

Good Afternoon,

My name is Jeremy Galvan and I am the President and cofounder of Maryland Families for Safe Birth (MFSB). For those of you who have not heard of us, we are a consumer-driven, nonprofit, social welfare organization that was created over a year ago in western Maryland.

Our origins are humble and begin in a living room with two new parents discussing the recent home births of their children. Our conversation led to the idea of starting a Facebook group to see what kind of interest this state had for legalizing certified professional midwives (CPMs). Fast forward a few months and the structure of MFSB was in place and volunteers were pouring in. Currently we have over 300 active volunteers across Maryland, as well as over 4000 signatures supporting our petition to license certified professional midwives.

Maryland Families for Safe Birth represents a vastly diverse group of people. We have women and men, wealthy and poor, white, black, Asian, Hispanic, Indian, just about every religion I've ever heard of, liberals and conservatives, everything in between, doctors, stay-at-home moms, lawyers, self-employed, unemployed, retail, nurses, and PAs, as well as other professionals who regularly assist us with operations associated with the creation and introduction of legislation.

MFSB asserts that the following truths provide a structure and framework for creating a system to license and integrate certified professional midwives into the maternity care system.

1. Women are at all times autonomous. With regard to maternity care, prenatal, labor and delivery, and postpartum care, women are completely responsible for themselves and their unborn child or newborn.
2. Women either alone or with their partner, choose the place of birth, their attendants, and the care they receive.
3. All women, in all maternity care settings, should receive respectful, woman-centered care. Informed choice should be the basis for the decision making process. Informed choice should include mutual sharing of information about the risks and benefits of any procedure, should respect the woman's autonomy to make decisions in accordance with her values and preferences, and should be free from coercion or punishment for her choices.
4. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport, and transfer to the nearest appropriate care facility if necessary. Interprofessional dialogue and cooperation are necessary to create an integrated maternity care system where everyone benefits.

We therefore ask the Department of Health to license and uphold care standards of certified professional midwives so that citizens can have legal access to both certified nurse midwives (CNMs) and certified professional midwives to serve their home birth and birth center needs and design systems that promote cooperation and integration of and within the maternity care system.

We appreciate the willingness of all of you to come to this work group and assist us in this mission to make sure that certified professional midwives are brought into the Maryland maternity care system in the most safe, timely, and appropriate way.

We understand that for many of you, your personal beliefs will get trumped by the organizations you represent. ACOG (American College of Gynecologists and Obstetricians) has consistently been against home birth and refuses to support home birth even though they have supported a woman's right to make that decision. We ask that for the purpose of this work group we direct our conversation toward figuring out the best way to incorporate CPMs into the current system. We plan on introducing legislation every year until we are successful at licensing CPMs, and the sooner we accomplish that goal, the sooner we will all achieve the ultimate goal of making sure babies are not dying because of failures in transferring women to appropriate facilities or because standards are not upheld.

Consumer concerns could be discussed for hours. I will do my best to sum them up in a few minutes.

1. We have very limited access to legal home birth midwives. We currently have 4 home birth CNMs who live and work in Maryland. One works in southern Maryland, two limit their practice to only Silver Spring, and one is limited to Anne Arundel County and southern Baltimore County. We are lucky to have one CNM who attends less than half of her births in Western MD. This is in alignment with the national trend of CNMs. About 1-3% of CNMs nationally attend home births. Given that Maryland has only 220 nurse midwives, it makes sense that we only have 4-5 attending home birth.
2. Our second concern regarding nurse midwives is the rate at which they were suspended in the past year. Obstetricians (OBs) who are traditionally against competition make a complaint about a midwife and it becomes the midwife's responsibility to get a lawyer and convince a Board of Nursing that has no midwife representation that she is following her scope of practice and should be allowed to continue working. We all saw the results of the recent Hopkins lawsuit and noticed how the doctors were found responsible for that particular child's injury. It has not gone unnoticed that the complaint filed against that midwife is still being investigated by the nursing board.
3. The promise that Fran Phillips gave the HGO committee was that the Maryland Department of Health and Mental Hygiene (DHMH) would not attack CPMs in the upcoming year. Yet we've seen the Physicians Board

