

Chair, House Health and Government Operations Committee  
House Office Building, Room 241  
6 Bladen Street  
Annapolis, MD 21401

RE: SUPPORT FOR: House Bill 351-Health Occupations  
Licensed Direct Entry Midwives, Previous Cesarean Section

February 22, 2023

Dear Chair Peña-Melnyk and Members of the Committee,

As a Licensed Direct Entry Midwife in Maryland, I wholly support HB351. The options for birthing people who've had a previous c-section and are seeking a vaginal birth in Maryland are sorely lacking. Many hospitals don't allow VBAC, and some counties don't have any hospital options at all. The only option for those people is more c-sections if they plan to have more children. The risk of multiple surgical births is higher compared to a VBAC after one or 2 c-sections. MD needs more options for VBAC! This is where CPM's can make a great impact for these birthing people.

Maryland has a primary c-section rate of about 34%. Most hospitals have a c-section rate of on average around 30%, whereas homebirth midwives have a c-section rate of about 5-10%. On the other hand, MD's VBAC rate is 16.3% (the national rate is 13%). Studies show that out of hospital midwives have high VBAC rates (as high as 95%!). Studies also show that the rate of uterine rupture after a cesarean is extremely low. CPM's provide safe, evidence-based care. We spend a lot of time during the prenatal care educating clients and preparing them for their birth, as well as making sure they stay low risk and are a good candidate for out of hospital birth. We provide careful monitoring during labor to ensure the birthing person and their baby are safe, and we have protocols in place for transfer to the hospital should complications arise.

As a student midwife, I attended many successful VBAC's at home with my preceptor, a CNM. I was very disheartened when I became a licensed midwife and was not able to attend clients who had a previous cesarean. Since I've been licensed, I've turned away more clients than I can count, who were seeking a vaginal birth after a previous cesarean. These people desperately wanted a care provider who believed in them and their body's ability to birth their baby, something they didn't feel they would get with a hospital provider. Many of these birthing people had suffered a traumatic birth in the hospital and did not want to return to the same system they felt betrayed by. Additionally, although the c-section rate for people in my care is low (about 3-10%), people who needed a c-section while in my care may want to return to me for future pregnancies and that isn't possible unless we pass this bill. Some people who've had a previous cesarean may also choose unassisted birth if they feel they don't have safe options for a provider who will attend them at home. It is in their best interest, and the best interest of their babies, to have safe, legal options for out of hospital providers who can attend them.

I ask that you please consider the many consumers who are affected by cesarean births, and support HB351 for Direct Entry Midwives to provide more safe birthing options for Maryland Families.

Sincerely,  
Deanna Kopf, CPM, LDEM  
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