



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

March 11, 2021

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401-1991

**RE: HB 1032 – Health Occupations – Licensed Direct-Entry Midwives – Previous
Cesarean Section – Letter of Information**

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of Information for House Bill (HB) 1032 – Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section. This bill would remove a cesarean Section (C-section) or myomectomy (removal of fibroids from the uterus) from the list of examples of uterine surgeries that require a licensed midwife to transfer care to a health care practitioner. HB 1032 adds a previous C-section to the list of conditions that require a direct-entry midwife to both consult with a health care practitioner and discuss the recommendations of the consultation with the patient.

Women who have undergone a previous cesarean delivery have the option to proceed with a trial of labor after cesarean (TOLAC) or planned repeat cesarean delivery (PRCD). The decision for a TOLAC or PRCD is a shared decision made by the patient and provider. There are several factors that enter the decision including, but not limited to: (1) the patient's personal preferences; (2) the patient's obstetric history; and (3) the risks and benefits of TOLAC versus PRCD.

Due to the nature of their practice, direct-entry midwives operate primarily in out-of-hospital settings including homes and free-standing birth centers.¹ Therefore, this bill would potentially allow for direct-entry midwives to assist patients with previous C-sections to deliver at home.

While there is a need to ensure access to TOLACs in a shared decision-making role with the patient and provider, the Committee on Obstetric Practice with the American College of Obstetrics and Gynecology (ACOG) recommends that TOLAC be undertaken in facilities where

¹ National Midwifery Institute. <https://www.nationalmidwiferyinstitute.com/direct-entry-midwifery#:~:text=A%20direct%2Dentry%20midwife%20provides,also%20provide%20gynecological%20wellness%20care>

there is the ability to begin an emergency cesarean delivery within a time interval that best incorporates maternal and fetal risks and benefits with the provision of emergency care.² The risks associated with the trial and specifically complications, such as uterine rupture, may be unpredictable. Depending on the patient's home location, transportation to such facilities may be difficult. In addition, a US study showed that planned home TOLAC was associated with intrapartum fetal death rate higher than the rate of for a TOLAC at hospitals (2.9 vs 0.13 per 1,000).³⁴

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Director of Governmental Affairs at heather.shek@maryland.gov or at the same phone number.

Sincerely,



Webster Ye
Assistant Secretary, Health Policy

² The American College of Obstetrics and Gynecologists. Committee Opinion. Number 697. April 2017. (Reaffirmed 2020). Planned Home Birth. <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/04/planned-home-birth.pdf>

³ Cox KJ, Bovbjerg ML, Cheyney M, Leeman LM. Planned Home VBAC in the United States, 2004-2009: Outcomes, Maternity Care Practices, and Implications for Shared Decision Making. Birth. 2015 Dec;42(4):299-308. doi: 10.1111/birt.12188. Epub 2015 Aug 26. PMID: 26307086.

⁴ Landon MB, Hauth JC, Leveno KJ, Spong CY, Leindecker S, Varner MW, Moawad AH, Caritis SN, Harper M, Wapner RJ, Sorokin Y, Miodovnik M, Carpenter M, Peaceman AM, O'Sullivan MJ, Sibai B, Langer O, Thorp JM, Ramin SM, Mercer BM, Gabbe SG; National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. Maternal and perinatal outcomes associated with a trial of labor after prior cesarean delivery. N Engl J Med. 2004 Dec 16;351(25):2581-9. doi: 10.1056/NEJMoa040405. Epub 2004 Dec 14. PMID: 15598960.