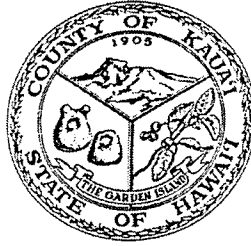


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Fax (808) 241-6349
Email cokcouncil@kauai.gov

Council Services Division
4396 Rice Street, Suite 209
Lihu'e, Kaua'i, Hawai'i 96766

February 11, 2014

TESTIMONY OF TIM BYNUM
COUNCILMEMBER, KAUA'I COUNTY COUNCIL
ON
SB 2569, RELATING TO HOME BIRTH
Committee on Health
Committee on Commerce and Consumer Protection
Committee on Judiciary and Labor
Wednesday, February 12, 2014
1:30 p.m., Conference Room 229

Dear Chair Green, Chair Baker, Chair Hee, and Committee Members:

Thank you for this opportunity to submit testimony in opposition of SB 2569, relating to home birth. My testimony is submitted in my individual capacity as Councilmember of the Kaua'i County Council.

Home birth with midwifery care is a choice for a family to make, and a rich range of belief and options are available to the people of Hawai'i. Both forms of SB 2569 carve out a portion of this range of options and exclude others. The history of home birth is midwifery, not a medical model. This measure in its current form is exclusive and limits personal choice.

For the reasons stated above, I encourage this Committee to defer these measures indefinitely. Again, thank you for this opportunity to submit testimony.

Sincerely,

TIM BYNUM
Councilmember, Kaua'i County Council

AB:aa

**PRESENTATION OF THE
BOARD OF NATUROPATHIC MEDICINE**

TO THE SENATE COMMITTEE ON HEALTH
AND
THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
AND
TO THE SENATE COMMITTEE ON JUDICIARY AND LABOR

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Monday, February 10, 2014
1:30 p.m.

TESTIMONY ON SENATE BILL NO. 2569, RELATING TO HOME BIRTH.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR,
TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
TO THE HONORABLE CLAYTON HEE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Dr. Kevin Gibson, Chairperson of the Board of Naturopathic Medicine ("Board"). The Board appreciates the opportunity to testify on Senate Bill. No. 2569, Relating to Home Birth.

The purpose of Senate Bill No. 2569 is to establish a home birth safety board to, among other things, set minimum educational and training requirements for the licensure of midwives.

The Board respectfully requests that naturopathic physicians be exempt from this measure because natural childbirth/obstetrics falls within a naturopathic physician's scope of practice, pursuant to sections 455-1 and 455-8, Hawaii Revised Statutes.

Thank you for the opportunity to testify on Senate Bill No. 2569.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: fconde@queens.org
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 12:46:44 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Francisco Conde	Hawaii State Center for Nursing	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO S.B. NO. 2569
PROPOSED S.D. 1**

DATE: Monday, February 10, 2014

TIME: 1:30 pm

To: Chairs Josh Green, Rosalyn Baker and Clayton Hee and Members of the Senate
Committees on Health, Commerce and Consumer Protection, and Judiciary and Labor :

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in OPPOSITION to S.B. No. 2569, proposed S.D. 1, relating to Home Birth. This opposition is to the immunity provisions of the measure in section 11.

The immunity provision is entitled “Immunity from vicarious liability,” however as written it provides absolute liability from any type of liability – not just vicarious liability – as long as the injury arises out of the negligence of a midwife. Based on the title of the section, it appears that the purpose of the immunity section is to make clear that doctors, hospitals, technicians and ambulance personnel who provide emergency treatment for a home delivery that involves complications do not “inherit” the liability of the midwife simply because they provide follow up emergency care. This is already the law in Hawaii. HAJ does not object to this remaining the law.

