

January 22, 2024

**Senator Bailey, Representative Perry, Distinguished Members of the HCIFS Committee:**

My name is Susi Delaney and I am a licensed midwife in Maine. I have been practicing midwifery in southern Maine for over 16 years. I am also active with the Maine Newborn Hearing Program Board. I am here today to testify against LD1205, an amendment to the statute that governs licensed midwives Sec.1 32 MRSA 12539.

It is unclear what issue this bill is trying to address. Currently, licensed midwives in the state file birth certificates in the Database Application of Vital Events system (DAVE), the online system that all birth providers use to register each birth. Licensed midwives also submit annual reports to the Board of Complimentary Healthcare Providers providing data on:

- A. The total number of clients served as primary maternity caregiver at the onset of care;
- B. The number, by county, of live births attended as primary maternity caregiver;
- C. The number, by county, of cases of fetal demise, infant deaths and maternal deaths attended as primary maternity caregiver at the discovery of the demise or death;
- D. The number of women whose primary maternity care was transferred to another health care practitioner during the antepartum period and the reason for transfer;
- E. The number, reason for and outcome of each nonemergency transfer during the intrapartum or postpartum period;
- F. The number, reason for and outcome of each urgent or emergency transport of an expectant mother in the antepartum period;
- G. The number, reason for and outcome of each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period;
- H. The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting;
- I. A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and
- J. Any information required by the board in rules.

Most of the data listed in LD1205 is already covered in these annual reports. LD1205, if passed, will create additional administrative burden for the Office of Data, Research, and Vital Statistics, including expanding DAVE and reviewing the submitted data. Furthermore, the responsibility of reviewing this data is already handled by the Board of Complimentary Healthcare Providers with less impact on the State's budget.

Furthermore, some of the wording in the bill is unclear. It states that "The event must be submitted using the Database Application of Vital Events system within 7 days of a live birth that is completed in a planned out-of-hospital setting, or fetal demise, an infant death, or maternal death when the midwife attended as the primary caregiver at the discovery of the demise or death" but some of the events to report include transfers of care without fetal demise, infant death, or maternal death. Also, "transfer of care" is not defined - does this include situations in

which a client decides to switch providers, or only situations in which the midwife facilitates the client receiving care from another provider because their care is outside the midwife's scope of practice? This vagueness and inconsistency could lead to failure to achieve the goal of this bill (whatever that may be). Transparency and discussing the issue that led to this bill with the midwifery community may result in better solutions.

LD1205 also states "Beginning on July 1, 2025 and annually thereafter, the department shall make the data from these completed forms publicly available as specified by department rules." It is unclear why Licensed Midwives are being singled out to provide such information and make it publicly available, while other maternity care providers are not. The public would be better served by being able to access information on outcomes and transfers of care for all maternity care providers.

Thank you for your consideration of concerns relating to LD1205 and for your service to the people of the State of Maine.

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