

COMMUNITY MIDWIVES OF OHIO
... representing midwifery in every community across Ohio

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.

My name is Barbara Lahey and I reside in Toledo. My husband, son and I own and operate a small family restaurant for the last 21 years. (Yes, we figured out how to survive through COVID!) I have been married to the same man for 52 years. We have raised 7 children; 3 biological and 4 adopted. I am a homebirth midwife with over 46 years of experience and I serve northwest Ohio, encompassing 14 counties. I have been a Certified Professional Midwife for 28 years. I am the past president and past secretary of the state-wide organization the Ohio Midwives Alliance, the past treasurer of the national organization the Foundation for the Advancement of Midwifery and I currently hold a seat on the board for the Community Midwives of Ohio.

I am addressing you today to bring to your attention some of the ways in which HB 545 will expand midwifery care and the need for that. I do want to point out that the practice of midwifery is neither the practice of medicine nor the practice of nursing, but is its own ancient and unique entity.

HB 545 addresses the need to expand midwifery care to allow greater access for its Ohio citizens. The current medical system is highly inadequate in meeting the needs of the citizens of Ohio for safe, accessible and affordable maternity care for childbearing families. It has been stated previously that labor & delivery units have been shut down recently and in my great metropolis of Toledo, there have been 3 units that have closed in the past couple of years, leaving parents fewer choices to access. This began with the release of all the CNMs at one hospital, leaving only OBs as that facility's option.

Existing laws don't allow for full access to all types of midwifery care. Barriers exist that need to be eliminated in order for midwifery care to interface more effectively with the current medical system. Underserved populations can be excluded from access to all types of midwifery care specifically due to the restrictions of Medicaid coverage. Having Licensed Midwives will potentially allow for Medicaid reimbursement and quite possibly, other major health insurances' reimbursement, permitting more women to access this maternity care, at a considerably lesser cost.

Out-of-hospital midwives are not well incorporated into the network of maternity care in Ohio. Many times, during these transfers, the midwife, who is ready and eager to give a report of the situation, is completely ignored and the mother is treated very poorly, as though she has had no prenatal care and is totally incompetent because, in their paradigm, she has put herself and her baby at risk of dying, because the only safe place to deliver a baby is in the hospital. I want to

point out that HB 545 includes a mandatory written informed consent, along with an individualized transfer of care plan.

HB 545 licensing mechanism supervises the Certified Professional Midwife and the Certified International Midwife and mandates evidence of training, education, experience and the passage of an approved examination through these certifying organizations. It has been created with sufficient restrictions to encourage the verification and future development for ethical, responsible and safe midwifery practitioners, which minimizes technological interventions. It also establishes mandatory additional skills training.

HB 545 will allow greater and easier access to the tools of the midwifery trade such as ordering blood work, ultrasounds, and obtaining and using legend medications for safe care. Point in case: all health care providers know that the antihemorrhagic medication Pitocin can stop a heavy postpartum bleed from turning into a hemorrhage and/or stop a hemorrhage from turning into a life-threatening situation. In the majority of heavy bleed situations, all that is needed to thwart a hemorrhage from developing is an injection of Pitocin, which then prevents the need for a transfer to a hospital, which then also reduces the increased cost to the consumer and her insurance. This is a simple, practical, safe and effective solution and should be made available to all practicing midwives.

HB 545 will attract midwives to Ohio thereby increasing the number of practicing midwives in Ohio and which will then increase access to all types of midwifery care for the citizens of Ohio; Licensure of out-of-hospital midwives will increase the numbers of midwives available in Ohio which will help the cost of midwifery care to remain attainable for families that self-pay for their health care services.

Thank you for taking the time to listen to my testimony today. I now turn testimony over to my colleague Freida Miller.

Chairman Oelslager, Vice Chair Gross, Ranking Member Somani, and members of the House Health Provider Services Committee, I am testifying as a proponent of HB 545 as it is currently written. I believe this bill promotes continuation of safe midwifery care as well as promoting growth and expansion of birthing options for Ohio's families.

My name is Freida Miller and I am the President of CMO. I am a native of Sugarcreek, Ohio and grew up in the Amish faith and culture. From 1984 to 1986 I completed a midwife training course at a direct entry birth center in Texas, under one of our nation's pioneer midwives, Helen Jolly. She had a passion for providing safe, affordable midwifery care for all people of widely varied groups who chose to birth in a home environment. Helen is gone now, but her vision for providing compassionate and safe maternity care lives on in the lives of her many students and the thousands of families we serve.

I returned to my native Holmes County in 1986 and have been serving here, as well as a number of surrounding counties, ever since. I have been a CPM for 4 years. I became a CPM mainly because I value the ability to sign off on skills for student midwives desiring to become CPM's. I

have a passion for keeping midwifery alive, and for all avenues of midwifery care to be accessible in order to better serve the diverse populations Ohio has.

In 1998 there was a 12 month-long study called the Direct Entry Midwifery Study Council report of the Ohio Legislature (Depository 0460) which extensively outlined the challenges of the practice of non-nurse midwifery that existed at that time. In this study it was found that the midwives who attend homebirths had (and still do have) overwhelmingly good statistics. 99% of low-risk women have uncomplicated deliveries. These are the women most served in out-of-hospital deliveries. Traditional Midwives must be upheld in the law because without this, childbearing families lose their bottom-line birth choice which is to be attended by a provider of their choice regardless of regulated status for other midwives.

(Please refer to the attachment included with our testimony.)

Out-of-hospital midwives follow the Midwives Model of Care[®], which was established in 1996 by a Midwifery Task Force [comprised of NARM, MANA, MEAC and CfM], and includes:

- Monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- Providing the mother with individualized education, counseling, and prenatal care,
- Giving continuous hands-on assistance during labor and delivery, and postpartum support, and
- Identifying and referring women who require obstetrical attention.

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma and cesarean section.

Birth is a sacred event and I want all families to be guaranteed the continued opportunity to choose a midwife who is culturally competent for them, and who can provide important emotional security, as well as safety for them. This should include traditional midwives. Ohio has a rich history of traditional midwives, especially those serving in counties considered maternity deserts.

Many families with low income and no health insurance would have great financial struggles if they no longer could use the traditional midwives they are used to.

Thank you for giving me the opportunity to testify. We are happy to try to answer any questions you may have.