Ohio House of Representatives

Health Provider Services Committee

HB 545

A year and a half ago I submitted testimony and attended a hearing for HB 496 – which also addressed midwifery licensure. However, I opposed that bill because it was terribly misguided. Although it had a laudable goal of increasing choice and improving outcomes for birthing women, it sought to do that at the expense of the unlicensed midwife – who would have become an illegal practitioner under HB 496's licensing scheme.

Today, I provide testimony in support of the latest bill that addresses the licensure of midwives. I am not a healthcare provider, so I cannot speak to the intricacies of HB 545 and the changes in the regulatory schemes of the various categories of midwives in this state. I support this law because it allows the traditional, unlicensed midwife, to practice freely, without folding her into a licensing scheme or otherwise bringing her under the control of others, including the nursing board. I believe that the traditional midwife is a unique and critical piece of the maternity care landscape, and am opposed to any law that impacts her autonomy or encroaches on her ability to practice freely.

The reason for my staunch defense of the traditional midwife is based on my having been a consumer of maternity care for over 10 years. My personal story provides an example of the value of an autonomous, unlicensed midwife. I am a mother of five children and have been cared for my obstetrician through the standard medical model, by midwives practicing in a hospital setting, and by a traditional, unlicensed midwife.

I delivered my first three babies through the standard medical model, with one of the major hospital systems in Cleveland. My third birth brought into focus the failings of maternity care in the United States.

My third baby was a "surprise breech," which in my case meant that my daughter's breech positioning was not discovered until minutes before she was born. In the United States today, a breech positioned baby delivered in a hospital almost always results in a c-section[1], a failure of the standard medical model. This unfortunate practice took hold after the publication of a study known as the Term Breech Trial (TBT), purporting to show that a planned c-section was significantly safer than a vaginal delivery for a breech presenting baby (which is 3-4% of babies). Retrospective studies done in the Unites States and numerous other countries did not confirm the results of the TBT, and the American College of Obstetrics and Gynecology (ACOG) now states that a vaginal breech birth is a reasonable option under certain circumstances, though noting it should only be attempted by a skilled provider. However, c-section delivery remains the default for breech babies in United States hospitals. Women are almost never given the option of a vaginal breech delivery in the standard medical model and practitioners are not trained on breech delivery. The reasons for this are complicated, but fear of litigation is one. Traditional midwives, on the other hand, who never stopped delivering breech babies, have not lost this skill.

This is only one example of a practice within the standard medical model of care that hurts women, along with certain unnecessary inductions and other interventions which are not evidence based, yet

[1] According to the World Health Organization (WHO), a c-section puts women and babies at unnecessary risk of short-and-long term health problems when there is no medical need to perform them. It bears mentioning here that the United States' c-section rate is 32%, which is significantly higher than that 10-15% recommended by the WHO.

which continue to be the standard of care.

Although my breech baby was born vaginally, the chaotic scene of my delivery and later conversations with the obstetrician and midwives, impressed upon me that this was highly unusual, and that if my baby's positioning had been discovered even a half an hour earlier, I would have been wheeled into the operating room for surgery. The experience led me to research obstetric care in the United States, including the history of breech birth, ultimately concluding that the medical model is deeply flawed and seeking an entirely different experience with my fourth baby.

With my fourth and fifth babies, a choose to deliver at home with a highly skilled, unlicensed midwife in the State of Ohio. I made this decision because I no longer trusted the standard medical system, with its one size fits all approach, to have my best interests in mind. The care I received from my midwife was like nothing I had experienced in the hospital setting. My appointments were often over an hour long and the care was individualized and comprehensive and made me feel safe and nurtured.

I am deeply grateful that the State of Ohio continues to honor the sacred right of women and families to choose how and with whom to birth. However, as we have seen in other states, and as was attempted with HB 496 in 2022, our traditional midwives are under threat. As I have continued to educate myself about the maternity care system in this country, I have learned that the unethical approach to managing breech birth is just the tip of the iceberg. The standard medical model of maternity care is broken beyond repair. Our outcomes are among the worst in the industrialized world, and particularly for women of color, who are nearly three times more likely to die in childbirth than their white counterparts.

The solution lies with midwifery care – but not the kind of midwifery care that hospitals are embracing - which is obstetrics masquerading as midwifery care, where pregnancy and childbirth are viewed as pathology and interventions are the default approach. The statistics for maternal morbidity and mortality in this country are a clear indicator that the standard medical model has failed women and I am grateful that by considering this bill, which brings traditional midwives into the light as a legitimate and valuable provider of maternity care, you are taking an important step forward in changing the landscape and improving outcomes.

Thank you for the opportunity to provide proponent testimony for House Bill 545.

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