

February 19, 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 am writing to offer my enthusiastic support for HB0351. This common-sense legislation will expand reproductive rights, which are surprisingly limited when it comes to childbirth in our state. While Maryland is among the more progressive states in terms of a woman's ability to choose *whether* to deliver a child, Maryland is among the more regressive when it comes to a woman's ability to choose *how, where, and with whom* she delivers her child.

Current Maryland law allows all midwives to attend home births, but only allows Certified Nurse Midwives (CNMs) to attend home births for clients seeking a vaginal birth after cesarian (VBAC). What does mean from a practical perspective? By way of example, a low-risk expecting mother who resides in Baltimore City and wants to have a VBAC is limited to the following options outside a hospital setting:

Option A – Choose between a grand total of three (3) CNMs in the entire state of Maryland that attend home births in the Baltimore metro area and hope she can get on their books before their high-demand schedules fill up.

Option B – Travel out of state to deliver at a birthing center, as there are currently no birthing centers operating in the entire state of Maryland.

Option C – Attend her own home birth unassisted, which is legal in all 50 states.

While midwives have an excellent home-birth VBAC success rate (80-90%), access to a home-birth VBAC is extremely limited under current Maryland law. Traveling out of state or attending one's own birth are often not practical or desirable. As a result of the lack of real choice and access, most women pursuing a VBAC end up delivering in a hospital setting, where they have a roughly 15% chance of having a VBAC versus an 85% chance of having a repeat cesarean, which involves significant blood loss and carries the risk of complications with delivery, nursing, recovery, and future pregnancies. Unfortunately, hospital births also pose a higher risk of trauma and maternal mortality - particularly among the BIPOC community, which has long been subject to systemic racism in hospitals. The COVID-19 pandemic also showed us how keeping low-risk patients out of the hospital can reduce the strain on our health care system, and the demand for home birth is rising.

This bill gives women who want a VBAC an Option D – the choice to pursue a trial of labor at home under the care of a direct-entry midwife, with more than sufficient safety protocols in place. This is a choice that my own wife, despite being the textbook definition of low-risk, is not currently afforded by our state government - purely because our first child was born via a cesarian section. I humbly ask that you trust women to make their own informed decisions about their bodies, and who they wish to attend their births, by passing this legislation.

Thank you for your consideration,

Patrick Terranova