

November 29, 2022

Dear Ohio Representative Susan Manchester—Chairperson and Committee Members of Families, Aging and Human Services:

As a new Ohio certified nurse-midwife (CNM), I am writing to you **as an interested party for Sub H.B. No. 496**—Regulate the Practice of Certain Categories of Midwives, which was designed originally to expand birthing authority to lay midwives while limiting the practice of medically trained advanced practice nurses (APRN). Thankfully, most of the proposed legislation, which limited the practice of APRN CNM, was revised in the substitute bill; but by expanding the authority of non-medically trained individuals, this substitute bill could still jeopardize the health and safety of thousands of Ohio women and their newborn babies by allowing non-medically trained lay midwives to deliver twins, vaginal births after cesarean section (VBAC), breech births in the home with no physician or nurse back-up, perform basic surgery with little to no medical training, prescribe and utilize medications, and order and interpret ultrasounds and lab tests without a medical license. **Please reconsider the scope of lay midwifery practice proposed in this Sub H.B. 496.**

I am an interested party to Sub H.B. 496 as written, because it could still jeopardize the lives of Ohio women and newborn babies. As written, this sub bill would authorize non-medically trained individuals to deliver twins, VBACs, and breech births in the home without ANY medical backup, in direct opposition to American College of Obstetricians and Gynecologists (ACOG) Committee Opinion 697. These circumstances are some of the most potentially life-threatening situations in childbirth, which call for intense medical collaboration, in the hospital, between certified nurse-midwives and OB/GYN physicians and should NEVER be handled without intense medical back-up to protect and preserve the lives of Ohio women and newborn babies. **Please reconsider the scope of lay midwifery practice proposed in this Sub H.B. 496.**

As a CNM with over 750 clinical nurse-midwifery hours, three years as a labor and delivery (L&D) registered nurse (RN), and three degrees including a master's degree in nursing, I am not trained or qualified to perform surgery in the State of Ohio, let alone on a newborn. This sub bill proposes that a certified professional midwife (lay midwife or CPM) with less than 50 hours of total training be authorized to operate or perform surgery on a newborn baby in the home. A frenotomy is surgically cutting a newborn's tongue. Would you want this surgical procedure performed in a non-sterile environment with no medical providers present and performed by someone who has had less than 50 hours of total training in any medical care (let alone pediatric care)? Currently, it is illegal to provide a tattoo to a consenting adult outside of sterile conditions in the State of Ohio, and tattoo artists are required to have more than 50 hours of training. Don't you think newborn babies deserve greater protection than that? Don't they deserve a medical provider who has had more than two days or 48 hours of training? Newborn babies in Ohio DESERVE better than that! **Please reconsider the scope of lay midwifery practice proposed in this Sub H.B. 496.**

To become a CNM, I was required to take an Advanced Pharmacology Course (after taking two in undergraduate nursing studies) and am required to take another pharmacology course every two years to maintain my license as a APRN and CNM in the State of Ohio. This is in addition to the Drug Enforcement Agency (DEA)-Issued National Provider Identification (NPI) Number that I earned through additional training and coursework, which allows me to prescribe medication under a collaborating physician. Under Sub H.B. 496, lay midwives would be authorized to do what registered nurses (RN's) cannot. RN's with just two years of medical training cannot prescribe medications in the State of Ohio. As proposed, Sub H.B. 496 would authorize and allow lay midwives, without any formal pharmacological education or training, to prescribe and furnish high-risk and potentially dangerous medications including oxytocin and epinephrine without physician's oversight, medical training, or medical license. Does this sound like a safe, healthy practice to you or does it sound like a practice, which could put Ohio women's and newborn's lives at risk? **Please reconsider the scope of lay midwifery practice proposed in Sub H.B. 496.**

As a new CNM, I am not trained or qualified to interpret ultrasounds in the State of Ohio. I would need to take an 18.5-hour continuing education course and pass a certification exam to perform and interpret ultrasounds. This is in large part, because so many medical issues could be missed by the untrained eye including heart abnormalities, malformed limbs, brain and skull malformations, unformed kidneys, two vessel umbilical cords (which are an indicator of genetic abnormalities), malpositioned babies, and even missed twins. Many trained sonographers can and do sometimes even miss these things, which is why physicians always review ultrasound results before providing them to their patients. When in doubt, they order additional tests and screenings. This Sub H.B. 496 would authorize and allow lay midwives to do ultrasound interpretation and order lab results with less than 50 hours of total training in any medical care (none of which dealt with ultrasonography or labs). Would you want someone, who is likely to miss these complications, reviewing ultrasounds of at-risk mothers and babies? **Please reconsider the scope of lay midwifery practice proposed in Sub H.B. 496.**

As a new certified nurse-midwife (CNM), I understand many of the risks associated with pregnancy, labor, childbirth, and newborn care. Having unqualified individuals (lay midwives and CPM's) deliver twins, VBAC's, breech births in the home with no physician or nurse back-up, perform basic surgery with little to no medical training, prescribe and utilize medications, and order and interpret ultrasounds and lab tests without a medical license unnecessarily risks the lives of thousands of Ohio mothers and newborn babies without offering any substantive benefits. Low-risk births in the home with trained providers are safe and reduce infant mortality, but this is NOT what Sub H.B. 496 is supporting. **Please reconsider the scope of lay midwifery practice proposed in Sub H.B. 496.**

Sincerely,

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Defiance County Certified Nurse-Midwife (CNM)

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