

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 Meredith Strayhorn. I am a student midwife in my primary phase, a childbirth educator, a former certified doula, and a mom. I serve the Cincinnati Metropolitan Area. I have also received care from hospital-based midwives and OBs; however, it was not the kind of care I was expecting – I only got 5-15 minutes with the provider and did not have adequate time to build rapport and trust. If I decide to have more children, the current system in Ohio is not what I would choose. I currently work as a student midwife in Kentucky and can see firsthand, as well as hear client testimonies regarding the difference in experiences between previous hospital-based care and homebirth midwifery care – and all are far happier with midwifery care and their homebirth experiences. Ohio clients deserve access to the same level of care and commitment that is a part of the midwifery model of care without having to leave the state to get it.

As a Black student midwife, I support licensing and regulating midwives in Ohio because it creates better access and choice for pregnant people to receive equitable care. Currently, systemic racism is running rampant in our maternity care system. Black mothers are not listened to, and as a result, are dying. HB496 opens access to the choice to give birth to twins, a breech baby, or to have a vaginal birth after cesarean (VBAC) at home with a provider who is not only comfortable with managing these types of births, but are highly trained in managing these types of births. Most OBs are not trained to manage a vaginal delivery of breeches and twins and are fed misinformation about VBAC births. OBs are trained surgeons, and therefore their instinct is to cut a baby out. Pregnancy complications due to mismanagement in recovery is a major cause of maternal mortality. An "acceptable" percentage for cesarean is 15%. Ohio's average is more than double that around 31.3%. Ohio's maternal mortality rate is 14.7 per 100,000 deaths and is disproportionately higher for Black women (more than 2.5 times more likely to die of childbirth related causes than white women). By increasing access to care providers who do not perform surgery, listen to their clients, and understand the bodies they are serving, we will lessen the number of cesareans each year, and reduce the number of complications for current and subsequent pregnancies, as well as decrease the number of maternal deaths.

There are several other reasons to license and regulate CPMs in Ohio. CPMs are extensively trained in normal physiological birth and are better able to provide care for clients needing minimal intervention than OBs or hospital-based midwives. Midwives with a license will be able to legally purchase and administer lifesaving medications to stop a hemorrhage, or the ability to administer prophylactic antibiotics for a client who is GBS positive, as well as provide IV fluids for someone who is dehydrated. It allows for collaborative care and smoother transfers if yellow and red flags occur during care. CPMs will be able to order ultrasounds and lab work to ensure that clients are, indeed, safe to birth at home. HB496 also helps to change the maternity care system so that hospital-based midwives (CNM) can choose to practice homebirth midwifery care. It allows each provider to work within the strengths of their scope and put the focus back on the client.

Homebirth midwifery care is already happening in the state; however, licensing and regulations would increase the safety of clients. Homebirth midwifery also saves the state a great deal of money. It is far less expensive to give birth at home than what the hospital charges. Licensing CPMs in Ohio will also keep more midwifery clients in the state. Right now, some clients are leaving Ohio and finding providers in neighboring states that are licensed such as Kentucky and Indiana.

Upon graduation, I plan to practice in both Kentucky and Ohio, and I would like to hold a license in both states so that I can be protected. This protection with licensing and regulations ensures that I can continue to serve my clients and my community for the next several decades.

HB 496 will be a catalyst to change maternal and newborn outcomes in the state of Ohio. I absolutely support this bill.

Meredith Strayhorn M.Ed., CD
Founder & CEO
The Walking Stick
meredith@thewalkingstick.org