

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
Miller Senate Office Building, 3 East  
11 Bladen Street  
Annapolis, MD 21401

Re: Personal Testimony in Support of Senate Bill 376 – Health Occupations – Licensed Direct-Entry  
Midwives -Previous Cesarean Section

Dear Chair Griffith and Members of the Committee:

My name is Pamela Terranova, and I am a resident of District 41. I am writing today to encourage you to vote in favor of SB 376, expanding a woman's right to choose Vaginal Birth After Caesarean (VBAC) support that includes certified professional midwives (CPMs). Aside from being qualified in their didactic learning to attend VBACs, CPMs stand poised to play a critical role in healthcare today. At a time when hospital staffs and resources are stretched thin, an option to keep otherwise healthy births to willing parents at home when risks of adverse effects are low is both logical and prudent. But you will hear all about the logic and statistics from others much more qualified than I am. What I can contribute is a first-hand account of who a bill like this would serve.

I had known for years that my first birth would be a homebirth. I'm a chiropractor by trade, and my specialty is in prenatal care. I have spent the last nine years serving Maryland parents to prepare them for birth. I have seen what a birthing body is capable of without interference. So when I was expecting a child of my own in 2019, I was thrilled to allow my body to do what it was designed to do. I chose a homebirth because I knew that I would just need guidance and support – reminders that what I was experiencing was normal and natural. I didn't want to be distracted from the physiological progression of my pregnancy and birth. I trusted myself, and I trusted my midwife to fill in the blanks that I couldn't. As it turns out, my son had other plans. I like to think he was preparing me to serve a broader spectrum of patients in practice. He was also testing the skills of my birth team – and they rose to every challenge.

I had a long pregnancy – I didn't go into labor until 41 weeks and 6 days, which already would have led most hospitals to be pushing me to an induction. This is despite the fact that a baby is not technically 'past-due' until 42 weeks. My baby was just comfortable in utero – my CPM sent me for an ultrasound earlier that day to confirm as much. When my labor came on stronger, my team assembled. Things were progressing well...until they weren't. My son was just fine, but he had rotated and gotten quite cozy. So my labor stalled. And stayed stalled for two days. You read that right – I was in active labor, unmedicated, at home, for two whole days. And I would do again in a heartbeat.

My midwife and her assistants watched and waited. They conferred and discussed options with my husband and me. They included me in their decision making. And they did not rush me to any decisions. Because even when my body was struggling to birth my baby on its own, my person was still something to be consulted and heard. They knew that the adage, 'healthy baby, healthy mom' is not enough and diminishes the extraordinary experience of becoming a parent. So they gave me time – something our medical system is not always equipped to do. Knowing my baby was healthy, but that my body was fatigued, they guided me to the responsible decision of a transfer.

There is nothing quite like being a homebirth-transfer to a hospital. It was like the worst walk-of-shame you can imagine. The providers there had been forewarned by my midwife that we were coming in, records transferred, and the stage set to take on the person who didn't want to be there in the first place. Everyone has their biases, and it's hard to mask them when we are fatigued – which is how I explain the fact that the OB at the end of her shift when I presented to the hospital hadn't even allowed me to get my epidural in place before she was recommending a Caesarean. Mind you, my whole birth plan – years in the making – had just crashed down around me. I had agreed to a transfer to get some rest with pain relief and fluids since my son was doing fine, comfortable as ever. So there was, again, no need to rush. But she pressured and shamed me for asking questions and making an informed and educated decision to see if I could still deliver on my own. Was I not as confident in my knowledge and preparation for birth, and not surrounded by my support system (something that would not be possible with today's remaining COVID protocols in a hospital setting), I'm sure I would have wavered and been rushed into a surgical birth, entirely unprepared mentally and left to question (even more than I still do) had I really done everything possible to try and avoid a C-section. It can not be understated the effect this can have on the newly-postpartum family. From a delayed onset of lactation, interrupted bonding – the decision to have a Caesarean should not be made lightly. And it was with a very heavy heart that we eventually made that decision for my family.

But unlike most new families, I was acutely aware of what implications this birth had not just for my newborn, but for every subsequent birth I might be honored to have. There are only three CNMs that serve homebirth clients in Baltimore. They are typically booked up months in advance, meaning if they aren't your first call after you see those two lines on a pregnancy test, you may be entirely out of luck. This makes it more likely that, even though a VBAC is a safe and recommended option for most parents, anyone due this year would be in a hospital system that discourages even trying to labor. It is exhausting having to advocate for your wishes with a provider with whom you are not on the same page – especially when you are gearing up to do something as labor-intensive as give birth. It takes a certain amount of bravery to attempt something that you have already been unsuccessful in doing when you know the many benefits of doing it must outweigh the fear of failure. You will waiver, and in those moments, you need the support of a provider who truly believes in your abilities as a birthing person. Midwives are uniquely positioned to be these caregivers – but we need more of them as demand rises in a state where the first time Caesarean rate is far above the WHO-recommended standard (34% compared to the goal of 10-15%). There is no clear reason as far as I can see to prevent this bill from passing – midwives have the heads, hands, and hearts to change the trajectory of so many lives. As my husband and I prepare to expand our family in the near future, I await your responses eagerly.

Thank you for your time,

Pamela Woodward Terranova, DC  
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