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## THE MARYLAND HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401

### **Testimony in Support of House Bill 838 Health Occupations - Licensed Direct-Entry Midwives – Revisions**

Licensed Direct-Entry Midwives (LDEMs) are healthcare professionals trained to provide comprehensive maternity care, primarily in home and out-of-hospital settings. They are licensed by the state to attend births and offer prenatal, labor, delivery, and postpartum care to expectant families. LDEMs focus on personalized, low-intervention approaches to childbirth, emphasizing natural birthing processes and supporting the family's choices. Their training includes midwifery education, clinical experience, and knowledge of maternal and newborn health, enabling them to provide care that is both safe and empowering for families. In addition to assisting with deliveries, LDEMs also provide education and counseling on topics such as nutrition, breastfeeding, and newborn care.

House Bill 0838 is to update and extend the Licensed Direct-Entry Midwife or LDEM Practice Act, originally passed in 2015 after years of stakeholder input and negotiations. Licensed Direct-Entry Midwives (LDEMs) have emerged as the cornerstone of home birth and out-of-hospital maternal healthcare in Maryland, driven by a growing demand for personalized, low-intervention care. Over the past two decades, the preference for home births and midwifery-led care has surged nationally, with Maryland mirroring and even exceeding these trends. According to the Maryland Board of Nursing, the number of patients receiving care from LDEMs skyrocketed from 59 in 2007 to 613 in 2024, marking a 1,000% increase in home birth utilization under licensed midwives. This growth reflects a broader shift: a 2022 National Institutes of Health (NIH) study documented a 23% rise in planned U.S. home births between 2019 and 2020, the sharpest single-year increase in decades, as families sought safer, more controlled environments during the COVID-19 pandemic.

The pandemic acted as a catalyst, accelerating preexisting trends. Concerns about hospital overcrowding, exposure risks, and desire for autonomy in childbirth decisions propelled many to explore alternatives. Maryland's data aligns with national reports from the Centers for Disease Control and Prevention (CDC), which show a gradual but steady rise in out-of-hospital births since 2004, doubling from 0.87% to 1.7% of all U.S. births by 2021. Notably, states with robust midwifery licensure frameworks, like Maryland, have seen the most pronounced growth, underscoring the critical role of LDEMs in meeting patient needs.

LDEMs are uniquely positioned to serve this demand, as they are the only maternal health providers in Maryland specifically trained and licensed for home birth care. Their scope includes comprehensive prenatal, intrapartum, and postpartum services, emphasizing informed consent, risk assessment, and emergency coordination, a model that resonates with patients seeking holistic, family-centered care. As healthcare systems grapple with disparities and access challenges, LDEMs fill a vital gap, particularly for marginalized communities and those prioritizing culturally congruent care.

Studies show that midwife-attended home births have lower rates of medical interventions, such as cesarean sections and episiotomies. For example, a study published in the *Journal of Midwifery & Women's Health* found that planned home births with certified professional midwives were associated with lower rates of medical interventions compared to hospital births.

The Maryland Maternal Mortality Review reports that 81% of maternal deaths occur during the postpartum period, highlighting the need for ongoing care. Additionally, a study on Severe Maternal Morbidity (SMM) found that obstetric hemorrhage accounts for 43% of SMM events, underscoring the importance of timely hospital transfers for such conditions. LDEMs are trained to recognize early warning signs of high-risk conditions and consult with healthcare providers as required by law. For example, they monitor blood pressure trends for preeclampsia and detect early signs of postpartum hemorrhage to act quickly. The bill ensures that when high-risk conditions arise, LDEMs facilitate prompt hospital transfers, improving survival rates. Research shows that timely intervention for hemorrhage can reduce mortality by 50% if handled within the first 30 minutes of onset. While awaiting hospital transfer, LDEMs can administer IV fluids, control bleeding, and provide resuscitation, stabilizing patients and increasing survival chances. The bill expands their ability to provide emergency care before transferring patients to a hospital. Since 81% of maternal deaths occur postpartum, the bill's 72-hour newborn and maternal follow-up care ensures complications are caught early, reducing emergency hospital readmissions.

For these reasons, I urge the committee to issue a favorable report on HB 838. This bill ensures that Maryland continues to support safe, high-quality, patient-centered midwifery care. Thank you for your time and consideration.

### **References**

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