NIKKI WILLIAMS
LDEM, LM, CPM, CLC
Certified Professional Midwife

February 19, 2023
Chair Peña-Melnyk and Members of the Committee
House Health and Government Operations Committee
House Office Building, Room 241
Annapolis, MD 21401
Re: House Bill 351 - Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

Position: Support

Dear Chair Peña-Melnyk,
I am writing to you to urge your support of HB 351.
I am a Certified Professional Midwife, licensed since 2020 in both Maryland and Virginia. I have experience supporting VBAC (Vaginal Birth After Cesarean) in the out-of-hospital setting since 2010, in the United States (Maryland, Virginia, and West Virginia), and in Germany and England.

As a licensed out-of-hospital birth provider in Virginia who can legally provide VBAC, my current VBAC success rate, albeit with a small sample size, is 100% with 0% maternal or infant morbidity and mortality in both the home and birth center settings. Incredibly, as an example of another targeted regulation used to restrict midwifery access, Virginia does not allow CPMs to carry lifesaving medications of any kind, to include Pitocin or IV fluids, yet gives consumers the choice to weigh their personal risks and benefits of pursuing any type of out-of-hospital birth with a CPM, to include VBAC.

Last year, I attended a client who moved from her home in Pennsylvania to her parents' home in West Virginia in order to receive care to prepare her for a home birth after Cesarean (HBAC), because of the "VBAC Ban" (refusal to provide Trial of Labor After Cesarean (TOLAC) in her local hospital. This is a relatively common scenario and one that does not improve safety.

If people want a VBAC, they will move mountains to have a VBAC, which implies the role of financial and social privilege in their ability to achieve one. This then creates further health disparities in Maryland where disadvantaged people will have no choice but to subject themselves to a repeat cesarean with its myriad health risks, to include hemorrhage, infection, hysterectomy and placenta previa. Many women with a cesarean scar in Maryland who want a chance at a vaginal birth, with an 99.5% chance of an intact uterus, now feel forced to attempt to give birth alone, or with an untrained attendant, or with a trained attendant who has to travel from long distances out of Maryland to an unfamiliar hotel or AirBnB to attend them. This does not improve safety, especially in the context of ACOG's (American College of Obstetrics and Gynecology) statement that VBAC "*be*

performed in a facility with the ability to begin emergency cesarean delivery within a time interval that best considers maternal and fetal risks and benefits with the provision of emergency care." This encompasses every single person who is in labor, not just people attempting a VBAC. If a hospital states that they are not ready to treat a cord prolapse, or nonreassuring fetal heart tones, or a maternal stroke, then they are not equipped to be performing any birth.

ACOG also states "*a successful VBAC has the following benefits: No abdominal surgery, shorter recovery period, lower risk of infection, less blood loss. Many women would like to have the experience of vaginal birth, and when successful, VBAC allows this to happen. For women planning to have more children, VBAC may help them avoid certain health problems linked to multiple cesarean deliveries. These problems can include bowel or bladder injury, hysterectomy, and problems with the placenta in future pregnancies. If you know that you want more children, this may figure into your decision.*"

How can we square this strong, compelling statement from ACOG with the fact that approximately 16% of people having a TOLAC in hospitals in Maryland achieve a VBAC (albeit without the corresponding maternal or infant health outcomes that the state has deemed not important enough to track, yet consider it so dangerous as to totally restrict access), while 60-80% of VBAC attempts are reported to be successful and safe for mother and child in the home or birth center setting?

Certified Professional Midwives in the State of Maryland are highly trained in out-of-hospital birth, a qualification that we must prove by virtue of the Maryland direct-entry midwifery licensure requirements which are more stringent than many other states' requirements for midwifery licensure, some of which allow VBAC in the out-of-hospital setting with CPMs.

Certified Professional Midwives who are qualified to be licensed in Maryland receive specific training in VBAC and in recognizing conditions that are deemed to be less safe for VBAC in the out-of-hospital setting, including assessing each individual for safety such as type of scar and pregnancy interval, and also trained to prevent, identify and treat the rare emergent situations such as uterine rupture. Uterine rupture, at a rate of 1%, is a much more infrequent occurrence than two other emergency complications; postpartum hemorrhage (3%) and neonatal resuscitation (5-10%), both of which are time-sensitive acute emergencies that CPMs are also well-trained to manage in the home setting, and which we are entrusted to manage under Maryland law.

CPMs are also recognized experts in providing informed choice information and communication to their clients. Healthcare consumers such as pregnant women also must be given the right to choose what is best for them, their babies and their bodies, and with Virginia and DC sitting nearby, currently giving consumers this informed choice to access out-of-hospital VBAC, along with many other states (see the Virginia informed choice document attached) it feels especially arbitrary for Maryland to have set such a state-wise boundary on a condition that has a very low rate of emergency complication and a high rate of safety and success globally. I have attached my VBAC informed choice document as an example of the information that out-of-hospital midwives provide to clients to help them make the right choice for themselves.

I am not writing to you for financial gain; I do not need the business of VBAC hopefuls as am fully booked with clients who wish to have a homebirth for myriad other reasons, usually related to their deep dissatisfaction with their prior or current hospital-based experiences. I am writing to you as someone who sees and feels the trauma and desperation of people who wish to not be forced to gamble with their uteruses and the health of their future pregnancies with their extremely low chances of achieving VBAC in Maryland hospitals. Thank you for your time.

Sincerely,

Nikki Williams

nikki@bedheadbirth.com • www.bedheadbirth.com

Mobile: 443-857-2412 Fax: 833-356-2456

13922 Penn Shop Road, Mt. Airy, MD 21771