



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



**Ohio House of Representatives  
Families, Aging and Human Services Committee  
Amy Burkett, MD, FACOG  
American College of Obstetricians and Gynecologists, Ohio Section  
Ohio State Medical Association  
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Chair Manchester, Vice Chair Cutrona, Ranking Member Denson, and esteemed members of the committee, my name is Dr. Amy Burkett. I am an obstetrician-gynecologist currently working at a as an OBGYN hospitalist and centering pregnancy facilitator for at-risk moms at a large academic medical center in northeast Ohio. I have lived in Ohio my entire life. I received my medical degree from the Northeast Ohio Medical University, affectionately known as NEOMED, and then did my residency at The Ohio State University Medical Center before returning to Northeast Ohio. I was in private practice for 10 years and worked as a Laborist for four years before starting my current position.

I am here today on behalf of the American College of Obstetricians and Gynecologists (ACOG) and the Ohio State Medical Association. I am the Immediate Past Chair of the ACOG, Ohio Section and currently serve as the ACOG District V Legislative Chair. As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health and our specialty's professional membership organization. Using its members' expertise and in conjunction with the OBGYN subspecialty groups ACOG produces guidelines and educational materials that are viewed as the standard of care for patients. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals. As the nation's leading group of physicians providing health care for women, our members dedicate their career and lives to delivering evidenced-based care with quality, safety, integrity, and compassion.

I am also a longtime member of the Ohio State Medical Association (OSMA) and have actively participated in numerous OSMA committees and task forces during my time as a member. OSMA is the state's oldest and largest professional organization representing Ohio physicians of all specialties, as well as medical residents and medical students.

We appreciate Rep. Koehler's thoughtful consideration of the concerns brought forward by interested parties before the introduction of HB496, which will regulate the practice of midwives in Ohio. We are specifically appreciative for the inclusion of informed consent for the patient/clients, a written transfer agreement, and inclusion of adverse outcome reporting. Many aspects of this proposed legislation are remarkable and essential to helping Ohio families have favorable birth outcomes. We want to be a proponent of this legislation; unfortunately, we have continued concerns and are currently an opponent. For the remainder of my testimony, I will explain our continued concerns and possible solutions.

To maintain the integrity of the health and safety components of the midwifery licensing program, home birth should be limited, in statute, to normal, low-risk pregnancy, delivery, postpartum, and newborn care. A woman's risk for poor pregnancy outcome is not always present during prenatal care,

Commented [GU1]: Added OSMA language

- Kelsey, OSMA

but may arise during labor or in the hours, days, and weeks after delivery. Ohio has spent considerable time in recent years establishing maternal levels of care. The unpredictability of prior cesarean, multiples or breech delivery pregnancies necessitates they be undertaken at facilities capable of performing emergency deliveries. Women with complex medical conditions or complicated pregnancies ~~High-risk deliveries~~ should always be ~~undertaken~~ cared for at facilities capable of performing an emergency delivery and neonatal resuscitation.

In a time where we are working to improve the birth outcomes for the mothers and babies in Ohio, ACOG and OSMA appreciate that bill includes language establishing a multidisciplinary Midwifery Advisory Council and establishes required reporting of adverse outcomes. However, the sub-bill language removed provisions that the incidents be reviewed, and decisions be made on whether further action is needed. Without the ability to review and recommend corrective action when needed, the Council has no ability to assure ~~the ongoing that~~ quality care ~~is being provided to~~ Ohio's women and babies.

ACOG and OSMA also find that some of the language around paths to licensure in Ohio is confusing and recommend the language be simplified to reflect the current recommendations of the United States Midwifery Education, Regulation, and Association (US MERA).

We appreciate the diverse cultures of Ohioans and recognize there should be exemptions for those with closely held religious beliefs. We acknowledge there are certain religious denominations, sects and groups in which state licensed midwifery would be counter to their religious beliefs. We believe the religious exemption for the practice of midwifery should be more narrowly written and would suggest the following language which is similar to the religious exemptions for freestanding birthing centers, an example is included below.

*A midwife is not required to obtain a license under section xxx of the Revised Code if both of the following are the case:*

- (1) The midwife is a member of religious denomination, sect, or group and licensing significantly abridges or infringes on the religious practices or beliefs of that religious denomination, sect, or group; and*
- (2) The midwife provides care only during low-risk pregnancy, delivery, and the immediate postpartum period exclusively to women who are members of that religious denomination, sect, or group.*

We recognize and support a person's right to choose their provider and place of birth. As physicians, ACOG and OSMA both want to ensure patients are making a truly informed choice about their healthcare. In addition, we want to assure licensure of certified professional midwives in Ohio assures a high standard of education is met, and the appropriate safety guardrails are in place to ensure the best outcome for women and their families.

Thank you for your time. I appreciate the opportunity to be here and discuss our concerns about HB496. I am happy to take questions at this time.

#### **Reference**

US MERA:

<http://www.usmera.org/wp-content/uploads/2015/07/Statement-on-the-Licensure-of-Certified-Professional-Midwives-2015-06.pdf>