- (overseen by the DHMH) aggressively pursue CPMs across our state. They have requested billing records and medical records regardless of outcomes. Asking a CPM to give up medical records of possible clients is asking her to incriminate herself. This is a major violation of the constitutional rights of all Americans. The 5th Amendment prevents the DHMH from even asking CPMs for records that they could then turn around and use against that midwife.
4. We are concerned with the lack of vaginal birth after cesarean (VBAC) acceptance in Maryland hospitals. Maryland OBs, from our perspective, say one thing but then do another when it comes to women who are attempting VBAC. Many women in our organization chose home birth because of their interactions with hospital-based obstetric care. This goes against ACOG's recent policy change stating OBs should support VBAC choices for women.
 5. We are upset about hospital policies that allow for zero flexibility in choices that are supported by evidence-based science. Delayed cord clamping, skin to skin contact immediately after birth, not washing the baby after birth, lack of breastfeeding support, rules against laying with the child on one's chest in the bed, forced delivery positions (on your back), IV's, monitors, no food, no water, constant questioning about interventions that were specifically denied by the family, hourly vaginal exams, a culture of not supporting the woman's effort (explaining how a woman is not progressing, or how hard this is going to be, or asking why one would not want the epidural, or any number of ways of implying failure is right around the corner).

It has been shown that comfort and support are the leading two things that women need to have a natural birth. This means more than having a nice bed and happy nurses and OBs.

6. We are concerned that OBs feel so pressured by lawsuits and huge work loads that they practice defensive medicine. This is not how the system is supposed to work. We want our OBs in our state to be the very best at their job. We want them to know everything there is to know about high-risk birth and emergencies. And when a woman is either high-risk or an emergency we want them to be able to go to the hospital and be received with compassion and respect. The midwife (CPM or CNM) should be able to hand over a standardized prenatal and transfer form, and give a report similar to how paramedics hand over care every day. This is a model we want to use for how CPMs can work with OBs to make sure that care is seamlessly transferred from one provider to another.

Since the CPM or CNM has developed a trusting relationship with the client it would also benefit everyone to allow that provider to assume a one-on-one role with the client so that the woman at the receiving hospital is as comfortable as possible and has someone in the room whom she completely trusts with decisions regarding her care. This will save time and show, over time, the competency of midwives to a community of skeptical hospital providers.

7. In looking at the national picture, 26 states license CPMs. No state has ever done away with its CPM law once it was passed. No states are reporting massive changes in their maternal mortality rates in either direction. Given Governor O'Malley's goal of reducing Maryland's ridiculous ranking for maternal mortality and neonatal death, we want to emphasize that licensing CPMs will not be a silver bullet shooting us to the top state. However, this will be one step in the right direction.

In closing I want to clear up a small misunderstanding. Midwives are not out here convincing us consumers to have home births. We are out here researching medical journals and peer review studies, which have all shown that when it comes to safety the differences are small enough to safely say no matter where you have a baby you have overwhelmingly good odds that everything is going to be fine. There are fine differences that vary by study, but even the Wax report abstract states that the differences are very small.

We, the consumers, are going to continue having home births. We are going to continue to beg and to travel to find CPMs who are willing to attend our home births even if it means we cannot go to the hospital if there is a problem. We, MFSB, are going to continue fighting for their legality until we get it.

The safest way to ensure our babies are delivered safely is to have accessible CPMs whose education, recertification, and scope of practice are standardized. They should be under a board of home birth midwifery (which could also potentially oversee CNMs) that would hold this professional accountable for the care it provides.

We are open to any number of options related to how we legalize CPMs in our state. So long as they are accessible and can do the necessary skills that ensure our families' safety.

I welcome any questions about the consumer concerns or feelings toward home birth and maternity care. I look forward to a productive conversation that will give us the tools we need to write a CPM bill that will incorporate CPMs into our maternity system in the best possible way for consumer safety.

Thank you.