January 27, 2022

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

Re: House Bill 66 - Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

Position: Support

Dear Chairman Pendergrass,

I have been a Certified Nurse-Midwife for 25 years. For the first 11 years, I worked in birth centers and hospitals, including several Maryland hopitals ranging from large tertiary care centers to small community hospitals. 14 years ago, I started a home birth practice with another CNM, and was finally able to practice midwifery the way I always knew it should be practiced—treating each birthing person with love, respect, patience, an abundance of time, and health care based on **scientific evidence.** During that time, I have had literally hundreds of clients who came to me for a second or third birth after being traumatized by their hospital experience. They felt that their care was impersonal and automatic, at best, and abusive and coercive at worst. Some of the most traumatized people have been those who felt that they were "railroaded" or "bullied" (their words) into cesarean sections, for reasons they were never allowed to understand. They felt they had no choices, and that scare tactics and shaming were used to get them to comply with the practitioner's wishes.

Here are some facts: The average hospital in Maryland has about a 30% c-section rate, and when women tell you their birth stories, it was ALWAYS an emergency c-section. (The c-section rate in my practice, **including those who transfer to hospital,** is 5-8% depending on the year, so it begs the question of WHY there are so many emergencies in the hospital, but that is not the subject of this bill). The point is, if 30% of women are having a surgical birth with their first baby, there are then a very large number of women pregnant with their second baby who might read the **scientific evidence** and conclude that they would like to have a vaginal birth for the second baby, because the risks of a repeat c-section might outweigh the risks of a vaginal birth.

However. The VBAC success rate in the USA is about 13%, and in Maryland it is a bit lower than that. On the other hand, in my practice, our VBAC success rate is over 93%. In fact, our vaginal birth rate is higher for those with a previous cesarean than for those who have never had a baby. A midwife is the ideal attendant for a woman giving birth with a history of traumatic birth and/or c-section, because personalized care, one-on-one attendance, careful vigilant monitoring of maternal and fetal well-being, recognition of complications as they arise, and

immediate swift action are the hallmarks of our care. They are the **standard of care** in our practices, and our outcomes bear witness to the effectiveness of our care.

Licensed Direct-Entry Midwives with clear emergency protocols and pathways to transfer of care when needed are perfectly qualified to attend people who are birthing at home after a cesarean, as long as the birthing person has adequate documentation of a low transverse uterine scar, no other health issues, and careful monitoring during prenatal care. With more people choosing home birth since the onset of the pandemic, and no end in sight, Maryland families deserve to have the choice to deliver at the place of their choosing, with the qualified, licensed attendant of their choosing. I can't think of any reason to deny LDEMs, who are nationally-certified professional midwives, the right to offer this valuable and much-needed service.

Please show your respect and consideration for the safety and well-being of the birthing people of Maryland by supporting House Bill 66.

Respectfully,
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