



BACKGROUND INFORMATION ABOUT THE AMA AND ACOG

AMERICAN MEDICAL ASSOCIATION (AMA)

The AMA is not accountable to the public.

The AMA's (www.ama-assn.org) stated mission is "To promote the art and science of medicine and the betterment of public health." The AMA further states: "The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues." However, as patients and the public we are not members and have no say in what the AMA decides to do or not to do. "AMA policy on issues in medicine and public health is decided through its democratic policy-making process, in the AMA House of Delegates." <http://www.ama-assn.org/ama/pub/category/1815.html>

While AMA policy pronouncements are generally trusted by the public, there is no accountability for whether or not they are supported by good scientific evidence; they are based on the assumption that doctors know best. Consumers are neither invited to the table nor privy to the processes of the AMA. The AMA is accountable only to its members.

The AMA's priority is the interests of its members, not public health.

The AMA fits the dictionary definition of a professional organization -- "an organization by and for members of the profession" -- in this case of the medical profession. In other words, despite its stated mission, the AMA's primary purpose is to advance the interests of physicians and advance legislation and public policy that is favorable to its members.

According to the economist Milton Friedman and others, the AMA functions like a government-sanctioned guild, working to limit or eliminate competition, and limit physician supply to drive up physician earnings and fees. (As noted in "Bring Back the Guild System?". <http://mises.org/story/1252> quoting Friedman and Friedman. *Free to Choose*, pp. 229–30; "How Medical Boards Nationalized Health Care" <http://mises.org/story/1749>; Berlant, Jeffrey (1975). *Profession and Monopoly: a study of medicine in the United States and Great Britain*. University of California Press. ISBN 0520027345.)

AMA History and membership

The AMA, founded in 1847 (<http://www.ama-assn.org/ama/pub/category/1854.html>), is believed to be the largest association of physicians and medical students in the US. However, as of 2004, physicians who are members account for fewer than 19% of practicing physicians. (AMA: Membership Bounces Back Slightly. Peggy Peck, Managing Editor, MedPage Today; June 12, 2006 www.medpagetoday.com/PublicHealthPolicy/PracticeManagement/tb/3516). In other words, the AMA represents only a fraction of practicing physicians.

AMA seeks to restrict non-doctor scope of practice

The AMA has formed the Scope of Practice Partnership, a national effort to restrict the scope of practice of allied health professionals, including midwives, at the state level. This effort is not based on any evidence but serves to promote the interests of the AMA membership. SOPP includes virtually all of the medical specialties, is well-funded, and has been active in attempts to prevent certified professional midwives from achieving licensing, and works to restrict what nurse-midwives may and may not do in their practices. Read more about SOPP at <http://www.thebigpushformidwives.org/amastmt.aspx>.

The AMA promotes ACOG's interests

The AMA's Resolution 205, adopted in June 2008, was initiated by a member of ACOG and referenced ACOG's latest "Position Statement on Home Birth" (http://www.acog.org/from_home/publications/press_releases/nr02-06-08-2.cfm). ACOG's anti-home birth statements over the years consistently have ignored all existing scientific studies on the safety and outcome of planned home births with trained midwives. For more information, see "Background info about ACOG" [link] and [CfM's resource page on this, which is linked from "new and noteworthy" but not posted in Resources].

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

ACOG (www.acog.org) is a private membership organization.

"Founded in 1951 in Chicago, Illinois, ACOG has over 52,000 members and is the nation's leading group of professionals providing health care for women. Now based in Washington, DC, it is a private, voluntary, nonprofit membership organization." http://www.acog.org/from_home/acoginfo.cfm

ACOG's priority is the interests of its members.

From the following items on the ACOG website, it is clear that this organization fits the dictionary definition of a professional organization -- "an organization by and for members of the profession" -- in this case of obstetrics and gynecology physicians. In other words, ACOG's primary purpose is to advance the interests of obstetrician/gynecologists and to advance legislation and public policy that is favorable to its members.

The following is from ACOG's website [the emphasis is ours] (http://www.acog.org/from_home/ACOGStrategicPlan.pdf):

ACOG STRATEGIC PLAN

OPERATIONAL MISSION STATEMENT: The American College of Obstetricians and Gynecologists, **the pre-eminent authority on women's health**, is a professional membership organization dedicated to advancing women's health **by building and sustaining the obstetric and gynecologic community and actively supporting its members**. The College pursues this mission through education, practice, research, and advocacy. ACOG will emphasize life-long learning, incorporate new knowledge and information technology, and evolve its

governance structure. To achieve its strategic goals, ACOG will develop an operational plan that includes appropriate metrics.

ACOG's Position on Home Birth contradicts their stated goals and promises.

Among other items listed below the Strategic Plan is the statement that “ACOG will advocate for women's health by promoting” a number of items, among them:

- Women's reproductive rights
- Equity, nondiscrimination and cultural sensitivity
- Partnerships and alliances with women, women's groups, and others interested in women's health
- Advocacy education and training
- Research, research funding, and evidence-based practice

ACOG's position statement opposing home birth (see below) is in direct conflict with these promises. Opposing home birth interferes with women's reproductive rights, disregards issues of equity and cultural sensitivity, obstructs partnerships and alliances with women's health groups, ignores advocacy, and goes completely against evidence-based practice.

ACOG's latest Position Statement on Home Birth is contradictory and lacks any supporting evidence

The latest version of the position statement can be found at: http://www.acog.org/from_home/publications/press_releases/nr02-06-08-2.cfm . ACOG's anti-home birth statements over the years consistently have ignored the majority of scientific studies on the safety and outcome of planned home births with trained midwives. In this self-serving statement ACOG says [emphasis ours]: “ACOG **believes** that the safest setting for labor, delivery, and the immediate postpartum period is in the hospital, or a birthing center ...” without citing a single reference to support this “belief”. In fact, a large collection of studies over many years and in a number of countries has consistently shown that a planned homebirth with a trained midwife is as safe as the hospital, with far fewer interventions and less morbidity for mothers and babies.

ACOG's statement includes incorrect information and contradictory statements. For example: “ACOG acknowledges a woman's right to make informed decisions regarding her delivery and to have a choice in choosing her health care provider, but ACOG does not support programs that advocate for, or individuals who provide, home births.” If ACOG does not support home birth providers, then it is not supporting a woman's right to make her own informed decisions about her maternity care.

In the concluding paragraph ACOG states, again without any evidence whatsoever, “Choosing to deliver a baby at home, however, is to place the process of giving birth over the goal of having a healthy baby.”

For a complete discussion of the serious evidence omissions of ACOG's previous (and similar) position statements on home birth, along with facts, links and resources, see ACOG 2008 Press Release on Home Birth- CfM Rebuttal and Talking Points at: <http://cfmidwifery.org/Resources/Item.aspx?ID=132>

ACOG lacks knowledge or authority about midwifery and home birth

Obstetricians are surgeons trained to deal with complications of childbirth; they are not trained in midwifery skills and they are not trained help women give birth physiologically (normally, naturally).

Furthermore, today's obstetricians apparently cannot attend births without using major abdominal surgery on more than 30% of pregnant women, without using drugs for pain (86% of births), drugs to stimulate labor (47% of births), and medical induction of labor 41% of of the time (http://www.childbirthconnection.org/pdfs/LTMII_report.pdf). They have no understanding of how common and routine birth practices, protocols and interventions interfere with labor and increase risks of complications for mothers and babies.

Few obstetricians have ever observed a woman labor and give birth without interference, and almost none have observed a woman labor and give birth in her home with a midwife. How could ACOG possibly be qualified to assess the safety of planned, midwife-attended home birth?