



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Bonnie Cullison

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 11, 2021

RE: **OPPOSE** – House Bill 1032 – *Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **opposition** for House Bill 1032.

House Bill 1032 authorizes Direct-Entry Midwives (DEMs) to preform vaginal births after a cesarean section (VBAC). The issue of VBAC being performed by DEMs in the home setting was the subject of significant debate and consideration when the DEMs were originally authorized to practice in Maryland. The significant risk issues associated with VBACs is the basis for the current prohibition. This issue was more recently considered by the DEM Advisory Committee in 2020 and the request to authorize VBACs was rejected by the Committee.

A prior cesarean delivery is an absolute contraindication to a planned home birth. Because of risks associated with a trial of labor after cesarean delivery (TOLAC) and the unpredictability of uterine rupture and other complications, it is recommended that TOLAC be undertaken in facilities with trained staff and the ability to begin an emergency cesarean delivery. The National Institutes of Health (NIH) has issued a consensus statement that speaks to the safety and clinical risk issues that makes a TOLAC virtually unacceptable in the home birth setting. The NIH statement indicates that TOLAC should be undertaken at facilities capable of performing emergency deliveries. Continuous electronic fetal monitoring is also recommended. The facility must be ready to perform an emergent cesarean delivery, which would necessitate a team consisting of surgeons, anesthesia personnel, surgical nurses, and operating rooms as well as blood transfusions, if needed, and appropriate postoperative care. Thus, the lack of these safeguards stresses the wisdom that precludes the practice of attempting a trial of labor to achieve a VBAC in the vast majority of out of hospital births. Moreover, in such situations, there would be an unacceptable delay imposed by transfer of a laboring woman to a suitable facility, as well as preoperative evaluation and preparation upon arrival to that facility. House Bill 1032 poses an unacceptable and unnecessary risk to women who have previously had a cesarean delivery. An unfavorable report is requested.

For more information call:

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