Doctors and others are not vicariously liable for the acts of a midwife unless the midwife is an employee or agent. In Hawaii, many midwives are employed by doctors, particularly in clinic settings, and work under the supervision and direction of doctors. They operate as assistants to doctors in those situations, take their orders from doctors, and are part of a team. In many clinic settings doctors are required to review and sign off

on midwife treatment notes as part of the doctors' supervisory responsibilities. This measure would eliminate the responsibility of supervising doctors where midwives work under the direction of or for doctors. The responsibility of supervising doctors is essential for patient safety and should not be diminished. Doctors and others are already not vicariously liable for the acts of independent midwives under current Hawaii law. This section is not needed as current law is appropriate.

The immunity as written may be construed to apply to independent acts of negligence by emergency service providers. There should be no immunity where for example, ambulance or hospital personnel mistakenly administer carbon dioxide instead of oxygen to a baby. The current language "arising out of any injury resulting from an omission of a licensed midwife" can be construed to mean that immunity applies to any subsequent treatment caused by the initial midwife negligence. We suspect that this was not intended.

The immunity also extends to any consultation or referral from a midwife. This is over broad. Doctors are currently not vicariously liable for independent midwife negligence based on the mere fact that they were consulted or accepted a referral. However, immunity should not apply to any independent negligence of the doctor during the consultation or referral process. For example, if a midwife correctly determines that a doctor consultation or referral is needed for a delivery and the doctor negligently instructs the patient or midwife that they should follow treatment protocol A, when in fact they should follow protocol B, there should be no immunity for the independent negligent consultation or referral. The purpose of encouraging midwife consultation and referral to a doctor is to further patient safety by obtaining the expertise of a physician when needed.

Patient safety will be eroded if doctor responsibility for independent negligence in connection with consultations and referrals is eliminated.

Thank you for the opportunity to testify on this measure. Please feel free to contact me should there be any questions.

Monday – February 10, 2014 – 1:30pm
Conference Room 229

SENATE COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

SENATE COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

FROM: Kapi'olani Medical Center for Women and Children, Neonatal Intensive Care Unit; John A. Burns School of Medicine at University of Hawaii at Manoa, Department of Pediatrics, Division of Neonatology
Charles Neal, MD, PhD, Division Chair, Professor of Pediatrics
Tiong Han Tjoeng, MD, MPH, Assistant Professor of Pediatrics

**Re: SB2569, Proposed SD1 RELATING TO HOME BIRTH
Testimony In Support**

Chairs & Committee Members:

The Division of Neonatology at Kapi'olani Medical Center for Women and Children and the John A. Burns School of Medicine supports SB2569 Relating to Home Birth.

By establishing a home birth safety board, regulating home birth providers, developing home birth safety protocols, collecting home birth data, and requiring home birth providers to educate their clients on the risks and benefits of home birth based on recent evidence, this measure acknowledges the value of standardizing the level of care provided to Hawaii's newborns and mothers who choose to deliver at home.

We would recommend clarification on the bill regarding:

1. Chapter 6.a.1.d- The definition of a low risk delivery should be between 37 and 41 weeks gestation (ACOG recommendation).
2. Chapter 6.a.2 - The ideal travel time to a hospital should be less than 20 minutes from the home birth location (Ravelli et al, 2011).

Although we support this bill, we do not endorse planned home birth and believe the safest place for delivery is in the hospital setting. In addition, we agree with the American Academy of Pediatrics and American Heart Association that each delivery should be attended by 2 individuals, at least 1 of whom is primarily responsible for the care of the newborn infant and has the appropriate training, skills, and equipment to perform a full resuscitation of the infant in accordance with the principles of the Neonatal Resuscitation Program. We stress that all newborn infants should be evaluated by a health care professional who is knowledgeable and experienced in pediatrics within 24 hours of birth, as recommended by the American Academy of Pediatrics.

We strongly believe it is essential that Hawaii's newborns and mothers receive the highest quality health care available.

Thank you for the opportunity to submit testimony.

