



**House Families, Aging, and Human Services Committee
HB 496 - Proponent Testimony
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Good morning Chairman 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 testimony on behalf of the Children's Defense Fund-Ohio in support of House Bill 496.

CDF-Ohio is a statewide non-profit organization which serves as an independent voice for all children. Born out of the civil rights movement, with more than four decades of advocacy in Ohio, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness.

Every year women in Ohio die preventable deaths due to complications in pregnancy or in the weeks and months after giving birth. Maternal deaths are even more stark among Black mothers who are three times as likely to die from pregnancy-related causes as their white counterparts. Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) published a report showing that between 2008-2016, over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable.

According to a Child Trends report, in 2018 in Ohio 6.2% of women living in urban areas received late or no prenatal care. According to the American Congress of Obstetricians and Gynecologists one-quarter of Ohio counties do not have an ob-gyn. According to ACOG, babies born to mothers who received no prenatal care are three times more likely to be low birth weight, and five times more likely



to die than babies whose mothers received care. Ohio ranks in the bottom quartile in the nation for infant mortality. Over 20% of Ohio births from 2015 to 2018 were cesarean deliveries. In 2019, there were 14,136 preterm births in Ohio, representing 10.5% of live births. According to The Ohio Perinatal Quality Collaborative, a preterm birth in Ohio costs an average of \$32,000 (\$452million) (this is without an extended stay in a neonatal intensive care facility.)

One effective strategy to address infant and maternal mortality rates is the use of midwives. A midwife is a health professional who cares for mothers and newborns around childbirth. The education and training for a midwife concentrates extensively on the care of women throughout their lifespan. There is a strong body of evidence that midwives can result in lower rates of cesarean and pre-term births, improved quality of life for the family, as well as significant cost-savings, and they can help address the major maternity healthcare desserts many women in Ohio are facing.

There are 4 levels of midwife:

Direct Entry Midwives who have no formal certification or licensure, and receive training through an apprenticeship type of program,

Certified Professional Midwives (CPMs) who have graduated from a midwifery education program or an experience-based education route and have obtained a CPM certification through NARM. CPMs work almost exclusively in freestanding birth centers and in the home-birth setting. CPMs are trained to provide care for low-risk, normal pregnancies.

Certified Midwives (or CMs) who hold a master's degree or PhD in midwifery, but, unlike CNMs, they do not hold a degree in nursing. Like CNMs, they can practice anywhere, but the majority strictly attend hospital births.



Certified Nurse Midwives (CNMs) who are Registered Nurses (RN) or Advance Practice Registered Nurses (APRNS) that have additional training in midwifery. All CNMs hold a master's degree or PhD. While CNMs are able to practice in all birth settings including private homes, clinics, birth centers, physicians' offices, and hospitals, a majority strictly attend births in a hospital setting.

Unfortunately, only Certified Nurse Midwives are currently recognized in Ohio. Making sure that all levels of midwives are trained, licensed and able to practice at the top of their scope will allow these professionals to provide critical and needed individualized, culturally appropriate, and patient-centered care to women all over the state, and allow women to access the type of healthcare that is right for their individual needs.

Low-income women are at highest risk of poor birth outcomes in Ohio, and women of color, especially Black women and their babies, are even more vulnerable to experiencing complications during pregnancy, birth, and postpartum. Midwifery is among the most promising approaches to combating disparities in maternal health that we know millions of women in Ohio are experiencing.

Thank you for the opportunity to testify on HB 496.

I am happy to answer any questions the committee may have.