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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of HB 351
Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

Good afternoon, Madame Chair, Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present **HB 351 Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section.** This legislation is the product of a 2021workgroup in collaboration with the Board of Nurses, hospitals, physicians, nurse midwives and licensed direct-entry midwives. If passed, it would permit Licensed Direct Entry Midwives (LDEMs) to provide birth delivery services in a woman's home under a model of care and in out-of-institution settings in same manner as other midwives in Maryland under current law.

The purpose of House Bill 351 is to increase maternal health options and access for Maryland women and families. Across our healthcare system, we have seen a significant increase in patient-centered care, with patients playing a more integral role in making decisions about their own healthcare and maternal health is no exception. Women are actively seeking more choices in the maternal healthcare services they receive including choice in (1) the practitioners they see, (2) the model of care they receive, and (3) the setting of that care. These choices had led more and more women to choose homebirth or out-of-institution care and those numbers increased dramatically during the pandemic as the risk of infection and visitor limitations have driven even more women to seek alternatives to hospital care.

However, under current law a woman who has had a previous Caesarean, which is more than 30% of the child-bearing population in Maryland, does not have the ability to make those choices due to the current restrictions on our home birth providers.

For women seeking care for a vaginal birth after caesarean (VBAC), access to care significantly depends on where you are located. There are large areas of the State where women simply do not have access to practitioners and institutions that provide VBAC care. Authorizing LDEMs to provide these services would increase access and options for those women.

In response to concerns about the risks associated with VBAC, we have crafted House Bill 351 to be limited to women are at the lowest risk for uterine rupture. The bill clearly lays out that if a woman who has had a previous C-section choses a home birth, the LDEM would consult with another health care practitioner whose specializes in pregnancy and delivery and share the information with the patient. Under this bill, this choice would only be available if the C-section was performed than 18 months prior to the home birth and the incision was low and transverse.

The women a LDEM would be able to provide services to under the proposed legislation have a less than 1% risk of rupture, and that number may be less given the low-intervention model of care utilized by LDEMs and other midwives. In addition, there are precautionary requirements; significant information and consent documentation and identification of the hospital where the patient would be sent if necessary.

In closing, House Bill 351 would allow LDEMs to provide services to women in Maryland that they are already able to provide to women in 26 other states. The legislation also permits LDEMs to provide these services under a model of care and in out-of-institution settings in same manner as other midwives in Maryland under current law.

Thank you very much for your consideration of HB 351 and I respectfully request your favorable report.