The Honorable Josh Green, Chair, Committee on Health
The Honorable Roz Baker, Vice Chair, Committee on Water & Land

The Honorable Roz Baker, Chair, Committee on Commerce and Consumer Protection
The Honorable Brian Taniguchi, Vice Chair, Committee on Commerce and Consumer Protection

The Honorable Clayton Hee, Chair, Committee on Judiciary and Labor
The Honorable Maile Shimabukuro, Vice Chair, Committee on Judiciary and Labor

Members, Senate Committee on Health
Members, Senate Committee on Commerce and Consumer
Members, Senate Committee on Judiciary and Labor

From: Rachel L. Curnel Struempf, DEM
Date: February 10th, 2014
Hrg: Senate Committee on Health/Senate Committee on Commerce and Consumer Protection/Senate Committee on Judiciary and Labor; Mon. February 10th 2014 at 1:30 p.m. in Rm 229
Re: SB 2569 and SB2569 SD1, Relating to Home Birth – In Opposition

Thank you for the opportunity to offer testimony in opposition of SB 2569 and SB 2569 SD1, both of which attempt to regulate midwifery in the State of Hawaii.

Here are some reasons why I OPPOSE SB2569 and SB2569 SD1:

- Both bills take away choices for women when it comes to their reproductive health.
- SB2569 threatens women's health and would all but make midwifery and home birth illegal in the state of Hawaii, forcing mothers who choose to home birth to potentially go underground in finding illegal care providers which may pose a risk to herself and her baby. The bill also infringes on patients' rights and violates their right to medical privacy.
- Home birth with a trained midwife is SAFE. This bill uses false data to support its claim. It refers to a two to three fold increase in neonatal mortality and that is cited from a study that has been refuted. Here are studies addressing that particular study, along with others that support home birth with a trained midwife to be just as safe as a hospital birth. (1,2,3,4,5)
- We are not opposed to regulation – however the regulations in SB2569 don't make sense and neither bill promotes the health of mothers or their babies.
- These bills do NOT take into account cultural practices in home birth. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.
- The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. The Home Birth Safety Board should be autonomous from the Hawaii Medical Board. There should be a Home Birth Providers Board overseen directly by the DCCA .
- The Home Birth Safety Board to be comprised of the home birth providers primarily, with some OB/MD representation but certainly not the majority or even half.
- It is the right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. This bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose.

Suggestions:

Write a new bill next legislative session that addresses the concerns stated above and include home birth providers and key stakeholders in the birthing community when drafting new legislation. Amending SB2569 OR SB2569 SD1 is NOT an option. Both bills are too flawed to correct given the time constraints of the legislature. A complete overhaul of these bills must ensue. There are many suggestions for a new bill, please let's work together to create it..

Thank you for your time. I appreciate the opportunity to testify.

Aloha,

Rachel L. Curnel Struempf

Sources:

1. "Home Birth versus Hospital Birth: Questioning the Quality of the Evidence on Safety" article published in Birth (Volume 30, Issue 1, pages 57-63, March 2003) "In contrast, the Midwives Association of Washington State press release stated that 'Childbearing women and health policy makers should be made aware that the study contains numerous flaws and limitations...this study alone should not be used to make decisions that could restrict women's choice of birth place or access to birth attendants with expertise in home birth'" (<http://onlinelibrary.wiley.com/.../j.1523-536X.../abstract>)
2. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/.../Medscape-Wax-Critique-Michal...>)
3. Hawaii Health Data Warehouse - Vital Statistics Hawaii (<http://www.hhdw.org/cms/index.php?page=vital-statistics>)
4. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America
5. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births
6. The Myth of a Safer Hospital Birth for Low Risk Pregnancies (<http://www.greenmedinfo.com/.../myth-safer-hospital-birth...>)
- "Study validity questioned" in The American Journal of Obstetrics & Gynecology (volume 204, Issue 4, page e14, April 2011) ([http://ajog.org/article/S0002-9378\(10\)01107-5/fulltext](http://ajog.org/article/S0002-9378(10)01107-5/fulltext))
7. Home birth metaanalysis: does it meet AJOG's reporting requirements? ([http://ajog.org/article/S0002-9378\(11\)00074-3/fulltext](http://ajog.org/article/S0002-9378(11)00074-3/fulltext))
8. International data demonstrate home birth safety. (<http://www.ncbi.nlm.nih.gov/pubmed/21458614>)
9. "Home birth triples the neonatal death rate": public communication of bad science? ([http://www.ajog.org/article/S0002-9378\(11\)00075-5/abstract](http://www.ajog.org/article/S0002-9378(11)00075-5/abstract))
10. <http://www.ncbi.nlm.nih.gov/pubmed/23769011>
11. <http://www.bmj.com/content/330/7505/1416>
12. Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009 <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/pdf>

