

The Honorable Joseline Pena-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, MD 21401

February 22, 2023

TESTIMONY IN SUPPORT: House Bill 351 – Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section

Dear Chair Pena-Melnyk and Members of the Committee:

I have been a Certified Nurse-Midwife for 15 years and prior to that a Labor and Delivery nurse. I have worked in 3 Baltimore-Washington area hospitals. As a midwife, I attended births in hospital settings for 8 years prior to opening my homebirth practice. When I started attending homebirths, I was blown away, but honestly not surprised, by the number of women choosing homebirth due to traumatic experiences with their last birth. They felt they had no choice and were coerced into making decisions for unnecessary interventions. Many of my current VBAC clients are black women who honestly don't know why they had their first c-section. They say they were young and didn't know any better and when the doctor told them they would be better off with a c-section, they acquiesced. Now that they're older and more educated, they regret having a c-section, which now limits their option for vaginal birth and was likely unnecessary to begin with.

I have clients calling me in Baltimore from the Eastern Shore and southern Maryland because they can't find an OB provider that is willing to offer them a trial of labor. Many hospitals in those areas are not allowing VBACs as policy. There are very limited or no CNMs in those areas who are offering home VBACs.

As we know, and my clients also know, the risks of a repeat c-section are significant. Especially when a client wants to have a large family, there are only so many c-sections that are considered safe. There is the risk of injury to adjacent organs, hemorrhage, infection, injury to the baby, and prolonged hospital stay. There are the long term sequelae including pain, adhesions, scar tissue, and muscle disruption. Many turn to homebirth as they don't have a satisfactory hospital option, especially in rural communities.

The options for VBAC in Maryland are inadequate. Licensed Direct-Entry Midwives are well trained and qualified to offer homebirth to women who have had a prior c-section in a safe and comfortable environment. There are not enough CNMs or even hospital providers to care for all these clients. Due to COVID, an increasing number of pregnant people are choosing to birth at home instead of risking infection and the inability to have multiple support people with them in the hospital. I am regularly turning away inquiries from my busy practice. We need more options for childbirth in Maryland, especially VBAC. LDEMs are qualified and needed to fill this need in our community.

I appreciate your consideration of this matter. Please support House Bill 351.

Respectfully,

Bayla Berkowitz, CNM, MSN

Charm City Midwives