January 27, 2022

Dear members of the Maryland legislature:

I am writing to express my strong encouragement that Maryland licensed Certified Professional Midwives (CPMs) be allowed to support families planning a homebirth after cesarean (HBAC), or any vaginal birth after cesarean (VBAC). Maryland families need to have access to meaningful, targeted, and *legal* homebirth support when choosing their birthing options!

While "VBAC" has long been a scary word in perinatal healthcare, it does not need to be so. The research supports that VBAC and also HBAC is reasonably safe when supported by a skilled provider.

A recent podcast from Evidence Based Birth[1] discusses the evidence on VBACs, and highlights the following points:

- In their 2010 Practice Bulletin, the American College of Obstetricians and Gynecologists (ACOG) stated that most people are candidates for a trial of labor after cesarean and should be offered one. They continue to recommend that TOLAC be undertaken at facilities capable of emergency deliveries with staff immediately available. However, they went on to say that […] respect for patient autonomy supports that patients should be allowed to accept increased levels of risk.
- The risk of uterine rupture for people who are having a trial of labor after cesarean is about 0.47%.
- Having your labor induced medically can also increase the risk of uterine rupture. The risk is about 1.1% if you have Pitocin, about 2% if you have prostaglandins, and 6% if you're given misoprostol to induce labor.
- One of the most important studies looking at the risks and benefits of planning a VBAC versus planning and elective repeat cesarean was published by Landon et al. in 2004 in the New England Journal of Medicine. This study took place at 19 hospitals from the years 1999 to 2002. […] Overall, about 39% of the sample had a trial of labor after cesarean, and 73% of women who attempted a VBAC did have a VBAC.
- [R]acism, including the effects of prejudice and institutional racism, also appears to influence rates of VBAC. There is a significantly higher likelihood of VBAC among white mothers compared to black, Asian, and Latina mothers. This is not because black, Asian and Latina mothers are physically incapable of having a VBAC. It's because the system is set up to discriminate against them.

In brief, for over a decade ACOG has supported VBACs, and the statistics from multiple studies suggest that VBACs present low risks to both birthing people and

[1] https://evidencebasedbirth.com/ebb-113-the-evidence-on-vbac/

babies. However, many families continue to face anti-VBAC rhetoric, racism, and other forms of discrimination when trying to access VBAC support.

Our state's VBAC statistics support the poor access many families have to VBAC care. In Maryland, in 2020, 11,720 babies were born to people who had previously given birth via cesarean. Of those, 1,980 were born vaginally.[2] While this 16% VBAC rate is somewhat higher than the national average of 13%, it is appallingly low when you consider that VBACs have long been known to be the safer option over repeat cesarean, especially for those planning one or more future pregnancy as well.

Part of the reason that Maryland's VBAC rate is so low is that some OBGYNs "don't do VBACs," thereby limiting birthing people's access to both TOLAC and VBAC support. Additionally, in an overburdened hospital system, many birthing people are unable to access the emotional and physical support they need for a TOLAC/VBAC.

Homebirth care with a licensed midwife offers a meaningful and *safe* solution to many of these challenges, and presents an avenue for families to access both TOLAC and VBAC care. Allowing CPMs to attend VBACs opens up healthy opportunities for many families, and increases families' options for community-based, culturally humble and congruent care. Additionally, increased access within the community reduces the burden on the overtaxed hospital system, and promotes safe and meaningful care in an out-of-hospital setting—reserving hospital space for higher-risk clients.

I can personally attest that this increased care access is deeply desired by and will be truly beneficial to many Maryland families, and I highly encourage you to support the expansion of VBAC access to our communities' birthing families by enabling CPMs to legally support VBACs at home.

Best,

Rachel Carbonneau
Director, FAMILY WAYS
301-412-2976
rachel@family-ways.com
www.family-ways.com

[2] https://wonder.cdc.gov/; data as of 1/27/2022