

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 an opposition testimony on HB 496.

As a mother who has had five home births I am used to reading the fine print and I do not trust this bill.

1.) It acknowledges flat out that home birth midwives are not creating a problem that needs to be fixed. Midwives in all settings are commended for saving lives, their ability to help women avoid unnecessary interventions and saving money for mothers and insurance companies alike. Based on that alone, why are we even here? Why try to regulate (aka officially legalize) home birth midwives unless at some point there is the potential to criminalize it, which this bill also conveniently provides the groundwork to begin within the next few years.

2.) Low risk, normal pregnancies are known to be safer in the home setting and many people are beginning to understand that. So much so that the CDC states that home births increased 1% from 2018 to 2019 and 22% from 2019 to 2020. I can only assume hospitals are losing a lot of money on moms who are choosing to birth at home.

3.) I could be wrong, but one could easily put two and two together to see that one option to cut off competition would be to promise all kinds of supposed "benefits" in exchange for the measly ability to criminalize what they are doing, which of course they never would... except when you read the fine print it does just that.

This bill promises to give proper respect to all midwives as equals and will allow home birthing midwives the ability to order ultrasounds, prescriptions medications, prenatal testing... etc., and they will be allowed to carry life-saving emergency medications, etc. However, it also admits that women already have the ability to obtain all these things in other ways so why the need to control births in the home setting, I mean "regulate" it?

4.) The Sponsor's Testimony states the opinion that, "In every way but education, CNMs and CMs are functionally the same." While that is somewhat true, it lacks clarity.

Yes, the education is not the same, but the bill is insinuating that home birth midwives lack training and to be properly fit for service they MUST receive training under the conventional model of maternal healthcare to be valid. That statement alone shows how bias this bill is against home midwives.

Home birth midwives assist women in natural, completely non-medicated, intervention-free vaginal births, something that is very, very rarely seen inside modern hospitals. Furthermore, they (almost solely) provide the opportunity for a natural vaginal delivery for breech babies and multiples. Home birth midwives have a scope of care that goes beyond what is taught in modern medical school.

5.) So, my next question is when you have such wildly differing levels of trust and understanding on what a woman's body was created to do, such differing methods in assisting pregnant women coupled with basically contradicting philosophies regarding birth as a whole, how can these hospital and home midwives be "equally" regulated under one governing body? Especially if it already aligns with the philosophies and methods, etc of hospital midwives. Wouldn't that automatically put the home midwives at a great disadvantage from the very beginning?

Furthermore, how did the Board of Nursing become the most qualified authority to dictate in which areas a home birth midwife needs educated? If the home midwife's scope of care includes things not allowed in the hospital setting then how can the Board properly weigh in on what the "proper protocol" should be when all they teach is to section the mother? It is not a stretch to imagine future vaginal breech deliveries being categorized as "too dangerous" for a home setting and mothers would be forced to choose between a c-section at the hospital or an unassisted home birth?

If education/training is most of what makes the experience and outcomes different and these groups follow two completely different models of care. Mandating home birth midwives as to follow the route of conventional medicine doesn't sound like protecting midwives, it sounds like a slippery slope to losing the right to birth at home how one chooses.

6.) Next, the Sponsor's Testimony says "This is not a bill to punish anyone for practicing midwifery in Ohio", but is it? If the same praised midwives continue as they have been, but without submitting to the Board of Nursing's governing, even though it is admitted they aren't a problem that needs fixed, they would be "guilty of a felony of the fifth degree on a first offense and a felony of the fourth degree on each subsequent offense".

7.) Sadly, I believe that if forced to choose between a home birthing midwife who uses the protocols of a hospital or delivering a baby unassisted more women, myself included will absolutely choose the unassisted births. Is that what you want? No assistance? After all the fear mongering, disrespect and lies I got from the 4 CNMs & 2 Obs I met during my first two pregnancies, I had a very fast, unplanned, and unassisted birth with my second child. I waited too late to call and the baby came before anyone else. While it was a beautiful and relaxing birth, I can see how it could be very dangerous as well, but I would take it over a hospital birth for a low- risk pregnancy. Not with all the stress, protocols and box checking that goes on there.

8.) I feel I need to add that after four home births I transferred care to the hospital after my last child was born to remove a retained placenta. It was not yet an emergency situation, but it would have been. I am not against CNMs or OBs. There IS a place for them, but they can't be lumped into one group and managed because they come from completely different philosophies of birth and scopes of care.

The passing of this bill is unnecessary and is guaranteed to criminalize our current "life-saving" lay midwives just within the next few years. One philosophy should not be able to And because of all these concerns and reasons I firmly oppose House Bill 496.

Thank you. Lindsay Spring