

Subject: Midwifery S.1457

Date: January 5, 2024

Dear Senator:

Several weeks ago, the *Washington Post* published an article about three deaths of newborns delivered by a certified professional midwife. ([“A home birth midwife faces scrutiny after a baby dies. It’s not the first time.”](#)) Because of my 13 years on the New York State Board for Professional Medical Conduct, I decided to read S.1457 – “An Act promoting access to midwifery care and out-of-hospital birth options” – to see whether it would protect Massachusetts newborns from similar harm. Unfortunately, it would not.

S.1457’s current specifications are not rigorous enough to prevent unsafe home births. To be designated a certified professional midwife (CPM) requires only a high school diploma, an approved apprenticeship, and an examination testing basic knowledge. The bill would grant CPMs a scope of practice that is not justified by their education and training. To practice safely, CPMs would need tighter regulation.

In contrast, certified nurse midwives are advanced practice registered nurses with a college degree. They usually practice as part of an integrated hospital obstetric service. Their maternal and neonatal mortality outcomes for routine hospital births are comparable to those of obstetricians.

To protect the safety of Massachusetts mothers and their babies born at home, S.1457 should be substantially revised to strengthen the CPM guardrails. Some specific recommendations are offered below.

Sincerely,

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Some issues that could be addressed to help ensure the safety of home births in Massachusetts:

- S.1457 specifies that “a licensed midwife duly registered ... may order, possess, purchase, and administer pharmaceutical agents consistent with the scope of midwifery practice ...” But applicants for licensure would not be required to have taken a course in pharmacology or passed a written examination on drug therapy.
- The *Washington Post* article cited above reported that, despite compelling testimony from distraught mothers and their husbands, obstetricians, police officers, and emergency medical technicians, none of the three states in which the newborn deaths occurred had laws rigorous enough to prevent the dangerous CPM from doing further harm. Yet, S.1457 proposes that the new board would issue a Massachusetts license, “without examination,” to a midwife who is licensed by any state that, “in the opinion of the board,” has licensing requirements

equivalent to those of the Commonwealth. No background check, primary source verification, or other inquiry would be required.

- The proposed changes in the Massachusetts general laws would not prohibit CPMs from attending complex deliveries. One of the newborn deaths reported in the *Washington Post* article was a twin, while another involved a fetal presentation that would have been managed in a hospital with a life-saving Cesarean delivery. If CPNs are licensed in Massachusetts, they should be limited to attending only routine home births.

Additional issues are identified in an expansion of the above points at <https://rgabel.online/Midwifery.pdf>, which are validated with 19 references to facilitate fact-checking.