

# Are we ready for the next disaster?

By Deborah Smitley

Man-made and natural disasters can occur at any time, as evidenced by September 11, 2001 and Hurricane Katrina in 2005. Missouri should be prepared for weather, epidemic, and terror-related disasters. What if hospitals are overwhelmed by casualties, disease or infection? Many first responders are not prepared to deal with the special needs of pregnant women and infants. Where will women give birth during the next disaster?

FEMA strongly encourages each state to prepare an out-of-hospital scenario that works well under such conditions. During Katrina, babies birthed unassisted in the Superdome and on the third floor of Salvation Army Corp Community Centers opened our eyes to the need for a better plan.

The Trust for America's Health reports that Katrina overwhelmed the institutional facilities we often depend upon for health care. In addition, doctors and nurses were forced to perform without the technology upon which they heavily rely.

Women and infants are disproportionately and adversely affected by disasters. Missouri women generally expect to give birth in hospitals; 99% of births occur there. But during an emergency, hospitals may not be immediately accessible. In the case of pandemic flu, hospitals may not be safe for pregnant women and infants.

Certified Professional Midwives (CPMs) are trained to work in homes and other out-of-hospital settings. Many midwives serve the Amish and Mennonite communities, and so are accustomed to working without electricity or other modern conveniences. Yet their statistics are as good or even better than those of doctors working in hospitals with the same risk population. In the event of a disaster, women could expect excellent birth outcomes by calling a midwife to their homes. In fact, CPMs were among the first responders when Katrina ravaged New Orleans. These midwives are astute in out-of-hospital births with limited technology. They are highly educated in the natural process of birth and in discerning the physiological needs of mother and newborn.

In February 2006, the National Working Group for Women and Infant Needs in Emergencies\* was formed to ensure that the health care needs of pregnant women, new mothers, and infants are adequately met during and after disaster situations. Access to out-of-hospital maternity care by CPMs fits with this mission.

Certified Professional Midwives should be part of Missouri's disaster preparedness plan. The CPM is the only maternity care provider credential that requires experience in out-of-hospital settings. At present, there are approximately 1400 CPMs in the United States. Experienced, community-based certified professional midwives are scattered across the state of Missouri. Many other states already include CPMs in their emergency disaster plan. I urge all Missouri policy makers to ensure pregnant and birthing women and their newborns are safely cared for when the next disaster strikes.

\* Members of the National Working Group for Women and Infant Needs in Emergencies include the National Association of Certified Professional Midwives, the Midwives Alliance of North America, the American College of Nurse Midwives, the American College of Obstetricians and Gynecologists, the Association of Maternal and Child Health Programs, the American Association of Birthing Centers, Centers for Disease Control and Prevention, March of Dimes, National Association of County and City Health Officials, and the White Ribbon Alliance for Safe Motherhood.