated that many of the isolates resemble either the influenza A/Leningrad/360/86 strain or the influenza A/Sichuan/2/87 strain.

Some degree of antigenic drift among influenza A viruses is not uncommon, and this phenomenon has always complicated influenza vaccine formulation. The current trivalent vaccine contains the influenza A/Leningrad/360/86 strain, in addition to influenza A(H1N1) and influenza B strains. Vaccine recipients should be protected from infection with homologous influenza A/Leningrad viruses. However, the overall optimal level of protection afforded by the vaccine will be reduced because of the presence of other influenza A(H3N2) variants, such as the influenza A/Sichuan/2/87. Physician reports of flu or flu-like illness in vaccine recipients of all ages confirm this observation.

Because the majority of influenza virus activity so far this season is due to variants of influenza A(H3N2), amantadine hydrochloride therapy can be used to augment vaccination programs. This antiviral drug, available by prescription, is specific for influenza A virus and has no effect on influenza B virus. It may be used to prevent infection if given before exposure or as treatment if given within one or two days after onset. (See PDN, Vol. 47, No. 35, September 5, 1987.)

Health care providers are reminded that influenza and flu-like illness are reportable to the TDH by case totals.

Prepared by: Lynne Sehulster, PhD, Staff Epidemiologist Infectious Diseases Program, Epidemiology Division, TDH.

REFERENCE:

1. CDC. Antigenic variation of recent influenza A(H3N2) viruses. MMWR 1988;37(3):38-40,46-7.

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Erratum: Three of the graphs on page 2 of PDN, Vol. 48, No. 4, January 30, 1988, were not placed with their proper titles. Figure 1 is correct. The second graph should be Figure 4; graphs 3 and 4 should be Figures 2 and 3, respectively.

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