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ACOG
The American College of Obstetricians and Gynecologists
Maryland Section

TO: The Honorable Joseline A. Pena-Melnyk, Chair
Members, House Health and Government Operations Committee
The Honorable Bonnie Cullison

FROM: Pamela Metz Kasemeyer
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DATE: February 22, 2023

RE: **OPPOSE** – House Bill 351 – *Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section*

On behalf of the Maryland State Medical Society and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **opposition** for House Bill 351.

House Bill 351 authorizes Direct-Entry Midwives (DEMs) to preform vaginal births after a cesarean section (VBAC) under certain circumstances. The issue of VBAC being performed by DEMs in the home setting was the subject of significant debate and consideration when the DEMs were originally authorized to practice in Maryland. The significant risk issues associated with VBACs is the basis for the current prohibition.

A prior cesarean delivery is an absolute contraindication to a planned home birth even under limitations reflected in House Bill 351. Because of risks associated with a trial of labor after cesarean delivery (TOLAC) and the unpredictability of uterine rupture and other complications, TOLAC should only be undertaken in facilities with trained staff and the ability to begin an emergency cesarean delivery. The National Institutes of Health (NIH) have issued a consensus statement that speaks to the safety and clinical risk issues that makes a TOLAC virtually unacceptable in the home birth setting.

The NIH statement indicates that TOLAC should be undertaken at facilities capable of performing emergency deliveries. Also recommended is continuous electronic fetal monitoring and that a facility must be ready to perform an emergent cesarean delivery. This would necessitate a team consisting of surgeons, anesthesia personnel, surgical nurses, and operating rooms as well as blood transfusions, if needed, and appropriate postoperative care. The lack of these safeguards stresses the importance of precluding the practice of attempting a trial of labor to achieve a VBAC in out of hospital settings. Moreover, if TOLAC was authorized in the home setting and a transfer became necessary, there would be an unacceptable delay in rendering the necessary care as a result of the transfer to a suitable facility coupled with the need for a preoperative evaluation and preparation upon arrival to that facility. House Bill 351 poses an unacceptable and unnecessary risk to women who have previously had a cesarean delivery. An unfavorable report is requested.