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LD 1205

I strongly oppose LD1205 because it would allow for inconsistent reporting criteria and standards across clinical providers serving pregnant people and potentially mislead anyone seeking comprehensive practice data on their perinatal provider.

Accessible, equitable comprehensive information on perinatal providers is important for Mainers to make the right choice for themselves when it comes to perinatal healthcare. There is no need for a difference in standard reporting practice between CPMs, Certified Nurse Midwives or OB/GYNs as fundamentally these are all clinical providers with overlap in the scope of care.

Further, if enacted, LD1205 would marginalize the achievements in practice of Certified Professional Midwives (CPMs) and privilege hospital-based providers by allowing them a pass on the same reporting standard for practice statistics and perinatal outcomes.

Nationwide, statistics show worsening outcomes for pregnant and birthing people but the exception is among Certified Professional and Licensed Midwives.

Long before LD1205, Certified Professional Midwives in Maine have been building bridges, sharing practice statistics and working for greater transparency, equity and improved outcomes.

As highly trained experts in physiological birth, CPMs are distinct in their clinical practice from other clinical providers like OBGYNs or even CNMs. The way CPMs care for clients leads to better birth and perinatal outcomes and the data show this. Further, CPMs have a clearly defined scope of practice and as a whole have performed exceptionally in adhering to it. The outcomes speak for themselves: this is why more people in Maine both in pregnancy and across the spectrum of their reproductive lives are seeking the care of CPMs at an increasing rate.

Finally, I've personally experienced two healthy pregnancies and births in the excellent and expert care of Certified Professional Midwives. In my experience, CPM providers share their practice statistics openly; they cannot hide behind the might of an institution and never have.

LD1205 would obfuscate the statistics from these practices showing how effective CPMs are and complicate data collection. There is no other group of perinatal providers collectively doing as much for the safety and autonomy of birthing people in Maine as CPMs.