Chairman Manchester, Vice-Chair Cutrona, Ranking Member Denton and Members of the House, Families, Aging, and Human Services Committee, thank you for the opportunity to provide interested party testimony on Sub-HB496.

My name is Debra Moore, and I work as a certified nurse midwife and women's health nurse practitioner (APRN-CNM, WHNP) in Lima, Ohio. As I cannot be present today, my colleagues are willing to read my testimony as an interested party to Sub-HB496. I received my Master's in Nursing and Midwifery training from The Ohio State University and have served women for the past 14 years. I have delivered close to 2000 babies in rural and urban hospitals in Ohio using the midwifery model of care in collaboration of doctors and hospital staff. The community we serve in Allen County comprise at-risk women who have limited options for childbirth. The mothers seeking us out want to give birth in the safety of the hospital but also have the choices midwifery care provides.

Lima Memorial Hospital is the only hospital in my county that provides midwifery care by Certified Nurse Midwives (CNM). Our practice includes of 2 board certified medical doctors and 3 CNM's that provide full coverage for our practice. Many of the health issues that our women face during pregnancy include, but are not limited to, gestational hypertension, fetal growth restriction, advanced maternal age and teen mothers, obesity, and preterm labor. These manageable complications can make pregnancies higher risk and childbirth that should be planned for an in-hospital delivery. Gratefully, the revisions in sub-HB496 allow CNMs to continue to provide midwifery care to women with high-risk factors, in collaboration with physicians, as we have been for decades. The consent changes of the sub-HB496 will allow for me to continue to help women in childbirth at Lima Memorial without jeopardizing my employment. Hospital facilities have their own consent process, and this reduces the burden for CNMs practicing in larger practices and hospitals. Thank you for specifying the consent is to be for out-of-hospital births only.

We have many women in the community seek our care due to a history of a cesarean section and want to attempt a vaginal delivery after a cesarean section (VBAC). This is commonly referred to as a trial of labor after cesarean section (TOLAC). Although uterine rupture during childbirth is approximately 1% with a history of one low transverse uterine incision, this complication is life threatening for both mother and baby. Safe and standard practices have these cases attempt in the hospital where emergency surgery can be performed within minutes if rupture occurs. I'm concerned Sub-HB496 would allow for unsafe practices to occur and provide a legal safe haven for those attempting VBACs at home where they are not recommended. These cases are high-risk even in hospitals where they are managed by a physician that must be on site during the time the patient is in active labor. CNM's and doctors often co-manage, but for safety, a provider who can perform emergency surgery must be immediately available.

Even the best made plans with informed consents in place, we have had women come into labor to attempt a VBAC and doing well during labor however, as they progress and go through

transition the baby goes into distress. Typically, this can only be assessed by fetal monitoring that would show extreme fetal heart rate changes that indicates a fetal hypoxic event (oxygen deprived). Childbirth is painful and uterine rupture has similar symptoms to the mother. Blood loss due to large vessels occurs very quickly and the baby must be removed within minutes or there is a fetal loss and soon after, the mother. Pregnancies complicated by a history of cesarean should be managed in the hospital for the safety of the mother and infant and practices that allow for them outside of the hospital is risking lives. Midwifery services can still be provided to the patient for in hospital birth and should not be included in this bill.

Sub-HB496 has been reworked and is close to providing midwifery care to more women and their families, but we need to ensure that it is safe and using standard practices.

Thank you,

Debra Moore APRN-CNM, WHNP