

Testimony in Opposition to HB 496

Melinda McCoy, CIM
13245 Oxford Rd.
Germantown, Ohio 45327
(937)974-0964

Chairwoman Manchester, Vice-Chair Cutrona, Ranking Member Denson and all members of the Families, Aging and Human Services Committee,

My name is Melinda McCoy.

I'm a midwife serving the southwest corner of Ohio, Dayton/Cincinnati area spanning at least 12 counties for the past 18 years. I also attended births as labor support years before becoming a midwife.

I gave birth to all 3 of my children at home with midwives 30 some years ago here in Ohio.

I hold the credential as a Certified International Midwife, a global credential that meets rigorous international standards for out-of-hospital birth. This credential requires a complex board examination, extensive continuing education, peer review and regular renewals.

In 2020, I was asked to serve as the Executive Director of the International Registry of Midwives, a position I have held since then.

I am on the board of Community Midwives of Ohio and New Life Global Missions, a global maternity care non-profit organization. I'm also a member of Ohio Midwives Alliance.

Although I'm not opposed to some form of licensure for CPMs if they choose to become licensed, I would also like licensure opportunities expanded to include other midwifery credentials such as the CIM, that are equivalent to or more advanced than the CPM.

I see that language has been added to this bill that allows for licensure eligibility of other credentials beyond the MEAC CPM or CPM with a bridge certificate.

The problem with this statement is that no credential exists that is accredited by ICM and approved by US MERA!

They are both membership associations.

Neither organization approves or accredits.

NARM, MEAC, NACPM, ACNM amongst others are all members of both—none of these organizations are “accredited or approved” by the International Confederation of Midwives (ICM) or the US Midwifery Education, Regulation and Association (US MERA).

My suggestion is that an alternative credential to the MEAC CPM or CPM with bridge certificate, would need to be accredited by an independent 3rd party credential accrediting authority that is legally recognized.

There are many valid credential accreditation authorities throughout the world that would ensure an alternative credential is equivalent or superior to the CPM.

Because ICM and US MERA don't offer these accreditations and approvals, simply memberships, the bill language as it stands is extremely limiting, inaccurate and confusing.

Switching gears, I have personally worked with indigenous midwives, nurse midwives, traditional midwives and CPMs here in the states as well as various countries around the globe, I am unwilling to sacrifice the loss of one kind of midwife just to uphold another type of midwife here in Ohio. Midwifery is an ancient wisdom practice that honors a physiologic and biological process. Midwives have been serving families, unlicensed, and safely, in Ohio as long as we've been a state—and long before that.

HB 496 will not increase the availability of midwives and, in fact, will decrease the number of legally available midwives for out-of-hospital births.

We have counties in this state, such as Medina, Ashtabula and Portage, that no longer have L/D hospitals due to buy outs and closures of those community based L/D units. Families are having to drive nearly an hour to a hospital. We have many community midwives successfully serving these maternity deserts and these communities will be dangerously impacted by their loss.

The March of Dimes reports that 36% of counties in the US are suffering from maternity care deserts and those numbers are growing. Maternity care deserts mean they have no obstetric hospitals or birth centers. These counties usually have several hospitals, but none offering maternity, labor and delivery care.

As Representative Koehler has stated, "there is no problem with midwives in Ohio", we are actively serving areas that would be considered maternity deserts and increasing safety for Ohio families who choose out-of-hospital births.

When families live in a maternity desert and are unable or unwilling to drive 2 hours round trip for maternity care, they will often choose home birth care with community midwives.

Lack of access to skilled prenatal, labor, birth and postpartum care will significantly increase mortality and morbidity rates in Ohio.

HB 496 does not address, nor will it fix, the poor infant and maternal mortality rates found in hospitals.

Every midwife I know deeply cares about this issue, but mandating licensure of midwives and criminalizing some, does nothing to correct this very sad issue.

Midwives providing out-of-hospital births in Ohio have extremely low infant and maternal mortality rates.

The Ohio Department of Health has all that information collected and catalogued via birth certificate paperwork which we file for all midwifery clients.

In Ohio in 2020, the infant mortality rate was 6.7 per 1000 births for all races.

The mortality rate among black infants was 13.6 in 2020. The Ohio and the Healthy People 2030 goal is 5.0 or fewer infant deaths per 1,000 live births in every racial and ethnic group.

Racial and socio-economic inequalities persist. Black infants die at a rate almost three times higher than white infants.

The fact is, the United States is one of the most dangerous places to give birth in the industrialized world, mortality rates have increased over the last several decades despite the vast majority of births occurring in a hospital setting with physicians.

Community based Ohio midwives can and do lower mortality rates by providing affordable and readily accessible access to quality maternity care, removing barriers for all races and socioeconomic status—right in the clients home.

My desire is that we place servanthood above any and all of our politics. That we preserve this time honored profession and devotion to the families of Ohio. I'm opposed to any legislation that restricts options for families to choose their own midwife. May you as their governmental representatives and we as their midwives put their wants, needs and desires above our own.

Thank you for your time and I'm happy to answer any questions you may have.