Second Opinions

Midwives support immunization

Dr. Robert Mills, in the December 1995 AAP News (Second Opinions, “Midwives threaten immunizations”), stated that postnatal advice provided by nurse midwives regarding infant immunization was disturbing. He goes on to say that nurse midwives recommend either delaying or altogether withholding immunizations.

Dr. Mills did not research his facts before he wrote his letter and is confused. As a certified nurse midwife educator and provider for more than 16 years, I have worked in many areas throughout the United States, and am currently the director of a practice of 26 certified nurse midwives. I have never known of certified nurse midwives recommending to their patients delaying or withholding immunizations. Certified nurse midwives support full immunizations of all healthy children. Immunization education is part of the core curriculum of every nurse midwifery educational program. As health care providers, we strive to work together to ensure our children receive adequate immunization.

I would encourage Dr. Mills or any other physician who has concerns to contact the American College of Nurse Midwives, at (202) 728-9872, for information on nurse midwifery practice standards.

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Discharge goals seem naive

The idea that the Academy ought to oppose “early” discharge of mother and infant after birth seems to me to be naive, and a missed opportunity to really improve newborn care (“Model legislation would safeguard newborns,” January AAP News).

There is very little evidence to support the idea that an extra day in hospital will significantly improve newborns’ outcomes, especially in relation to the high cost of that care. But there is considerable evidence that home visits by nurses will improve outcomes in several ways:

1) Home visits allow an evaluation of the home setting’s environment and interpersonal relationships. Skilled home visitor programs have been shown to reduce child abuse.

2) Home visits allow for evaluation of mother-child interaction – to assess infant feeding, prevent dehydration and encourage breastfeeding.

3) Home visitors can screen for increasing newborn jaundice and allow for appropriate outpatient testing and treatment. One of the criticisms I have of hospital readmission studies is that many are for “neonatal jaundice.” But how many of these admissions were really necessary under the newest criteria? And how many could have been prevented by home bilirubin-light use, not to mention close follow-up on hydration and feeding techniques?

4) Home visits allow for an in-home safety evaluation and safety counseling, including counseling about smoking in the home.

I submit that the Academy should be backing medically appropriate early discharges, with one to three home-visit follow-ups in the first two weeks of life for all high-risk mothers and infants, including caesarean sections, primigravidae, low birth weight or otherwise medically at-risk babies, and all economically or psychosocially at-risk mothers and babies.

We should demand these home visits be covered by all third-party payers. More could be achieved at a far lower cost than extra hospital days. By backing the old concept of increased hospital stays, the Academy is missing a golden opportunity to foster a fundamental change in U.S. newborn care. What a shame if we do not have the vision to seize that opportunity.

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Disturbing anecdote

As president of the American College of Nurse-Midwives (ACNM), I was disturbed by the anecdotal experience of Dr. Robert Mills, implying that all nurse-midwives are a barrier to immunization of children.

ACNM and many nurse-midwives have a long history of working with international, national, state and local organizations to help reduce indigenous cases of vaccine-preventable diseases. We are particularly concerned that vaccines be safe, affordable and available to all populations. We also are concerned that families receive complete information, in language they can understand, regarding the risks and benefits of immunization and are allowed to make their own decisions.

There are any number of explanations for Dr. Mill’s observation. Whether he is describing families who question the safety of childhood vaccination; have religious prohibitions to immunization; seek clinicians who are nonjudgmental; who receive care from clinicians who do not support immunization, is unclear.

Whatever the explanation, be assured that ACNM will continue to promote a childhood vaccination program designed to protect children’s health and safeguard parental right to make informed choices.

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Different interpretations

When I wrote that I do not routinely plot growth charts for children (October 1995 AAP News, Second Opinions, “Growth chart concern of shrinking importance”), I hope no one else inferred, like Dr. Samuel Freedman apparently did in the January Second Opinions, that I do not measure height, weight and head size when I do well-child exams. I do, but I use a different method of interpreting those results.

In each of my examining rooms I have a chart furnished many years ago by Merck and Co. that shows mean and standard deviations of height and weight according to age and sex. After measuring a well child, I go to the chart and show the parent how these measurements fit the normal. If they don’t, I start looking for a cause.

I started my method long ago when new patients came to me and said: “My other doctor said my child was in the 25th percentile. Is he still the same?” I asked if they knew what that meant. I never found a parent who knew. Percentiles are gobbledygook! However, I find parents always understand when I say: “Your child’s height and weight is normal for his age.”

In my ongoing 47 years of solo private pediatric practice, I, too, have seen all the medical problems that concern Dr. Freedman. If growth patterns are going to reveal those problems, my method of determining growth failure is as accurate as his.

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No one way

Dr. Roy Halpern suggested, in the January AAP News (Second Opinions, “Speculum positioning”), an alternative positioning of the otoscopic speculum – upright, rather than upside-down, as dis-