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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of HB 1032
Health Occupations – Licensed Direct-Entry Midwives - Previous Cesarean Section

Good afternoon, Chairman Pendergrass, Vice Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 1032, **Health Occupations – Licensed Direct-Entry Midwives - Previous Cesarean Section.** This bill would narrowly expand the scope of practice for Licensed Direct Entry Midwives (LDEMs) to include low-risk women who have had a previous Cesarean-section, under some very explicit restrictions. This is referred to vaginal birth after Cesarean, or VBAC.

When the General Assembly provided for LDEMs to provide services in Maryland, we did so because we were convinced that it was safe for mothers and infants. We appreciated their highly patient-centered model of care and there was sufficient data from other states to demonstrate the effectiveness of their practice. The information that we have after 4 years of practice by about 30 LDEMs is that we were right; the incidence of back outcomes is almost nil.

Given that positive experience, we are now asking to allow LDEMs to practice with women who have had a previous C-section, under some very limited conditions. These include

- The woman has had only ONE previous C-section
- There is a low-lying transverse incision, which is at low-risk of rupture
- The previous C-section was at least 18-months prior to due date
- The LDEM is mandated to consult with another healthcare practitioner – explicitly an obstetrician or a certified nurse midwife

Of course, all the protections around informed consent and transfer requirements in current law would still apply.

This law would increase access to VBAC services throughout the state. Right now when a woman who has had a previous C-section is seeking the services of an LDEM, having made a decision for a home birth, she is turned away or referred to an already overwhelmed CNM. The pandemic has increased the number of women seeking out-of-institution care – which is similar to trends in other types of health care.

I know that there are concerns about legal liability in these situations. The LDEM assumes the liability for the care they provide, including for patients that require consultation with another practitioner or transfer. With regard to the liability associated with the consulting practitioner, in practice an LDEM is likely to consult with a practitioner who supports VBAC services in their own practice. The thought is that they will support VBAC for low-risk women, similar to those

kinds of cases they with which they are familiar. So the exposure risk should be about the same, or even lower given the risk-reducing restrictions in the bill. In past experience, consulting practitioners generally offer their own discussion around risk and aren't shy with their recommendations to patients. For hospitals, in the event of a transfer, there is currently a process in place for patients who transfer from LDEM care, including a smooth transfer of the patients, medical records, etc. Each provider is liable for the services they provide.

It is important to keep in mind that it is the woman who has made the choice to seek the services of an LDEM. Our current practice act includes very robust informed consent requirements, but we are open to something more specific to VBAC – maybe some follow up to the consult with the practitioner? We are open to discussion on this issue.

Passage of this bill would put Maryland in line with the 23 other states that allow practicing Certified Professional Midwives (CPMs), equivalent to our LDEMs, to serve women with a previous C-section. These states have similar restrictions to decrease risk as in this proposed bill. Ultimately this bill promotes access, and equity for women seeking these services, particularly women who have a lack of access due to their geographical location and women of color, who have higher C-section rates (for both first time and repeat C-sections). It would allow woman the ability make an informed decision about the kind of birth environment that works best for her and her family, when she understands the restrictions and limitations and meets the low-risk criteria.

Thank you very much for your consideration of this bill, which is supported by the Women's Caucus. We respectfully request a favorable report.