

Tova Brody Birth LLC

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Chair Peña-Melnyk and Members of the Committee:

My name is Tova Brody and I am a Licensed Direct Entry Midwife/Certified Professional Midwife (CPM) that serves clients in and around the Baltimore area. I am writing this letter to ask for your support for HB351, which would expand the scope of practice for CPMs to attend clients planning a VBAC (vaginal birth after cesarean).

The scope expansion is extremely straightforward - it merely moves VBAC from the 'prohibited' list in the regulations to the 'requires consultation with another medical provider' section. A simple cut and paste switch that would change the births and lives of so many who seek this service.

There are over 30 states that license CPMs, and the vast majority of those allow this within scope of practice. The requirements included in this particular bill, that a client would need to meet to be a candidate for a TOLAC (trial of labor after cesarean) in the out of hospital setting, are extremely thorough and more restrictive than many other states that allow LDEMs to attend VBACs.

We, as providers, are educated, trained, and completely competent. We always provide our clients with up to date, evidence-based information when it comes to making decisions for their births, and use that same research to stay current with our own practice.

These clients are low risk. And we, as midwives, are always continually screening them to ensure they retain that status. Should they risk out for any reason, we have systems in place to transfer them to the hospital setting.

These clients are not few. There are many. The state of Maryland has a 34% cesarean rate, with some individual hospital rates being as high as 49%. That's anywhere from 1 in 2 to 1 in 3 mothers who may need this service. Over half of the counties in Maryland do not have access to OBs or hospitals that allow VBACs. LDEMs are turning away these prospective clients all of the time. There are not enough out of hospital CNMs to meet the need.

These clients are educated and well-informed. They are specifically seeking out of hospital care, often because the doctors they used previously either do not offer this service, or do not have adequate success rates.

As of 2018, the overall rate of VBACs in Maryland was 16.5%. Out of hospital VBAC success rates, based on local CNM practices, range from 80-90%.

On a personal note, I primarily serve the Orthodox Jewish community in Pikesville. It is the norm for families to have many children. Having limited to no access to VBAC care creates tremendous risk for clients who wish to have many children and also puts a cap on their family size. There are only so many surgeries a uterus can tolerate. More unnecessary cesareans are not only dangerous for the mother, they also negatively impact neonatal morbidity rates. I

receive multiple calls every month from VBAC hopeful clients who wish to access CPM care and are so frustrated that they cannot.

We ask for your support on this extremely straightforward matter. It will make a tremendous difference for Maryland families by increasing safe, autonomous birthing options. And it will allow midwives to do what they are trained and capable of.

Thank you for your time and consideration,

Tova Brody, CPM, LDEM