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STUDY LAUDS MIDWIFE CENTER

By MICHAEL deCOURCY HINDS, Special to the New York Times

WASHINGTON, July 16— Despite concerted and continuing opposition from prominent obstetricians, the nurse-midwifery Childbearing Center on East 92d Street in Manhattan has had a "profound" and "positive" impact on obstetric care nationally, according to a study released recently by the Federal Trade Commission.

The 42-page study, prepared for the commission by a private consultant, Lewin & Associates Inc., is part of a larger report entitled "Competition Among Health Practitioners: The Influence of the Medical Profession on the Health Manpower Market." The report concludes, among other things, that self-regulation by groups of medical professionals has sometimes delayed innovation and restricted competition.

The seven-year-old Childbearing Center was studied because its history "illustrated ways in which organized groups of physicians can control the marketplace," according to Arthur Lerner, a spokesman for the F.T.C.'s Bureau of Competition.

Problems Getting License

In particular, the study chronicles the difficulty the center had in obtaining a license to operate and in finding a hospital willing to provide backup medical services. The F.T.C. report also credits the center with providing an impetus for hospitals to "humanize the delivery of obstetric care." There has been a growing national trend for hospitals to include birthing rooms in their maternity departments and to expand the services of nurse midwives. The study concludes that "the competing service provided by the center has had a profound and, almost all agree, a positive impact on New York City hospitals specifically and trends in obstetric care generally."

Obstetricians interviewed, however, objected to their portrayal in the report, contending that their opposition stemmed from medical not economic concerns. First School in 1931

Troubles began in 1975. The Maternity Center Association, a nonprofit organization that in 1931 opened the first American school of nurse-midwifery, asked the obstetricians serving on its advisory board to help plan a new type of birthing facility. The center, which had received many consumer complaints about what was called unnecessary medical intervention at hospitals, wanted to create a homelike setting where nurse-midwives would attend normal births.

Women would be carefully screened by nurse-midwives and obstetricians during pregnancy, and only patients expected to deliver without complications would be permitted to remain in the program. If an emergency developed later, the patient would be transferred to a nearby hospital.

The doctors balked. Asserting that it would be unsafe to have a nurse-midwifery center outside a hospital, 10 of the 18 board members resigned from the Maternity Association. 'The Unanimous Decision'

At both city and state levels, obstetricians on government advisory boards almost unanimously recommended against permitting the center to operate. Dr. Jean Pakter, a pediatrician and then director of the New York City Health Department's Bureau of Maternity Services, said in an interview on Thursday that "it was the unanimous decision of the department and the advisory committee that out-of-hospital deliveries are unacceptable because 20 to 25 percent of so-called low-risk women develop problems during labor and delivery."

Over the last six years, about 16 percent of the center's patients have been transferred to hospitals during labor. Ruth Lubic, a midwife and director of the Maternity Center Association, said that only one baby had been involved in an emergency transfer and that the vast majority of transfers were not medical emergencies. Slow progress in labor was the principal reason for transfer, she added.

But in 1977 the state's Public Health Council, which has consumer members, made the unusual decision to ignore its advisory board's objections. It gave the two-year-old Childbearing Center a permanent license to operate. City approval was not needed. Economic Factors Mentioned

The report of the Federal Trade Commission attempts to put the doctors' opposition in an economic perspective by noting that birth rates in the city were declining, hospitals were closing and a surplus of obstetricians was developing. Obstetricians and nurse-midwives had become competitors for low-risk births, it states.

The doctors interviewed disagreed. "Competition was not an issue," Dr. Louis M. Hellman said Thursday. Dr. Hellman, then chairman of the department of obstetrics at Downstate Medical Center in Brooklyn, said he had resigned from the Maternity Association board because he could not accept "a birthing center in a basement of a town house a good ways from a hospital." Dr. Hellman added, "The center has a very good safety record but that doesn't make it safe, because serious accidents are rare." **Position Is Upheld**

Opposition to birthing centers in general continues. Just this week, the American College of Obstetricians and Gynecologists upheld its longstanding position against such out-of-hospital centers. And Dr. Hugh R.K. Barber, director of obstetrics and gynecology at Lenox Hill Hospital in Manhattan, said in an interview that he was "unhappy" that doctors on his staff were associated with the center.

Lenox Hill, at 77th Street and Lexington Avenue, is used as a backup for emergencies, although St. Vincent's Hospital - at Seventh Avenue and 12th Street - is technically responsible for transfers. "I am not opposed to the concept, just the logistics," said Dr. Barber, who added that concern about the possibility of malpractice suits kept Lenox Hill from becoming the official backup service.