

Maryland Families for Safe Birth FACT SHEET

- Founded in 2011, Jeremy Galvan, leader
- Purpose: to legalize Certified Professional Midwives
- Over 300 active volunteers
- Vastly diverse in terms of race, religion, socioeconomic status and political affiliation
- 4,000 signatures in support of licensing CPMs

Non-Negotiable Truths:

We as a group stand for these absolute and non-negotiable truths:

- Women are at all times autonomous. In every phase of maternity care, women are completely responsible for themselves and their unborn child or newborn.
- Women, either alone or with their partner, choose the place of birth, their attendants and the care they receive.
- All women, in all maternity care settings, should receive respectful, woman-centered care. The basis for decision-making should be informed choice that includes information about risks and benefits of any procedure and respect for the woman's right to make decisions according to her values and preferences, free from coercion or punishment for her choices.
- 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.
- 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 and Certified Professional Midwives to serve their home birth and birth center needs within a system of cooperation and integration throughout the maternity care system.

Primary Consumer Concerns:

- Limited access to legal home birth midwives.
- Lack of due process for Certified Nurse-Midwives who have had a complaint lodged against them with the Board of Nursing.
- VBAC availability in Md. hospitals despite ACOG's statement.
- Hospitals' inflexibility regarding evidence-based practices such as delayed cord clamping, skin-to-skin contact immediately after birth, competent breast feeding support, allowing baby to lay on mom's chest in bed, physiologic delivery positions, declining routine IVs, intermittent auscultation of fetal heart, light nutrition and hydration, and infrequent vaginal exams, and declining pharmaceutical pain management, all in an atmosphere of constant questioning about the family's refusal of interventions and a culture of not supporting the woman's effort.
- A medical system in which OB's feel pressured by to practice defensive medicine, and resultant problems with home birth transfers. The OB's in our state should be the experts on high-risk birth and emergencies. When a woman is transferred from home to hospital she should be received with compassion and respect. The midwife (CPM or CNM) should be able to hand over records and give report, so that care is seamlessly transferred to another provider while the midwife is welcomed to maintain her supportive relationship.

National Data:

- 26 states license CPMs
- No state has ever repealed CPM law once its passed.
- None of these states have reported significant changes in mortality rates.