



Maryland  
Hospital Association

## **House Bill 66 - Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section**

**Position: *Oppose***

February 1, 2022

House Health & Government Operations Committee

### **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in opposition of House Bill 66.

As a member of the Direct-Entry Midwife Advisory Committee since its inception, MHA is committed to ensuring safe care for delivering mothers and their babies. In 2015, the Maryland General Assembly passed House Bill 9, which offers a path to licensure for direct-entry midwives (DEM). At that time, MHA and other stakeholders agreed to restrictions to ensure home births are as safe as possible. One condition limits DEMs' scope of practice by not including vaginal births after a cesarean section (C-section), also known as VBACs.

The American College of Obstetrics and Gynecologists (ACOG) states prior C-section deliveries are an **"absolute contraindication to planned home birth."**<sup>1</sup> We remain concerned and opposed to any proposal—like HB 66—that would allow a DEM to attend a VBAC delivery at home.

### **Safety Concerns for Mom and Baby**

ACOG recommends a trial of labor after a cesarean delivery (TOLAC) happen in facilities "with trained staff and the ability to begin an emergency cesarean delivery within a time interval that best incorporates maternal and fetal risks and benefits with the provision of emergency care."<sup>2</sup> A 2017 study found higher rates of poor outcomes for infants born via VBAC in out-of-hospital settings.<sup>3</sup> Uterine rupture, compared with other complications commonly associated with a TOLAC, has been shown to correlate with the largest increase in maternal and neonatal morbidity.<sup>4</sup> The rate of uterine rupture is estimated to be 15 to 30 times higher for women choosing TOLAC compared to a repeat C-section.<sup>5</sup> **Although rare, when a uterine rupture occurs, immediate surgical intervention is required to prevent catastrophic harm to mom and baby.**

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<sup>1</sup> The American College of Obstetricians and Gynecologists. (April, 2017). "[Planned Home Birth.](#)"

<sup>2</sup> Ibid.

<sup>3</sup> Tilden EL, Cheyney M, Guise J-M, et al. (2017). "[Vaginal birth After Cesarean: Neonatal Outcomes and United States Birth Setting](#)"

<sup>4</sup> Togioka, B. and Tonismae, T. (July 1, 2021). "[Uterine Rupture.](#)"

<sup>5</sup> Ibid.

### **Safe Delivery Support in Hospitals**

TOLAC is a strategy to reduce the rate of cesarean births.<sup>6</sup> Research indicates TOLAC can reduce maternal morbidity for current and future pregnancies, but a failed TOLAC is associated with higher morbidity than a scheduled repeat C-section.<sup>7</sup> There is a safe way to have a TOLAC in Maryland. Hospital VBAC rates with no complications are 16.4% in Maryland and 12.5% nationwide.<sup>8 9</sup>

Many Maryland hospitals employ or credential certified nurse midwives, which creates the environment for a cooperative and collaborative relationship. For women laboring with the assistance of a certified nurse midwife in the hospital, an obstetrician and surgical team is available if an adverse event occurs. This critical relationship does not exist between DEMs and hospitals. When every second counts, having these relationships and immediate access can mean the difference between a catastrophic outcome and a healthy mom and baby. Additionally, the credentialing process allows for quality review and ongoing professional practice evaluation.

For the safety of birthing mothers and their babies, and the heightened risk of having a VBAC, we strongly recommend an *unfavorable* report on HB 66.

For more information, please contact:

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<sup>6</sup> Togioka, B. and Tunicae, T. (July 1, 2021). "[Uterine Rupture.](#)"

<sup>7</sup> Ibid.

<sup>8</sup> Maryland Health Care Commission. (n.d.) "[Maryland Quality Reporting Data: Maternity Services.](#)"

<sup>9</sup> Ibid.