

February 1, 2022

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Concern- House Bill 66 - Public Health – Licensed Direct-Entry Midwives – Previous
Cesarian Section

Dear Chair Pendergrass:

As President & CEO of the Maryland Patient Safety Center and a board-certified pediatrician, I appreciate the opportunity to provide feedback on House Bill 66 regarding the practice expansion for licensed direct-entry midwives.

The Maryland Patient Safety Center has worked diligently over the past 17 years to improve the safety of healthcare in our state. We have led collaboratives to improve all aspects of healthcare safety, including those involving pregnancy, delivery and newborn care. Our c-section collaborative was successful in reducing – and maintaining reduction in- primary c-sections for Maryland women. And our recent neonatal abstinence syndrome (NAS) collaborative was successful in reducing transfer of babies with NAS to a higher level of care, allowing them to stay with their mothers.

Specifically, my comments address the proposal to allow direct-entry midwives to provide management of trial of labor and vaginal delivery at home for women who have had a previous c-section. I have significant concern over the safety of trial of labor and vaginal birth after c-section (VBAC) at home. This concerns any practitioner who would manage VBAC at home, including direct-entry midwives.

The rate of spontaneous rupture of the uterus during trial of labor after c-section is 2 – 9 out of 1,000 women with a prior low transverse uterine scar. With any spontaneous rupture of the uterus during labor, and emergency c-section is required to save the life of the baby and possibly the mother. Speed is of the essence. **Any delay of more than a few minutes to deliver the baby and address the mother's hemorrhage caused by the rupture can be devastating.** That is why I believe trial of labor and VBAC for these women should occur only at a hospital with the resources required for emergency c-section – an obstetrician, and anesthesiologist, a trained operating room staff on site and ready to proceed, and the facilities, equipment and supplies (most importantly blood for transfusion) immediately available.

Obviously, this is not the case at home – the delay of transfer to a hospital that can manage this event is certain to result in death of the baby and can put the mother's life in jeopardy. **This is an avoidable risk** and as president of the state-designated patient safety center, I feel it necessary to voice my concern over any potential increase in avoidable neonatal and maternal deaths that might result. That is why the American College of Obstetricians and Gynecologists (ACOG) has stated that prior cesarean deliveries are an "absolute contraindication to planned home birth". I agree with that statement.

Thank you for allowing me the opportunity to express my concerns regarding House Bill 66.

Sincerely,

Blair M. Eig, M.D., M.B.A., M.A.
President & CEO
Maryland Patient Safety Center