

Proponent Testimony for House Bill 545

Chairman Oelslager, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee, thank you for considering my testimony for HB 545.

I am testifying as a proponent of HB 545 as it is currently written.

Our testimony today will cover the topics of religiously exempt freestanding birth center and different midwife definitions and how this bill will affect these various types of midwives.

My name is Bobbie Boyd. I am a wife, mother of 5 children and am a homebirth and birth center midwife serving in the Amish Country area of Holmes, Tuscarawas and Coshocton Counties. I attended the National College of Midwifery and Mercy In Action missionary midwifery school and have been a Certified Professional Midwife for 20 years. I also serve on the board of Community Midwives of Ohio which is a midwifery organization that represents the best interest of all midwives in the state of Ohio with more than 60 midwives in membership. I have lived in states where I have been a licensed midwife as a Certified Professional Midwife and if House Bill 545 passes, I would choose to be licensed again.

I am a Midwife and Administrator of a religiously exempt freestanding birth center called the New Bedford Care Center located in New Bedford, Ohio. Our birth center has been serving families for over 20 years and last year we had 230 babies born at our birth center. Our birth center is staffed by Traditional Midwives and Certified Professional Midwives.

A religiously exempt freestanding birth center is registered with the Department of Health. Through that registration we comply with state requirements such as year-end reporting of women that transfer care, transports during labor and postpartum and neonatal transports, following low risk guidelines for pregnancy and birth, obtaining newborn screens, hearing screens, heart defect screening. We have policies and procedures, a community board of directors and a medical director.

I know for most people the idea of having a baby outside the structure of the hospital may seem needlessly risky. Statistics, however, don't show that to be the case. Most of our societal "knowledge" about birth, sadly comes from movies, sitcoms and other television shows. It also comes from the medical community from their engagement in the very rare case of transporting a mother from home birth or birth center. These transports are generally women who's births have transitioned from normal to benefitting from medical assistance. It is understandable how the perspective of the medical staff would be to view birth outside the hospital as unsafe because they only experience the transfers to the hospital and have no knowledge of all the highly successful out-of-hospital outcomes. For most midwives the transfer rate is typically between 2-10 % of their clients. The actual statistics of birth outside the hospital prove a safe, successful and satisfying picture of birth.

For low-risk women, birth is a normal physiological process, not a medical event. With the trained supervision of a Midwife, practicing the Midwives Model of Care®, the expectant and laboring mother is continually evaluated for low-risk status as a candidate for out of hospital delivery. When pregnancies or births shift from the normal process to one that would benefit from medical intervention, I am the first one thankful for all the hospitals, Nurse Midwives and Doctors providing that medical care. Access to that care, when needed, should be easy and respectful by the receiving hospital. Similar to a level 3 hospital that may transfer to a level 1 hospital as the need arises, so does the out of hospital midwife transfer care when it would best benefit mother or baby. Our local hospital in Millersburg called

Pomerene Hospital is a shining example of this. In a typical transport I would call the Certified Nurse Midwife or the on-call OB/GYN and make a plan for transport. I never hesitate to transfer to Pomerene Hospital. My clients are treated with respect and the midwives transferring share records and information to make the transfer process from one provider to another as seamless as possible. I believe the way that Pomerene Hospital works with the community midwives in the event of transport is the gold standard of care for parents.

I am a proponent of House Bill 545 because it would improve a midwife's ability to better serve her communities by allowing easier access to laboratory testing, refer for diagnostic testing such as ultrasounds, and have the ability to utilize legend pharmaceuticals to further increase safety for Ohio women who birth out-of-hospital. I hope that HB 545 will segway into improving the ability for more birth centers to thrive in all areas of Ohio, especially in the counties classified as maternity deserts. According to the March of Dimes 14.8% of Ohio counties are considered maternity deserts and 23.9% of Ohio counties have low or moderate access to maternity care. Representative Gross was very accurate in stating that "having only one choice is having no choice" during the co-sponsor's introductory testimony.

