



Maryland
Hospital Association

House Bill 1032- Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

Position: *Oppose*

March 11, 2021

House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to provide respectful comments in opposition of House Bill 1032.

In 2015, the Maryland General Assembly passed HB 9, which provided a path to licensure for direct-entry midwives (DEM) to assist women giving birth at home. When the legislation passed, MHA and other stakeholders agreed to certain restrictions to promote the safety of women who choose a home birth with a DEM. Since these certified professional midwives have different educational requirements compared with certified nurse midwives, it was important for appropriate parameters to be in place.¹ One of the conditions was to limit the DEM's scope of practice to not include vaginal births after a cesarean section (c-section), also known as VBACs. While it can be medically appropriate to perform VBACs for certain patients, the inherent additional risk in those deliveries dictates that they take place where emergency services are readily available, such as in a hospital.²

Although there are many positive outcomes resulting from home births depending on the patient, the American College of Obstetrics and Gynecologists states prior cesarean deliveries are an **"absolute contraindication to planned home birth."**³ The Maryland Board of Nursing (the Board) upheld this stance. In response to the Direct-Entry Midwifery Advisory Committee's 2020 report, the Board did not recommend expanding the scope of practice of licensed direct-entry midwives, concluding "there was insufficient information and documentation included in the Committee's report to support the Committee's recommendation."⁴ The committee will continue to review data to monitor the current outcomes of home births assisted by DEM's and if future revised scope of practice should be modified.

¹ American College of Nurse Midwives. (October, 2017). "[Comparison of Certified Nurse-Midwives, Certified Midwives, Certified Professional Midwives Clarifying the Distinctions Among Professional Midwifery Credentials in the U.S.](#)".

² The American College of Obstetricians and Gynecologists. (n.d.). "[Vaginal Birth After Cesarean Delivery \(VBAC\): Frequently Asked Questions](#)".

³ The American College of Obstetricians and Gynecologists. (April, 2017). "[Planned Home Birth](#)".

⁴ Maryland Board of Nursing. (November 25, 2020). "[Report required by Health Occupations Article § 8-6C-12\(c\) \(MSAR # 10523\)](#)".

Although Maryland hospitals support the expansion of the maternal health care workforce to promote access to care, it is critical that the patient's safety and well-being always be at the forefront of these decisions. If problems arise during a home birth, direct-entry midwives are required to have a transfer plan in place. Increasing the complexity of patients delivering at home, such as those who have had a c-section, presents serious concerns for patient safety and for the health care professionals working at the hospital, who will be responsible for assuming the patient's care. This leaves Maryland hospitals solely responsible for the risk that comes with treating the serious and potentially life-threatening complications that can arise from a VBAC, including infection, blood loss, and uterine rupture.⁵

For the safety of birthing mothers and their babies, given the different level of academic training and the heightened risk of a VBAC even in a hospital setting, we strongly recommend an *unfavorable* report on HB 1032.

For more information, please contact:
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⁵ The American College of Obstetricians and Gynecologists. (n.d.). "[Vaginal Birth After Cesarean Delivery \(VBAC\): Frequently Asked Questions](#)".