



*Moonstone Midwifery*

Paige Barocca, LDEM, CPM

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The Honorable Joseline Pena-Melnyk Chair,  
House Health and Government Operations Committee House Office Building,  
Taylor House Office Building, Room 241  
6 Bladen St., Annapolis, MD 21401

February 21st, 2025.

Re: House Bill 838 Health Occupations – Licensed Direct-Entry Midwives – Revisions  
Position: Favorable

Dear Madam Chair Pena-Melnyk and Members of the Committee:

My Name is Paige Barocca, and I am a Licensed Direct Entry Midwife (LDEM) in Baltimore, Maryland, on the Direct Entry Midwifery Advisory Committee at the Board of Nursing, and a member of the Association of Independent Midwives of Maryland. I am writing today in support of HB838, a bill that will promote the continuation of LDEMs by updating our sunset date. This initial midwifery licensing process was fought hard for, demanded by consumers who seek alternatives to hospital delivery settings and obstetrical providers. It has now been 10 years since that initial bill passed, and I'm asking you today to vote favorably, again, for midwives and the dedicated Maryland families that deserve them.

I have personally been practicing and serving families in Maryland over the last 5 years, and I'm so grateful to be able to do so, safely, with a license. Midwives have come a long way since I was a consumer, just 12 years ago. I knew back then that the midwife that I chose for my family could go to jail just for caring for me, as Maryland had not yet recognized her national certification as a Certified Professional Midwifery (CPM). I see now how granting midwives licenses improves safety for our clients as well. When caring for low risk clients, they can become high risk and require further assessment. My license provides me with the ability to consult and transfer as needed to higher level care, something that was much more complicated prior to licensure.

As a midwife in Maryland, I provide care to clients throughout their pregnancy, labor, delivery, and postpartum. My care is comprehensive and surpasses the standard of a hospital setting by way of providing continuity and individualized care that cannot be matched on an institutional level. We provide newborn care in the first days of life, and continue to support the new family for the six weeks as concerns and questions arise. This intimate level of care is why my clients choose me, and why I choose this profession. This model of care improves outcomes and satisfaction.



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In revisiting our bill in preparation for the sunset review, LDEMs found ways to improve the legislation to better reflect best practice for out-of-hospital delivery. We have been able to put our bill into practice over the last ten years and have learned what works and what can be improved. The initial bill was meant to add well-person care, something we are trained to do for our national certification that we have yet to be able to provide in Maryland. We were forced to surrender this right, as those who oppose our bills continue to resist our progress as maternal health practitioners. What is left is simply a shell of the modernization that we midwives in Maryland deserve. If you have any questions in regards to the small changes we have made in this legislation, I would be more than happy to discuss them with you personally.

Maternity care in the United States is a sad state of affairs. I am not alone in my belief that the exclusion of midwives, and not allowing them to practice autonomously in all birth settings, is one of the leading causes of this discrepancy when we are compared to other high-income nations. We have a long way to go to integrate midwives within our healthcare system. A favorable vote for HB 838 is the first step for Maryland to continue to improve our broken healthcare system. Any other position would effectively eliminate options for Maryland families who deserve so much better.

Thank you for your consideration.

Warmly,

Paige Barocca

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