Legislative Committee

Wailua Brandman, Chair
Amy Vasconcellos, Vice Chair
Beverly Laurongaboy Inocencio
Mandy Ki'aha
Sondra Leiggi
Danielle Naahielua
Moani Vertido
Cynthia Cadwell, Ex-Officio



HAWAII ASSOCIATION of
PROFESSIONAL NURSES

Written Testimony Presented Before the
Senate Committee on Health
February 10, 2014 9:00 am

SB 2569 and SB 2569, S.D.1 RELATING TO HOME BIRTH

Chair Green, Vice Chair Baker, and members of the Senate Committee on Health; Chair Baker, Vice Chair Taniguchi, and members of the Senate Committee on Commerce & Consumer Protection; and Chair Hee, Vice Chair Shimabukuro, and members of the Senate Committee on Judiciary and Labor.

Thank you for this opportunity to provide testimony in **STRONG OPPOSITION** to these measures, SB 2569 and SB 2569, SD1.

The Hawaii Association of Professional Nurses (HAPN) appreciates the Committees' commitment to the address Hawai'i's health care issues. However, the creation of a home birth safety board within the DCCA which would regulate a number of practitioners, including Certified Nurse Midwives (CNM), who are already licensed by the DCCA and national certifying boards. Home birthing is within the scope of certified nurse wifery practice. Both measures create regulatory redundancy as well as an unfair cost barrier for health care professionals who are already under state and national regulation.

HAPN feels that SB 2569 and SB 2569, SD1 are premature. If it is the wish of these Committees to pursue this issue, a task force should be established to research whether there is a need for and resources required to establish a home birth safety board; as well as, whose safety standards will apply, how peer review will be established for all practitioners and how disciplinary action will be handled for health care professionals already regulated under the DCCA.

Therefore, HAPN is strongly opposed this measure. We respectfully request that your Committees hold SB 2569 and SB 2569, SD1 or create a task force to study the issues involved, including a cost analysis and regulatory redundancy. Thank you for the opportunity to testify.

Amy Vasconcellos, Vice Chair
Legislative Committee
Hawaii Association of Professional Nurses

Monday – February 10, 2014 – 1:30pm
Conference Room 229

The Senate Committee on Health

To: Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice-Chair

The Senate Committee on Commerce & Consumer Protection

To: Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice-Chair

The Senate Committee on Judiciary & Labor

To: Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice-Chair

From: Charles Neal, MD, PhD, Division Chair, Professor of Pediatrics
Tiong Han Tjoeng, MD, MPH, Assistant Professor of Pediatrics
Kapi'olani Medical Center Neonatal Intensive Care Unit
John A. Burns School of Medicine at University of Hawaii at Manoa,
Department of Pediatrics, Division of Neonatology

Re: Testimony in Support
SB 2569 Relating to Home Birth

The Division of Neonatology at Kapi'olani Medical Center for Women and Children and the John A. Burns School of Medicine supports SB2569 Relating to Home Birth. From a patient safety perspective, this bill is much preferred to SB 2569 SD1 which we do not support.

By establishing a home birth safety board, regulating home birth providers, developing home birth safety protocols, collecting home birth data, and requiring home birth providers to educate their clients on the risks and benefits of home birth based on recent evidence, this measure acknowledges the value of standardizing the level of care provided to Hawaii's newborns and mothers who choose to deliver at home. We would recommend clarification on the bill regarding:

1. Chapter 6.a.1.d- The definition of a low risk delivery should be between 37 and 41 weeks gestation (ACOG recommendation).
2. Chapter 6.a.2 - The ideal travel time to a hospital should be less than 20 minutes from the home birth location (Ravelli et al, 2011).

