

Sarah Tewhey
Seal Cove, ME
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Dear Honorable Members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Sarah Tewhey. I am a resident of Mount Desert Island and I am here today in support of **LD 1578**. I have attended births as a doula in Hancock County since 2013 and the doula clients I serve have recently been directly impacted by OB unit closure.

On March 27th, Mount Desert Island Hospital - a place where I have attended dozens of births over the last decade - announced the closure of its OB unit on July 1st. The many pregnant women planning to have their babies there this Summer and Fall were left feeling upended by this decision. The MDI Hospital closure in July will mark the 4th OB closure in 2025 alone, leaving Maine with only 17 birthing hospitals. 9 of those 17 are rural, low volume, Level 1 hospitals and I am afraid for the future of every single one of them.

Aside from losing the opportunity to birth in our own communities, this is simply becoming fundamentally unsafe for pregnant women and babies. Hospitals often cite safety risks due to decreasing birth volume as a reason for closure. However, the safety implications of *having no local OB access* and the very real pressure that closures put on emergency departments and local EMS are an equally important parts of this conversation. Lack of local obstetric care presents a major safety concern. This is particularly true in a community like MDI with 2-4 million annual visitors, some of whom will inevitably and unexpectedly go into labor or have an obstetric complication while visiting MDI. Those women needing immediate OB care will now be seen in the hospital's emergency room without access to obstetric providers and/or they will rely on ambulances or LifeFlight to be transferred to a facility that can provide care. This is a bad outcome waiting to happen. We need to ask the question: is it safer to have a trained obstetric team who are attending fewer births per year or to have no local obstetric team at all?

This is an incredibly complex problem that involves declining birth rates, outdated MaineCare reimbursement rates, staffing shortages and the expense of keeping small rural OB units open. Ultimately our for-profit healthcare system is just simply non-congruent with supporting something that happens to every single person, which is birth. Rural OB closure has been happening slowly and painfully in Maine for over a decade and in 2025 appears to be accelerating at an alarming rate. I would strongly encourage legislators to read the excellent [Needs Assessment of the Obstetric Workforce in Maine's Rural Hospitals](#) and the [2023 Perinatal Health Disparities Needs Assessment](#) for a comprehensive look at the landscape of maternal health access in Maine.

I am not a policy expert, so I have questions about what the impact of LD1578 will ultimately be on OB access. I would hope that any legislation would be applied to all OB units equally and would provide support and enforceable oversight for those hospitals veering toward closure. Currently Maine CDC's [Change of Maternity Care Services](#) policy is not enforceable and it is my belief that our excellent Maternal and Infant Health experts at DHHS and Maine CDC need more power in overseeing this process.

I think LD1578 is a good first step to address OB closure in Maine - but this conversation needs to continue. Thank you for the opportunity to share my perspective on the importance of voting "Ought to Pass" on LD1578.