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: An Act concerning Health Occupations – Licensed Direct–Entry Midwives – Previous Cesarean Section

Dear Honorable Members of Maryland Legislature,

My name is Jillian Oswalt and I am a working mother of two living in Baltimore City. I delivered my son via planned cesarean section in 2017 due to breech presentation and delivered my daughter vaginally in the care of midwives in 2020.

In my 2<sup>nd</sup> pregnancy I did all I could to learn about VBAC, the associated risks and benefits for mothers and babies, and the restrictions around VBAC in and out of hospital settings. In my third trimester I knew I was a great candidate for VBAC and decided to transfer care from a large hospital-based practice to a smaller practice of homebirth midwives which included one CNM (certified nurse midwife) as well as CPMs (direct entry midwives). To my disappointment, the practice was full for my delivery month. I called and emailed 7 different practices in Maryland and Washington, DC and was kindly turned away at each one. Many midwives, though licensed, lacked the CNM credential required to attend VBACs. Of the CNMs I talked with, each was overwhelmed with demand and booked solid, primarily with other VBAC moms. As I looked elsewhere for providers it was clear to me that the restrictions on VBAC for midwives could prohibit me accessing the out-of-hospital care I desired. Alas, the original practice called me back with a scheduling change and offered to support my birth.

The experience of giving birth at home in the care of midwives was emotionally the most gratifying and empowering thing I have ever done. Medically the birth was healthy and safe, but not without complications. I labored naturally with my husband while my midwives (CNM Bayla Berkowitz and CPM Nikki Williams of Charm City Midwives) unobtrusively observed my progress and monitored me and my daughter intermittently. When it was time to push, Nikki was the one to deliver my daughter, making easy work of her complex nuchal hand presentation. During the third phase of labor while I cuddled my newborn Nikki calmly asked to give me a shot of Pitocin, which I affirmed without concern. It was not until the next day that I learned that I had suffered a minor post-partum hemorrhage in those minutes after birth. Due to the midwives' medical expertise, experience, and impeccable bedside manner I was left to cuddle my new baby without disturbance while they stopped my bleeding, assessed my daughter's vital signs, repaired my second-degree tear, cleaned up, and tucked us comfortably in for our first night as a family of four.

I will be forever grateful to Nikki and Bayla for the experience they gave me. I also cannot help but feel a contradictory sorrow when I consider how close I was to going without that support. I urge you to support House Bill 1032 so that more women can access the spectacular care that direct-entry midwives are skilled, trained, and suited to provide. Thank you for your consideration.

Sincerely,

Jillian Oswalt