November 28, 2022

Dear Ohio Representative Susan Manchester—Chairperson and Committee Members of Families, Aging and Human Services:

I am an Ohio Certified Nurse Midwife (CNM) and Advanced Practice Registered Nurse (APRN) writing to you as an **Interested Party** to **H.B. No. 496—Regulate the Practice of Certain Categories of Midwives**, which was designed to expand birthing authority and licensure to Certified Professional Midwives (CPM) while limiting the practice of medically trained APRNs. By expanding the authority of non-medically trained individuals but limiting the scope of practice of graduate-level trained and licensed nurse-midwives, this bill will jeopardize the health and safety of thousands of Ohio women and newborns. H.B. 496 has the potential to **greatly reduce the scope of practice** of an already depleted pool of APRNs and medical providers. In a state already ravaged by severe medical provider shortages, this is something that will negatively affect birthing conditions. While I understand there have been some changes made to HB 496 that help to correct the limitation of practice for CNMs, there are still portions of the bill that will negatively affect both practitioners and their patients which need to be addressed immediately.

As written, H.B. 496 will jeopardize the lives of Ohio women and newborns while greatly increasing the costs in time and health care dollars associated with women's health, prenatal, obstetric, and gynecologic care. It would authorize **non-medically** trained individuals to attend high-risk vaginal births after c-sections (VBAC), twin births, and breech births in the home **without ANY medical backup**. These circumstances listed above are the most high-risk, life-threatening situations in childbirth. As such, these situations call for intense medical collaboration between CNMs and OB/GYN physicians and should occur in a setting that has immediate access to an obstetrician and an operating room in the event of a medical complication. These births should not be handled by individuals trained in **normal, standard** births as they are not equipped with the skills or education to undertake these high-risk births where there is a potential for both the mother and baby's life to be at risk (Appendix A). I have attached the statistics for breech deliveries which is a high-risk birth (Appendix B).

Additionally, HB 496 writes for the ability of certified professional midwives (CPM) to order lab work, ultrasounds and prescriptive authority for medication. These should be done in consultation or collaboration with physicians, certified nurse midwives, or certified midwives as laboratory

interpretation is a complex skill and not within NARMs guidelines. Currently, **CPM education does not teach** the interpretation of ultrasounds. For nurse midwifery, performing ultrasounds is an advanced skill that requires additional education alongside primary midwifery education (Appendix A).

Finally, H.B. 496 calls for a Midwifery Advisory Council to be created with the Board of Nursing. As proposed, it is to consist of two CNMs or certified midwives along with CPMs. This title is misleading and should be changed to **Home Birth Advisory Council** as it advises and makes recommendations to the Board of Nursing regarding the practice and regulation of nurse midwives and midwives who attend home births. Secondly, the representation should be equal across the board with two CNMs or certified midwives, two certified professional midwives, and a member of the Board of Nursing. This ensures that all groups on this council have a fair and equal voice.

I fully support the licensure and regulation of certified professional midwives as they need to be held accountable for their practice, however, HB 496 is not this bill.

This is your opportunity to support Ohio's Advanced Practice Nurses and Certified Nurse Midwives while protecting the health and safety of Ohio women and newborns. **HB 496 does not do this in its current form**

Recommendations have been proposed for amendments and my support would change if these amendments were accepted. Please support Ohio's Advanced Practice Nurses and Certified Nurse Midwives!

Sincerely,

Barbara J. Francis DNP, APRN-CNM

Toledo, Ohio

Appendix A:

Excerpt from ACNM Core Competencies for Basic Midwifery Practice (current version approved by ACNM Board of Directors, March 20, 2020)

G. A midwife demonstrates the knowledge, skills, and abilities to independently manage the care of the well neonate (newborn immediately after birth and up to 28 days of life), including, but not limited to, the following:

