

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

HB1032 – TESTIMONY IN SUPPORT

Dear Chairwoman Pendergrass and Members of the Committee,

Thank you for the opportunity to testify in support of bill 1032. My name is Mercedes Thomsen, I am a Resident of Baltimore city. I am here on behalf of all women. I have had a number of experiences surrounding the births of my own children that I believe no other woman should have to endure.

At 23, I delivered my first child via cesarean delivery when I was forced into the operating room by means of coercion. I was told, at 9.5 cm dilation, with no emergency signs, that, if I did not “do it their way” I would no longer have a doctor. So I relinquished my power and gave in to their incessant demands. Between insurance and copays, this birth cost over \$36,000. The trauma of this unwanted and unnecessary surgery was beyond belief and for many years, I was left with pain and discomfort surrounding my incision.

Five years later, I decided, yet again, to increase the size of my family. I intentionally became pregnant, only to learn that statistically speaking, if I were to return to the hospital for a second delivery after an initial Caesarian delivery, I would be approximately 90% likely to have a repeat cesarean! This was an unsettling fact, as I was already certain that the initial cesarean was completely unnecessary. I immediately began searching for alternative options and discovered that there were few, if any, to be found. I came to terms that the hospital would be an unsafe place for me to deliver, as I was not interested in additional unnecessary surgeries. I made the decision that my own husband, who grew up on a farm and helped birth horses and cats, would be a better care provider for me, a safer option, if you will. So I procured a manual on how to deliver a baby, which my husband and I began reading together. All the while, I continued searching for an appropriate care provider and finally, at 29 weeks gestation, I was able to secure an option that suited me, with providers who trusted my body like I did. I delivered my second child via VBAC with no medical intervention, only appropriate support and monitoring. Just over two years later I delivered another baby, also a VBAC at home. Both births left me empowered and collectively healed the physical and emotional scars left by the unwanted and unnecessary cesarean delivery. These births each cost \$3400.

It is not acceptable for hospitals and care providers to put hospital policy and convenience ahead of the wishes of mothers for the sake of financial gain, limited liability and statistical data. The world health Organization acknowledges that an appropriate cesarean rate among a population is roughly 10%, yet we are seeing rates closer to 35%. The ACOG acknowledges that a trial of labor after a cesarean delivery is safest for mothers and their babies, yet in this state, approximately 90% of women are denied that option. These excessively utilized surgeries are the reason we are seeing an INCREASE in the Maternal Mortality rate, yes that means mothers are dying, a fact that I find appalling in the 21st century in the United States of America. According to the CDC, the Maternal mortality rate has increased over 26% between 2000 and 2014. Meanwhile, According to the US department of health and human services, cesarean rates have increased by 60% between 1996 and 2009.

I urge you to pass this bill and allow the women in the state of Maryland to have access to appropriate options for VBAC deliveries. This is a matter of reproductive rights. Women should have choices when it comes to delivering their babies.

Thank you for your time and consideration in this delicate matter.