



MOONSTONE MIDWIFERY

Paige Barocca, LDEM, CPM

[www.moonstone-midwifery.com](http://www.moonstone-midwifery.com)

Phone: (443)907-3705

Fax: (443)853-3775

[Paige@moonstone-midwifery.com](mailto:Paige@moonstone-midwifery.com)

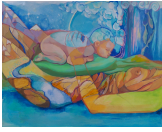
The Honorable Joseline Pena-Melnyk  
Chair, House Health and Government Operations Committee  
House Office Building, Rm 241  
6 Bladen Street  
Annapolis, MD 21401

Re: House Bill 351 - Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section

I'm writing today in support of HB351, a bill that will increase access to safe vaginal birth after previous cesarean (VBAC) by broadening the scope of Licensed Direct Entry Midwives (LDEMs).

Before becoming a Licensed Direct Entry Midwife, I worked as a registered nurse for 8 years on a unit that served psychiatric patients. Initially, when I entered the world of nursing, I thought I would be a labor and delivery nurse. In the short time that I spent in my clinical training on an L&D floor, I knew that wouldn't be the path for me. It was clear that nurses on the maternity ward functioned similarly as those on a medical/surgical, very task oriented and too bogged down to provide that one on one care needed during such an intimate time for their patients. I ultimately choose to work as a psychiatric nurse in an effort to preserve the personalized side of nursing, the reason why I became a care provider in the first place.

Fast forward a few years, I've met my husband, who is also a psychiatric nurse and born at home in the 1980's, a match made in heaven. It was obvious to the both of us that we would pick our home for the planned birth place of our child. I fell in love with the intimate, hour-long prenatal that I had. When, after careful monitoring and diligent midwifery support, we had to move our birth place to the hospital for a postdates induction, I felt ill prepared for the amount of scrutiny I would face, along with the autonomy I would lose during my own birth process. I was left with what I now see so often after a hospital delivery, birth trauma. Although I was able to preserve my vaginal birth in the hospital, it seems only by the skin of my teeth, and quite literally under threat of the knife in the final hour. I have since had two safe, beautiful, and healing home births. I can't say that my story would be the same or what my journey would look like if I had a cesarean section.



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Prior to becoming a midwife, I worked as doula for many planned hospital births. I saw time and time again that people on a Labor and Delivery unit simply weren't given the autonomy that my patients on the Psych unit had. While I had patients refusing medications without recourse, my doula client's were often coerced into abandoning their own birth plans based on policies and procedures in hospitals that are not evidence-based (such as continuous fetal monitoring, lack of nourishment in longer labors, bedrest after their waters rupture, cesareans without the option for ECV (safe manual turning of the baby) in a breech presentation, to name a few). I once witnessed a provider walk in and say to a client in labor, "I can tell just by looking at you that you won't birth vaginally." Guess what, she did! This same client hired me for her second baby, with a more supportive hospital that provided a successful ECV for her surprise breech baby at 42 weeks, which she then birthed vaginally at over 11lbs! Without complications by the way.

These are the stories you need to hear. People having beautiful births in circumstances that are otherwise deemed "dangerous" or even "impossible" under the wrong light. Yes, these supportive hospital births exist, but they are few and far between. Way more common are the hospitals that say that VBAC is possible, then at last minute schedule a cesarean. Or they don't allow VBACs at all. The medical mindset around birth has completely tainted our world's view when it comes to welcoming our future generations. I always tell people that I became a midwife to empower parents. I strongly believe that empowered, resilient parents will raise empowered, resilient children. Our society can only benefit from this model of care.

I eventually left nursing and doula work all together. I pursued an apprenticeship with a home birth midwife, rather than a certified nurse midwifery (CNM) so that I could focus on the midwifery model of care. After my initial hospital transfer, I was inspired more than ever to provide the kind of care that my home birth midwife team provided. Validating, holistic, competent, and attentive care that every pregnant person should have the privilege to experience. Unfortunately, here in Maryland, when cesarean rates are twice the recommended rate, and many hospital have complete VBAC bans, there is a very large population of people who don't have access to the type of birth they not only desire, but deserve.

Please vote in support of HB351. If not for me, for our family.

Respectfully,

Paige Barocca, CPM, LDEM