

Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Liston, 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 Elizabeth Lair, I had my son in 2019 in a planned home birth, attended by midwives. I am in support of HB 496 and believe it would be an improvement for the families who choose midwives and home birth. We have an opportunity to better the care of moms and babies with this bill as well as regulate midwives and ensure we have competent, qualified professionals in those roles.

In my case, I initially pursued a typical hospital birth. The OBGYN I started seeing was in the room with me for less than 5 minutes each visit. They did not allow time for conversational questions and answers and generally were unsupportive of any inquiry as to my options. When I told them I wanted a natural birth, their response was, “well, we’ll see. It is better to plan a c-section than to “wing” a natural birth.” Due to those experiences and my own research about home birth with midwives, I decided to change to a planned home birth and find a midwife. This option is actually a cost savings over a hospital birth, and we’re receiving as good, sometimes even better care than in the hospital. My midwife spent an hour with me at every visit going over nutrition, resources, checks on the baby, checks on me, etc.

Families have the right to choose where they give birth and so we must support those options by allowing appropriate resources to be available. Those options need to be legally protected and made as safe as possible. Anyone choosing to give birth at home should have access to the same routine treatments for newborns that are available to someone choosing a hospital birth. People are going to continue to choose midwives to attend their births, and having safe, educated and competent providers that have access to labs, ultrasounds, etc contribute to keeping women low risk and increase safety. Currently, we are allowing the option of choosing a midwife, but we are not supporting that option in a way that contributes to increased safety and care.

The option of choosing midwives is already available but those midwives are not legally protected to do their jobs, and the families face several obstacles in the course of their care because of the limited ability to have access to labs, ultrasounds, etc. Obstacles that undermine the safe and effective care that midwives are providing.

Ensuring that midwives have a standard minimum amount of training and experience and providing accountability for midwives who do not practice safely needs to be an essential part of this. Regulation is as important as having the option.

This is why I am in support of HB 496.

Elizabeth Lair