

The Honorable Shane Pendergrass  
Chair, House Health and Government Operations Committee  
House Office Building, Room 240  
6 Bladen Street  
Annapolis, MD 21401

Testimony in Support of House Bill 1032

Dear Chair Pendergrass, Vice-Chair Peña-Melnyk, and Members of the House Health & Government Operations Committee:

I ask that you please return a FAVORABLE report on HB 1032, Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section. This bill is an important step towards creating greater accessibility to safe birth options for Maryland families.

The cesarean section rate in Maryland is very high, and access to VBAC (Vaginal Birth After Cesarean) in this state is extremely limited, even though according to the American College of Obstetricians & Gynecologists (ACOG), it is in fact safe and appropriate for most women to attempt a VBAC.

Licensed direct-entry midwives in Maryland are trained to provide care in a VBAC birth but currently are prohibited from doing so, while most providers in a hospital setting in Maryland are not willing to provide such care or are prohibited from doing so by excessively restrictive hospital regulations that are entirely inconsistent with ACOG's recommendation.

All of this leaves most families in Maryland with no options but an automatic repeat cesarean birth which carries its own set of risks and potentially negative consequences, from the health of both mother and baby to the family's ability to even have the future children they desire.

My personal interest in this issue comes from that last point. I was a breech baby and was delivered via cesarean section. My mother had wanted a large family and I was her first child. Because I was a C-section baby, she was told she had to have repeat C-sections for the births of my two younger sisters, and then she was told that she basically wasn't allowed to have any more children! While we weren't wealthy by any means, my parents were certainly able to afford to have the larger family they desired. But oops, have to stop after three C-sections, and not permitted to attempt a VBAC, so she was forced to stop having children even though she wanted them. And our entire family and what it could have been was forever changed by that decision which was completely taken out of my parents' hands.

It is difficult for me to understand why all these years later, with plenty of research and history to back up the position that yes, VBAC should absolutely be an option for most women, we are still not permitting women to even try for a VBAC birth in most Maryland hospitals, yet not

permitting trained providers such as licensed direct-entry midwives to attend VBAC births out of hospitals either. We need to do something to change that.

The current restriction on the scope of practice of licensed direct-entry midwives in Maryland with regard to VBAC is inconsistent with the standard of care in other states and creates unnecessary barriers to care for many Maryland families. I have many friends who have been and continue to be personally impacted by these restrictions today. Those who have managed to have a successful VBAC (and yes, the beautiful part is that most women who actually are able to attempt a VBAC and are supported with appropriate care ARE successful!), have had to fight for it every step of the way, sometimes switching providers or hospitals in order to find the necessary care. Some even make arrangements to leave the state in order to give birth with a VBAC-supportive provider. I was speaking with an acquaintance last year who said that her sister, who has had a previous C-section, refuses to move to Maryland because of the high C-section rate and excessive VBAC restrictions here, even though it would bring her closer to her family. She wants to have more children but she's just not willing to have to automatically undergo major abdominal surgery in order to do so.

HB 1032 would be a good first step in removing unnecessary restrictions and making Maryland a more birth-friendly state. Please return a FAVORABLE report on HB 1032. Thank you.

Sincerely,

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