

My name is Cindy Dehlinger and I am here today as a certified nurse midwife to speak in opposition to HB 496. I have been fortunate to have worked as an advanced practice nurse in Women's Health since 1997. I am currently employed as a laborist in an inpatient setting providing full scope midwifery care to patients in the hospital. I have also been employed in private practice and academic medicine. First and foremost, I support licensure and regulation of all midwives. I also support a patient's choice to determine the setting and provider with whom they deliver their baby. With this being said, I am unable to support HB 496 in its current form and find it especially concerning in regards to the safety of Ohio's citizens.

Proponents claim HB496 is just legislation to license and regulate certified professional midwives (CPMs) and certified midwives (CM) in the state of Ohio. They fail to mention this bill would basically give the maternity care providers with the least amount of education the ability to take care of high risk patients in a setting with few resources. Historically, midwives have cared for low risk otherwise healthy pregnant women. HB496 would allow for CPMs to have the option to deliver, twin, breech and vaginal birth after cesarean (VBAC) deliveries at home. These patients are not low risk. Innate risks to the mother and fetus are present no matter who the provider is. The incidence of breech and twins is very low, therefore, a proficiency gap of the necessary skills is inevitable. Although great knowledge may be present, the lack of hands-on experience with those deliveries is certain. There is no "Center for Breech or Twins" one can go to hone skills.

Of potential concern are the conditions stated in HB 496 which must be met for a midwife to attend a VBAC, twins or breech delivery. These concerns include informed consent and consultation. In the United States it is rare a patient is properly consented for any procedure. This is universal and occurs in all

healthcare settings. A standardized informed consent should be mandatory for all home births but especially for patients desiring to VBAC or deliver twins and breech at home. Also HB 496 states the midwife is to consult with a physician or other healthcare provider to determine whether referral is appropriate. These terms "physician and other healthcare provider" are nonspecific and open to interpretation. I suspect this loophole is important. It would be unusual for an obstetrician to condone delivering these patients at home and therefore consulting physicians would be few and far between. However, the patient may also refuse the referral and under law the midwife may continue to provide care including attending these births at home without punity. As currently written HB 496 allows for the potential for inadequate informed consent and referral to any physician or healthcare provider for consultation.

Thank you for this opportunity to speak and your attention today. In summary, I would like to reiterate that HB 496 grants the widest scope of midwifery practice to those who graduate from the least rigorous programs. Passing HB 496 would validate for patients the false assumption one was safe to deliver VBAC, twins or breech babies at home. It would allow for loopholes when referring high risk patients for consultation and potentially result in inadequate informed consent. I would like to end with the statement that this is not a contest in which my main concern is the conspicuous demonstration of midwifery superiority but rather an effort to protect the citizens of Ohio.