

Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and Members of the House Families, Aging, and Human Services Committee – thank you for the opportunity to provide proponent testimony on HB 496.

My name is Eliza Kay, I am a practicing Certified Professional Midwife (CPM) in Columbus and Chair of the Legislative Committee of Ohio NACPM. I have also birthed both of my children with the help of CPMs. During my first pregnancy I switched providers midway through and ended up with a breech baby. I transferred to the hospital during labor and she was born via a cesarean. My second baby was born at home with the help of CPMs. The choice to plan another home birth was a fairly easy one for me. I educated myself on the risks of VBAC and repeat cesareans. I felt that the likelihood I would be able to achieve the vaginal birth that I had determined to be the safest option for me was to birth at home. I would like to speak specifically today about the provisions in the bill that address the ability of licensed CPMs to attend VBAC, twin and breech births.

Ohio's cesarean rate is 31.3% including a cesarean rate of 26.3% for low-risk patients, while the WHO recommends a cesarean rate of 15% as optimal. CPM's rate of cesarean is at 5.2%. If you enter a hospital in Ohio as a first-time parent with a single, head-down baby, your chance of having a cesarean is more than 1 in 4. ACOG acknowledges that the increase in the cesarean rate has not come with decreases in maternal or neonatal morbidity or mortality. By contrast, studies show that care with a CPM carries a much lower chance of a cesarean delivery.

Cesareans come with risk factors which are not present in vaginal birth, including increased risk of hemorrhage, infection, and maternal morbidity and mortality. The more cesareans someone has the more at risk they are for these complications, including an increased risk of placental issues like previa and accreta in subsequent pregnancies, which are life-threatening. When a person finds that they are pregnant after a cesarean, with twins or with a breech baby, they often do not have the option to choose a vaginal birth in a hospital setting, as hospital policies prohibit them. Instead, they are forced to "choose" surgical delivery and the risks that accompany it. Consequently, some people choose a home birth in order to avoid a first cesarean, and some choose it to avoid a repeat cesarean.

Forced surgical birth, particularly several surgical births, can limit a family's size by virtue of increasing risk factors with each repeat cesarean. The more children they welcome, the higher the risk. Some of these families will choose to birth outside of the hospital system to protect the ability to grow their families to the size they feel is appropriate. Families deserve the option to access out-of-hospital birth with a licensed provider when they determine that the benefits outweigh the risks for their particular situation.

There are large geographical areas of Ohio that are maternity deserts where midwives fill the gaps that hospitals are unable to fill, increasing the demand for out-of-hospital birth. Families in these areas should have access to licensed providers if they choose to birth outside of a hospital setting, even when certain risk factors are in place. Families from our more rural areas where hospitals don't always offer maternity care have an even more difficult time finding a licensed provider who will allow a vaginal birth after cesarean or when there are twins or a breech baby. Most of these people end up with an unwanted surgery that they did not feel was in their best interest but rather the result of hospital policy. This is not informed consent or shared decision making.

Retaining the ability for licensed CPMs to attend VBAC, twin and breech births as HB 496 is currently written will allow these families to receive care from a provider who can order labs and ultrasounds to help with decision-making, and who can legally carry emergency drugs for use if needed. If licensed CPMs are barred from these births, only unlicensed exempt midwives who cannot access routine screening and emergency medications will be able to attend these clients, decreasing safety.

I ask you to vote in favor of HB 496 and retain the language to protect Ohio families' right to make their own medical decisions.