

Proponent Testimony for House Bill 537

Before the Ohio House Children and Human Services Committee

Chair Andrea White, Vice Chair Jodi Salvo, Ranking Member Crystal Lett, and members of the Committee,

Thank you for the opportunity to provide proponent testimony in support of House Bill 537.

My name is Samantha Buckholtz I am a Certified Nurse Midwife from Cleveland, Ohio and I am writing to express my strong support for this legislation, which works to expand access to midwifery services and strengthen maternal care options throughout Ohio. I was born and raised on the east side of Cleveland and have lived here for 37 years.

House Bill 537 takes an important step toward improving maternal health by creating a clear licensure framework for CMs/CPMs/Traditional midwives (if they choose) and eliminating barriers for freestanding birthing centers. By providing a pathway for midwives to be licensed while still allowing traditional midwives to practice with informed consent, this bill respects diverse models of care while promoting safety and accountability with the formation of the midwifery advisory council.

Care Deserts

Access to maternity care is a growing challenge in many parts of Ohio, particularly in rural communities. Many families must travel long distances to receive prenatal care or deliver their babies. Expanding access to qualified midwives and supporting freestanding birthing centers can help fill these gaps and ensure that expectant mothers have safe, accessible, and personalized care options.

Midwives play a critical role in maternal and infant health. They provide comprehensive prenatal care, education, and support for mothers throughout pregnancy, childbirth, and the postpartum period. Numerous studies have shown that midwife-led care can improve outcomes, increase patient satisfaction, and reduce unnecessary interventions.

Types of Midwives

Certified Nurse Midwife- Masters level prepared nurse- Advanced Practice Nurse in Ohio - most often practices in a hospital setting in Ohio -providing prenatal care, labor and delivery, and postpartum care. We are experts in normal but are highly trained to recognize that which is abnormal or high risk. CNMs in the hospital setting are often working closely with physician collaborators.

Certified Midwives- (non-nurses) Masters level prepared midwife- same education as CNM (nurse midwives) without a background in nursing - currently licensed

Certified Professional Midwife- CPM-formally educated midwives and apprenticeship trained- specialize in home and birth center birth. Recognized and licensed in 39 states. Credentialed by NARM.

Traditional Midwives-direct entry midwives-not formally trained but have extensive experience. These midwives exclusively provide care in the home and birth centers.

Transfer Agreements Freestanding Birth Centers

House Bill 537 also strengthens coordination between birthing centers and hospitals by encouraging written transfer agreements. This ensures that if complications arise, patients can be quickly transferred to a hospital for advanced care.

The Ohio Birth Center, an AABC accredited birth center was forced to close due to a lack of transfer agreement with neighboring Columbus hospitals. Despite well documented data on out-of-hospital birth, no institutions would come to the table and discuss transfer agreements. The midwives and staff offered on numerous occasions to collaborate with neighboring hospitals on transfer agreement standards, discuss protocols and physicians refused.

Newborn care

This bill allows for Certified Nurse Midwives to preform newborn care as defined by our scope of practice set forth by the American College of Nurse Midwives, which current statute does not permit.

Ultimately, this legislation supports mothers, babies, and healthcare providers by expanding choices, improving collaboration across the healthcare system, and addressing maternity care shortages in underserved areas.

For these reasons, I respectfully urge the committee to support House Bill 537 and move it forward in the legislative process.

Thank you for your time and consideration.

Sincerely,
Samantha Buckholtz APRN CNM

Cleveland, Ohio

POSITION STATEMENT

Planned Home Birth

The number of people in the United States choosing to give birth at home has increased significantly in the past decade.^{1,2} For the essentially well person experiencing a healthy pregnancy, intrapartum, postpartum, and newborn course, childbirth with qualified providers can be accomplished safely in all birth settings, including home, birth center, and hospital.³⁻⁸ The American College of Nurse-Midwives (ACNM) affirms that:

- Every individual has the right to give birth in an environment that upholds human dignity, self-determination, and respect for cultural context.
- Individuals have the right to participate in shared decision-making regarding their preferred place of birth.
- Planned home birth should be an accessible option for those who choose to give birth in that setting.
- Individuals who plan home births often experience a course of care that supports normal, physiologic birth and reduces the need for obstetric and neonatal interventions.³⁻⁸
- Certified midwives (CMs) and certified nurse-midwives (CNMs) are qualified to provide comprehensive antepartum, intrapartum, postpartum, and newborn care in the home setting.^{9,10}
- Home birth is best achieved within an integrated, supportive system of safe, seamless care that ensures respectful collaboration among all health care providers and institutions in the event that transfer from home to hospital becomes necessary.¹¹⁻¹⁵
- States and jurisdictions are responsible for fostering a climate of respect for birthing individual's autonomy and authority through laws and regulations that support childbirth in home, birth center, and hospital settings.
- Reimbursement from third-party payers should be available to licensed maternity care providers for the full scope of home birth services.
- Professional liability insurance carriers should provide coverage at actuarially appropriate premiums for licensed maternity care providers attending home births.¹⁶

Background

Although more than 98% of women in the United States give birth in hospitals, some families prefer to give birth at home.^{1,2} The safety of birth in all settings is a primary concern and remains the focus of home birth research.³⁻⁸ Planned home birth refers to care provided by qualified clinicians for healthy individuals experiencing pregnancy and birth within a system that ensures access to a higher level of maternity care when needed. Large observational studies have demonstrated excellent perinatal outcomes for planned home births.³⁻⁸ Planned home birth has also been associated with reduced use of medical interventions that are associated with perinatal morbidity for birthing individuals and infants.^{3,4,11} The safety of home birth is optimized by assessing each individual and family's appropriateness for planned home birth, ensuring attendance by a qualified provider, and maintaining integrated systems that support collaborative care.^{11,13,15}

Within the context of midwifery care, individuals are encouraged and supported to make informed decisions regarding their preferred birth setting.¹⁷⁻¹⁹ The process of informed choice in selecting a birth site includes consideration of:

- Evidence-based information on the potential risks and benefits of each available birth setting;
- Assessment of maternal and fetal health;
- Access to qualified birth attendants; and
- A clear mechanism for transport, if necessary, during the course of care.

The home birth setting offers a unique opportunity to study and learn from physiologic birth. Insights into best practices for pregnancy and childbirth across all settings may be derived from further research on home birth.

For further guidance regarding evidence-based perinatal care in the home setting, ACNM maintains several resources including the *Midwifery Provision of Home Birth Services ACNM Clinical Bulletin*²⁰ and the *Home Birth Practice Manual*, 5th Edition.²¹

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Note: Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board.

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