

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

Chair Griffith and Members of the Committee.

I am writing in favor if SB376.

My name is Sharon Dongarra. I'm a wife, a mother, a homebirth advocate and a chiropractor who has had the honor and privilege of caring for pregnant people in and around Baltimore for the last decade.

In my experience, when the topic of healthcare comes up legislatively the conversation tends to center around cost and access. Today, we have the opportunity to discuss a different, yet equally important, aspect of healthcare and that is consent to care.

When my wife became pregnant with our daughter we knew right away that we wanted to have a homebirth. It was never a question for my wife that she valued the experience of a completely natural labor if at all possible. We lived in Georgia at the time and homebirth there was legal but it was not regulated by licensure as it is here in Maryland. We carefully chose a very competent and experienced midwifery team. We also decided to pursue concurrent care with a hospital based midwife. Being gay in the Deep South we felt that should the need to transfer care arise it would be prudent to have an existing relationship with a provider.

I've often shared that for nine months we attended prenatal visits where we would spend ten minutes waiting for an hour long visit with the homebirth midwife. Then we would wait an hour to spend ten minutes with the hospital based one. They were both caring and educated providers. They were both focused on the health of my wife and unborn baby. But without the constraints of a high volume practice the homebirth midwives were in a much better position to care for not just the medical needs that pregnancy requires but the emotional, psychosocial and educational aspects as well. We spent a lot of time getting to know all of our choices and options.

My wife started showing very early signs of labor on a Thursday morning. She labored at home safely but sporadically until eventually, although my wife and baby were safe and strong, it became clear that she needed some help to get her contractions more consistent for birth. The homebirth midwife determined it was time to transfer to our hospital team.

We arrived at the hospital and they gave her an epidural which allowed her to nap, they hydrated her and they started her on pitocin to enhance her contractions. Eventually it was time to push and she did so like a champ. I'll never forget the moment my daughter was born. Our homebirth midwife, now functioning as her doula, leaned over and whispered in her ear, "The next one will be a piece of cake." Although her birth didn't go as planned it was a beautiful, solid

plan B thanks to the care and cooperation of those providers. And she held those words close to her heart for a long time.

Maryland has already determined that homebirth has a place in healthcare. And during the pandemic more families than ever chose this method of care to grow their families.

Today, I'm writing to you with the people on my heart who I've met and talked to who weren't as fortunate as my wife. Maybe they didn't have as many choices laid out for them or as much support available to them or maybe a c-section became the only viable option for a safe birth. People who still want a vaginal delivery or even a delivery at home. I'm particularly concerned for those who have shared that they feel trauma about how their birth transpired and how vulnerable they feel going to the hospital again. That having a major abdominal surgery and then recovering from it with an infant was incredibly hard and they can't imagine doing it with a toddler too. People who want VBACs and can't find providers willing to support them.

Maryland CPMs are highly educated, and extremely competent professionals. This is already established. They acknowledge that a cesarean after a cesarean is not without its own risks. And they acknowledge that not everyone would be a candidate for a homebirth VBAC. They also acknowledge that according to their expertise many are. And where a person decides to have their baby when they are properly informed of the risks and benefits associated should be left up to the consumers and the providers tasked to care for them.

Consent to care is not a partisan issue. We all agree that access to medical care is an essential human right. We believe that people should be able to determine what healthcare choices are right for them. Our individual values may differ but the idea that our bodies are sovereign is universal.

Four years after my daughter was born, my wife attempted another homebirth. This time, it was (mostly) a piece of cake. My son entered this world in the same room that my mother passed from this earthly plane just a year before. And it occurred to me in those days that some things are sacred. We are all born and we will all eventually pass. Where that happens should be determined not by laws or restrictions made for the masses or for the ease of institutions but by the choices of informed consumers and educated providers.

Please, join me in supporting the people this bill aims to protect. Support informed choice. Support SB376.

Respectfully,



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