1. Understands the effect of prenatal and fetal history and risk factors on the neonate
2. Prepares and plans for birth based on ongoing assessment
3. Utilizes methods to facilitate physiologic transition to extrauterine life that
    a. includes, but is not limited to, the following:
    b. Establishment of respiration
    c. Cardiac and hematologic stabilization, including cord clamping and cutting
    d. Thermoregulation
    e. Establishment of feeding and maintenance of normoglycemia
    f. Bonding and attachment through prolonged contact with neonate
    g. Identification of deviations from normal and their management
    h. Emergency management, including resuscitation, stabilization, and consultation and referral as needed
4. Evaluates the neonate, including:
    a. Initial physical and behavioral assessment of term and preterm neonates
    b. Gestational age assessment
    c. Ongoing assessment and management of term, well neonate during first 28 days
    d. Identification of deviations from normal and consultation and/or referral to appropriate health services as indicated
5. Develops a plan in conjunction with the neonate's primary caregivers for care during the first 28 days of life, including the following nationally-defined goals and objectives for health promotion and disease prevention:
    a. Teaching regarding normal behaviors and development to promote attachment
    b. Feeding and weight gain, including management of common lactation and infant feeding problems
    c. Normal daily care, interaction, and activity
    d. Provision of preventative care that includes, but is not limited to:
        i. Therapeutics according to local and national guidelines
        ii. Testing and screening according to local and national guidelines
        iii. Need for ongoing preventative health care with pediatric care providers
    e. Safe integration of the neonate into the family and cultural unit
    f. Provision of appropriate interventions and referrals for abnormal conditions, including, but not limited to:
        i. Minor and severe congenital malformation
        ii. Poor transition to extrauterine life
        iii. Symptoms of infection
        iv. Infants born to mothers with infections
        v. Postpartum depression and its effect on the neonate
        vi. Stillbirth

vii. Palliative care for conditions incompatible with life, including addressing the psychosocial needs of a grieving parent.

g. Health education specific to the needs of the neonate and family

Appendix B:

Home Births

	Intrapartum death	Early Neonatal Death	Late Neonatal Death
Breech Vaginal Birth	13.51/1000 births	4.57/1000	4.59/1000
Vertex Births	1.09/1000	0.36/1000	0.3/1000

Source: ACOG, 2017; ACOG, 2018; Cheney et al., 2014

Outcomes of Breech Birth in a Hospital Setting

	Neonatal Mortality	Neonatal Birth Trauma	Apgar Score < 4 at 1 minute	Apgar Score < 7 at 5 minutes	Neonatal IUC admission	Severe Maternal Morbidity
Intended Vaginal Breech Birth n=352 of which 61.9% had a vaginal breech birth	6.0%	7.4%	10.5%	4.3%	16.2%	1.4%
Planned Cesarean Birth n=3970	2.1%	0.9%	1.1%	0.5%	6.6%	0.7%

Note: n=10,133 women with term breech singleton pregnancies
Source: Sun et al., 2016

References

American College of Nurse-Midwives. (2020). ACNM core competencies for basic midwifery practice. https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000008071/ACNMCoreCompetenciesMar2020_final.pdf

American College of Nurse Midwives. (2016). ACNM position statement: planned home birth. available at: http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000251/Planned-Home-Birth-Dec-2016.pdf.

American College of Obstetricians and Gynecologists. (2018). ACOG committee opinion No. 745: mode of term singleton breech delivery. *Obstetrics & Gynecology, 132*(2), 260-e65.

American College of Obstetricians and Gynecologists. (2017). ACOG committee opinion No. 697: planned home birth. *Obstetrics & Gynecology, 129*(4), e117-e122.

Cheney, M., Bovbjerg, M., Everson, C., Gordan, W., Hannibal, D., & Vedam, S. (2014). Outcomes of care for 16,924 planned home births in the United States: the Midwives Alliance of North America Statistics Project, 2004-2009. *Journal of Midwifery & Women's Health, 59*(1), 17-27.

Sun, Y., Roberts, C.L., Ford, J.B., & Nicholl, M.C. (2016). Outcomes of breech birth by mode of delivery: a population linkage study. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 56*(5), 453-459.