

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 proponent testimony on HB 496

I am a mother to four boys. My youngest son was born at home, under the care of a skilled midwife and her team. Having birthed four babies in various, varied ways, I have a unique perspective on the topic of home birth and midwifery care, and why both are worth protecting. I am fully in support of HB496 because of my experience, but also because it is a well-structured, fully inclusive legislation.

I decided to pursue midwifery care and home birth with my fourth baby because his due date was April of 2020. Right after the pandemic hit, when hospitals were limiting partner attendance and were potential sources of Covid-19. Once I made the switch, however, I immediately regretting not pursuing this model of care with my first three babies. My third son was born via emergency C section. It was terrifying and made a mark on me, physically and emotionally. When I got pregnant again, fear was the only emotion I felt while under the care of my (very supportive but also surgery-minded) OB. It was only when I decided to switch to a homebirth and was interviewing midwives that I felt at peace about delivering my new baby. A home birth after a C section was not terrifying like I thought it would be, and this is only because my midwife had completed extensive training and was extremely skilled in all kinds of births. My baby was also breach for several months of my pregnancy, and my midwife was able to recruit her training midwife, an expert in breach birth. (Even though he ended up head down, the training midwife attended the birth as well. Another example of the incredibly caring midwifery model.) When I ended care with my OB, I was worried about a few things: lack of availability of labs and ultrasounds, vitamin K and eye ointment, Pitocin availability in case of bleeding after birth, and other medical aspects of birth that are important to me. I was relieved to know that my midwife could provide vitamin K for my baby, and she did need to stop my intense bleeding after he was born - her skills and available medication allowed this to happen. I was also worried that if we needed to transfer to the hospital during labor (my former C section had me considering all outcomes), my midwife might not be able to come with me. Thankfully this wasn't a factor in the end, but she should have been able to attend with me as a respected and welcomed birthing attendant. If I could turn back time, I would choose midwifery care and home birth with each of my four babies. The care, the comfort, the follow up, the expertise, and the genuine love I received from my midwife and her team should be available to all birthing people.

HB496 protects midwives and clients, and it ensures protection and accountability for the practice of midwifery in Ohio. It has my full support, and I urge you to pass this legislation so that midwives are more available, more respected, and more accountable in the future.

Katherine Kurtz
katiekurtz4@gmail.com