



## HB0247 – Maryland Health Care Commission – Surgical Birth Rate - Study

Presented to the Hon. Shane E. Pendergrass and

Members of the House Health and Government Operations Committee.

February 13, 2019 1:00 p.m.

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### POSITION: SUPPORT

NARAL Pro-Choice Maryland **urges the House Health and Government Operations Committee a favorable report on HB0247**, Maryland Health Care Commission – Surgical Birth Rate - Study, sponsored by Delegate Karen Lewis Young.

Our organization is an advocate for reproductive health, rights and justice. We believe that it is critical to understand the impact of caesarean sections (C-sections) on women. Pregnant women deserve complete autonomy during the course of their healthcare experience, which can only be accomplished if medical providers understand the full effect of surgical birth on women's health.

The surgical birth rate in the United States is relatively high at about 32%, signifying that this issue is of critical importance to study. Maryland has the sixth highest rate of surgical births in the country at 34.9% of all births.<sup>1</sup> While C-sections sometimes serve as crucial medical interventions when complications arise, the country has seen an increased use of the procedure in cases without a medical necessity.

Certain routine care practices performed during pregnancy have been demonstrated to increase rates of surgical birth, including induced labor without medical indication, continuous electronic fetal monitoring, arbitrary time limits on labor, and others. There are certain practices that can reduce surgical birth rates, such as water immersion, doula support, freestanding birth centers, and vaginal birth after caesarean section. However, these latter procedures are not easily accessible to most Marylanders.

Researchers have demonstrated that there is a higher prevalence of maternal mortality and maternal morbidity after C-sections than after vaginal birth. Also, C-sections are linked to an increased risk of certain negative pregnancy outcomes, including ectopic pregnancy, stillbirth, and uterine rupture. However, this research is emerging and inconclusive.<sup>2</sup> The American College of Obstetrics and Gynecologists explains that all risk factors need to be evaluated upon consideration of a C-section, including age, body mass index, and reproductive plans. They suggest that, upon the absence of medical complications, vaginal birth should be encouraged.<sup>3</sup>

Maryland should work to ensure that barriers to nonoperative vaginal births are removed and encourage providers of maternity care to support and promote nonoperative births by providing individual resources and information that are shown by evidence to reduce the rates of surgical birth.

HB0247 is a champion for women's health. There is a dearth of information on the impact of C-sections on women's health, and this bill leads the charge in filling that research gap for Marylanders. We strongly support this effort to protect the rights, health, and dignity of pregnant women. For these reasons, **NARAL Pro-Choice Maryland urges a favorable report on HB0247**. Thank you for your time and consideration.

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<sup>1</sup> National Center for Health Statistics. (2017, March 31). Retrieved from <https://www.cdc.gov/nchs/fastats/delivery.htm>

<sup>2</sup> Sandall, J., Tribe, R. M., Avery, L., Mola, G., Visser, G. H., Homer, C. S., . . . Temmerman, M. (2018). Short-term and long-term effects of caesarean section on the health of women and children. *The Lancet*, 392(10155), 1349-1357. doi:10.1016/s0140-6736(18)31930-5

<sup>3</sup> Women's Health Care Physicians. (n.d.). Retrieved from <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Cesarean-Delivery-on-Maternal-Request?IsMobileSet=false>