Although we support this bill, we do not endorse planned home birth and believe the safest place for delivery is in the hospital setting. In addition, we agree with the American Academy of Pediatrics and American Heart Association that each delivery should be attended by 2 individuals, at least 1 of whom is primarily responsible for the care of the newborn infant and has the appropriate training, skills, and equipment to perform a full resuscitation of the infant in accordance with the principles of the Neonatal Resuscitation Program. We stress that all newborn infants should be evaluated by a health care professional who is knowledgeable and experienced in pediatrics within 24 hours of birth, as recommended by the American Academy of Pediatrics. We strongly believe it is essential that Hawaii's newborns and mothers receive the highest quality health care available. Thank you for the opportunity to submit testimony.

REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members,

RE: **SB2569 AND SB2569 SD1 Relating to Home Birth - IN OPPOSITION**

To my Legislators: who represent the State of Hawaii:

Representative Chris Lee, House District 51

Senator Laura H. Thielen, Senate District 25

I am writing in comment to S.B. No. 2569 as a former and future Hawaii resident, with family who live there now, with a granddaughter who was born there, a place I visit several times a year, and as a Licensed Midwife in California since 1995, and previously in Washington State since 1981.

In agreement with the intention of this bill – that is to acknowledge the lack of licensure, educational certification requirements, standards of care, means of registration of providers and care provided, accountability – I see Hawaii has a unique opportunity to garnish the wisdom of “those who have gone before”, and create for Hawaii a Bill, an Act, a Law that will make Hawaii proud. That is not this bill.

Say **NO** to S.B. No. 2569 ! This bill is outdated, uninformed, inaccurate and selective insensibly, in violation of certain established rights, punitive and more.

Instead, why not create a NEW BILL? – No need to re-invent here. Many states, some as long as 30 years ago (Washington) have established midwifery programs and Medical Board Licensed Midwives, complete with educational and accreditation requirements which can lead to licensing, which then involves professional accountability, submission of statistics, and continuing education. All states which utilize Licensed Midwives demonstrate to their communities exemplary statistics, financial sensibility, patient satisfaction, appropriate utilization of resources in community collaborative management, and referral to provide integrated and uninterrupted care for women, thus families in our communities. Many studies, organizations, task forces, universities, medical journals, from worldwide practices and statistics, to our state-by-state detailed analyses do prove that when midwives are recognized as independent and collaborative practitioners with the rights and responsibilities regarding scope of practice, authority and accountability that all practitioners share, the system benefits at the level of hospitals, health systems, public programs, & at the family level, with continuity of care and the overall benefits of such.

The research is done, programs are working in other states. If our legislators became informed, and then enacted laws for standards and practice, then Hawaii could become exemplary in yet another way: in Health Care for Women, Families, that is to say: Our Communities, Us. Instead of staying a remnant of the past poor performance in economy and statistics, Hawaii could become the wave of the future in the model

of care most evidence-based, and economically suited for these times, with their intention/goals in alignment with and producing good outcomes for all.

Thank you for your attention to this vital matter for our future.

Sincerely,

Kathe Gibbs LM #3, State of California

These are several other reasons to oppose SB 2569 and 2569 SD1:

1. On its face, this bill is inaccurate. It cites a flawed study, and it suggests home birth is dangerous and unsafe. I join other home birth practitioners, mothers and advocates to correct that notion. We realize that we have a responsibility to provide data and information about our home birth practices, our training, and our experiences to the legislature and community-at-large.
2. This bill currently tries to define a scope of practice without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent different models of home birthing, each with unique traditions, scopes of practice, varying types of practitioners and their educational backgrounds, safety protocols and standards of care that are already in place.
3. The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. This bill assumes there is no oversight over home birth; in fact, midwives have the capacity to govern themselves.

4. As written, this bill would essentially eliminate the option of finding a legal home birth attendant. It is the rite/right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. Furthermore, this bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Requiring a registry of home birth mothers, for example, fosters stigma around home birth, a scarlet letter. Laws are created to protect consumers and ensure safety. But lawmakers also have the obligation to protect long standing cultural practices of birth.

