Ohio House of Representatives

Families, Aging, and Human Services Committee

House Bill 496 is a wolf in sheep's clothing. The Bill purports to increase choice and improve outcomes for birthing women, especially for Black and poor mothers, by providing for greater integration of midwives into the maternity care system of this state. While this is a necessary and laudable goal, House Bill 496 is a misguided attempt to solve the well-documented crisis in the maternity care system.

Specifically, I am concerned with the provisions of this Bill that would make an unlicensed midwife an illegal practitioner. Forcing a regulatory scheme on all midwives in this state, except for those that fall under its narrow religious exemptions, folds all midwives into the severely broken medical model of maternity care. It takes away their autonomy, encroaching on their ability to practice in a way that best serves their clients, and profoundly impacts women's ability to choose how and with whom to give birth.

My personal story provides an example of the value of an autonomous, unlicensed midwife. I am a mother of four children. 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 baby was a "surprise breech," which in my case meant that my daughter's breech positioning was not discovered until her rump was crowning. 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 the United States. Women are almost never given the option of a vaginal breech delivery (except by homebirth midwives, who have not lost this skill). Practitioners in the standard medical model are not being trained on breech delivery. The reasons for this are complicated, but fear of litigation is one. 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 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 was discovered 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

[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.

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 baby, 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. I recognize the incredible privilege that allowed me to go outside of the system, to drive the hour and a half round trip to my midwife's home for medical appointments, and pay for my midwife's services, knowing I would not be reimbursed by insurance. I know that many women, especially women of color and poor women, do not have the ability to step outside of the system like I did. It is crucial that we improve the maternity care system in Ohio, but this must be done without criminalizing unlicensed midwives that want to remain outside of the system. I urge the proponents of this bill, as well as lawmakers, to come up with creative solutions to solve our maternity care crisis, without taking away our sacred right to birth with whomever we choose.

Thank you for the opportunity to provide opponent testimony for House Bill 496.

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