At our religious exempt birth center, we are accountable for recording our statistics that get submitted to the Ohio Department of Health every year. I reviewed our last 11 years of birth statistics to give you an accurate picture of what out of hospital birth looks like under the care of Traditional Midwives, Certified International Midwives and Certified Professional Midwives. The importance of the statistics of our care center is a reflection of the type of midwives and midwifery care house bill 545 would be licensing and protecting.

Statistics from the New Bedford Care Center 2012-2023

- Women Admitted and Delivered at New Bedford Care Center: 87.9%
- Maternal Transfer from New Bedford Care Center to Hospital During Labor: 9.9%
- Neonatal Transfer from the New Bedford Care Center to Hospital: 1.4%
- Low Birth Rate Babies: 0.8%
- Cesarean Section Rate: <1%
- Maternal Deaths at the New Bedford Care Center: 0%
- Neonatal Deaths at New Bedford Care Center: 0.8% (Neonatal deaths at the NBCC were due to known fetal anomalies incompatible with human life.)

The reasons birth centers and midwifery care by Traditional Midwives, Certified International Midwives and Certified Professional Midwives are important in Ohio is because they:

1. Offer-safe, satisfying care (as proved in statistics above and client feedback surveys)
2. Continuous care (our midwives provide prenatal care, labor, delivery, postpartum and breastfeeding support)
3. Affordable care (our clientele for religious purposes do not carry insurance and pay out of pocket for care)
4. Can provide safe and satisfying birthing care in all areas of Ohio, even in the maternity desert areas of our state

The Amish and Mennonite communities are, of course, very thankful to have this great option for their birthing experiences... but what about the women and families that don't meet the religious requirement to use these exempt centers? Currently in Ohio there are no Freestanding Birth Centers. Some of the reasons for this are prohibitive rules and regulations which include mandatory transfer

agreements with hospitals, only allowing Certified Nurse Midwives and Doctors to attend deliveries in birth centers and excluding the opportunity for other forms of midwifery care. Although it doesn't address it directly, it is my hope that House Bill 545, through a deliberate shift to expand midwifery care in Ohio, would contribute positively toward the ability to have more Freestanding Birth Centers like our New Bedford Care Center staffed by Traditional, Certified International Midwives and Certified Professional Midwives.

And now Melinda McCoy will present the second part of our testimony and discuss the different types of midwives and how HB 545 might affect them.

My name is Melinda McCoy.

I'm a midwife serving the southwest corner of Ohio, Dayton/Cincinnati area, spanning at least 12 counties for the past 20 years.

I hold the credential as a Certified International Midwife (CIM), a global credential that meets rigorous international standards for out-of-hospital birth. This credential requires a complex board examination, extensive continuing education, peer review and regular renewals. Along with all the births that I have attended here in Ohio, I also have served as midwife in several countries in Central America and Andhra Pradesh, India. I have plans to return to India in 2025 to help train and support Indian midwives at the Jeevalaya Birthing Home in Tamil Nadu, India. In 2020, I was asked to serve as the Executive Director of the International Registry of Midwives, a position I have held since then.

I also serve on the board of Community Midwives of Ohio and am a member of Ohio Midwives Alliance.

I am a proponent of HB 545.

I'd like to direct your attention to the chart that was requested by Representative Gross in hopes of providing greater understanding of this bill.

The chart clarifies the types of midwives, what board they are or would be under, the types of education pathways for each midwife, their range of care, the clinical requirements or training, certification options, the practice settings, if they have prescriptive authority, and the benefits to all with the passage of this bill.

In conclusion, the passing of HB 545 will enable various types of Midwives to legally practice in Ohio, giving the consumers the freedom to choose the type of Midwife and the birth setting that best suits their circumstances and family. Midwives of all kinds are essential in addressing healthcare gaps within our communities. When allowed to practice to the full extent of their expertise, Midwives advance health equity and ensure that diverse care options are accessible to all families across Ohio, regardless of culture, location, or socioeconomic status.

Thank you for your consideration of this very important issue.

Thank you for hearing my testimony on House Bill 545 and I am happy to try and answer any questions you may have.