

From: Jodilyn [jodilyn.owen@gmail.com]
Sent: Saturday, February 07, 2009 5:25 PM
To: Stein, Bat-Sheva (DOH)
Subject: To Whom it May Concern

This is for the board:

I would like to share my perspective regarding the need for an opt-out option for parents within the WAC code. As a labor doula I have been at hundreds of births all over king and pierce county and worked with dozens of OBs, Midwives, and Nurses in and out of hospitals. I can not overstate the quantity of differing statements about both the law and use of prophylaxis in babies eyes. I have heard everything from “it’s the law and you have to do it” to “do you want your baby to go blind?” to “if you don’t do it I will have no choice but to notify CPS” to the one providers use because they think it protects them; “I will chart that I gave it to you and then you can take care of it while I’m over here charting” to “I will chart that you refused to allow me to do it and you will need to sign that notation”.

This variety of comments does not even begin to cover the variety of answers out there. I was at a birth two weeks ago at one of the biggest hospitals in king county and the nurse told the mother that it would cover the baby’s eyes from getting syphilis and chlamydia. I was at a birth this week at that same hospital and the nurse told the parents that it covers their baby from getting the systemic (not vaginal) yeast infection a mother had in the baby’s eyes.

Parents are smart and savvy for the most part these days—and they use the internet to learn about as many of the choices they will need to make during childbirth as possible—especially those they will include in their birth plan. When parents know their own sexual history, the potential to build antibiotic resistance in their newborns, and how this drug can sting the eyes and disturb bonding through pain and blurred vision, many of them choose not to have it installed in their children’s eyes. When parents know they have the right to accept or refuse treatment for their baby and have to argue with their provider about it, something is wrong. It is clear that in this case what is wrong is the fact that providers in WA State are so universally confused by the language in the WAC. If it was one or two I would not be writing, but it is dozens of providers and institutions have trainers that obviously do not understand this either. I would say that over half of the women I have worked with over the years have successfully refused this treatment. It is already very common both in and out of hospitals.

Please include a clear opt-out or right to refuse statement in this revised WAC.

Thank you,

Jodilyn Owen
Labor doula