Shifrah's Sisters
HOLISTIC BIRTH SERVICES

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Elizabeth Reiner
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To the members of the Health Occupations Committee,

Thank you very much for all of the work that you do for our state!

My name is Elizabeth Reiner, and I am a home birth mother, Certified Professional Midwife, LDEM and former Vice-Chair of the Maryland Direct Entry Midwife Advisory Committee, where I just finished serving my second 4-year term in December 2021. I have been attending births for 19 years and have been a CPM for 10 years.

I am writing in support of HB66 and to let you know that the Direct Entry Midwife Advisory Committee also supports this bill, as can be seen in the minutes from our open session meetings over the last few months where we rigorously discussed this issue and weighed the supporting and opposing views.

As a licensed midwife, I already attend home vaginal births after cesareans (VBAC/HBAC) in all of our surrounding states—VA, PA, WV and DC—where VBAC *is* permitted. VBAC is well within the scope of practice for CPMs, especially with the restrictions that our current statute/regulations and this bill create. Additionally, our Certified Nurse Midwife (CNM) colleagues currently attend HBACs in Maryland, which means that our state already has a precedence for midwives attending VBACs outside of the hospital setting. Sadly, however, there are not enough CNM home birth practices to meet the vast need throughout our state—which means many of these parents who want to bring their children into the world in their own homes after having a cesarean birth cannot find a supportive provider to do so or need to travel to our neighbor states. Especially given the strains on our healthcare system with the pandemic, we need every qualified and licensed provider on deck to serve our Maryland birthing families!

LDEMs can meet this need and fill this void: We are trained in this precise birthing scenario.

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It's also important to know that VBAC families are often extremely well-informed, -educated and -aware of the risks and benefits of the birth they desire. They choose our care with the utmost intention, and we take their trust very seriously.

One of the main concerns and arguments against HBAC is that uterine rupture may occur. The statistical reality: This occurs in a range of 0.4 to 0.9% of all VBACs, even the higher risk ones that this bill already excludes. It is not because VBACs are without risk that it is a reasonable choice to have an HBAC. It is that *all* birth comes with inherent risks, including the very dangerous risks that accompany the high rates of repeat cesarean surgeries in our Maryland hospitals--placenta problems (accreta and percreta), hemorrhage, infection, scar tissue adhesions, damage to other organs, hysterectomy, and more.

Informed consent and patient autonomy means that the birthing family gets to choose the set of risks that they are most comfortable with. Plus, rupture can happen in any stage of labor, including earlier in labor where even a family planning a hospital birth has not yet arrived in the hospital. For my clients' HBAC births, I arrive to the labor earlier in the process than I do with non-VBAC clients. I am even more vigilant than usual and monitor even more closely than usual.

It is wonderful when families can find a supportive OB/GYNs to support them for a hospital VBAC but unfortunately, that level of support is not accessible to most birthing families throughout Maryland. Most especially not within communities of color and rural populations. I am personally happy to answer any questions about LDEMs, the Direct Entry Midwife Advisory Committee or HBACs that I can.

Thank you for your support of this small but impactful bill!

Sincerely,

Elizabeth S.K. Reiner

Elizabeth Reiner, CPM, LDEM, LM

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