5. Home birth is a deeply cultural practice that is both respected and honored. We are all descended from an ancestor who gave birth at home. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

For all of these reasons and more, I strongly oppose this bill as it stands. The imposition of these state regulations simply does not take into account the important perspectives of the birth practitioners, the mothers, and advocates of home birth.

Yet, we recognize the need for more information and offer the following:

- We have already begun to form a Home Birth Council that reflects the variety of practices, mothers and advocates. This Council shall be self-defined and self-regulated.
- We request the opportunity to gather data, standards of care, and wise practices to present before the legislature at a later date.
- We request a legislative informational hearing that provides the opportunity to present information about the spectrum of home birth practitioners, their education and training, and existing standards of care.

Thank you for your attention to this vital matter for our future!

Evidence in support of point #1

1. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/MCDG/wp-content/uploads/2013/02/Medscape-Wax-Critique-Michal-Janssen-Vedam-Hutton-de-Jonge.pdf>)
2. Hawaii Health Data Warehouse - Vital Statistics Hawaii (<http://www.hhdw.org/cms/index.php?page=vital-statistics>)
3. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America
4. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births
5. The Myth of a Safer Hospital Birth for Low Risk Pregnancies (<http://www.greenmedinfo.com/blog/myth-safer-hospital-birth-low-risk-pregnancies>)
6. AND MORE – add your own strongest studies, there are many!



HEALTHY MOTHERS
HEALTHY B·A·B·I·E·S
COALITION OF HAWAII

February 10, 2013

TO: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor

FROM: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies

RE: Testimony Opposing SB2569 and SB2569 SD1, relating to Home Births

HEARING: Monday, February 10, 2013 at 1:30 pm

Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) stands in strong opposition to this bill.

From a maternal and child health perspective, the primary concerns with this bill are that:

1. We are already experiencing a dearth of perinatal service providers, particularly on neighbor islands, and to create barriers to care eliminates the potential for some women to receive much-needed health services in underserved areas. By reducing an option for prenatal care, we further diminish the capacity to serve women's health and obstetric needs.
2. It effectively eliminates any possibility for a vaginal birth after cesarean (VBAC) for neighbor island women because no hospitals outside Oahu permit VBACs. Mandating repeat surgical delivery for all neighbor island women creates an undue physical hardship, as surgical birth comes with its own set of significant risk factors and longer recovery periods.

Current research and data from the American Congress of Obstetricians & Gynecologists (ACOG) stipulates: "The rate of cesarean delivery has increased dramatically in the US over the past four decades, **from 5% in 1970, to 32.3% in 2008 and a contributing factor behind this increase is a decline in the number of VBACs.** VBACs have been in steady decline since 1996 and fell to only 8.5% in 2006. Yet, it's estimated that **60–80 percent of appropriate candidates who attempt VBAC will be successful.**"

In fact, ACOG guidelines state that VBACs are a "safe and appropriate" choice for most women. ACOG's August 2010 Practice Bulletin *Vaginal Birth After Previous Cesarean Delivery* states that "**attempting a VBAC is a safe and appropriate choice for most women who have had a prior cesarean delivery, including for some women who have had two previous cesareans.**"

ACOG's April 2013 Committee Opinion on Cesarean Delivery on Maternal Request states: "**Potential risks of cesarean delivery include a longer maternal hospital stay, an increased risk of respiratory problems for the infant, and greater complications in subsequent pregnancies, including uterine rupture, placental implantation problems, and the need for hysterectomy.** Potential short-term benefits of planned cesarean delivery compared with a planned vaginal delivery (including women who give birth vaginally and those who require cesarean delivery in labor) include a decreased risk of hemorrhage and transfusion, fewer surgical complications, and a decrease in urinary incontinence during the first year after delivery. **Given the balance of risks and benefits, the Committee on Obstetric Practice believes that in the absence of maternal or fetal indications for cesarean delivery, a plan for vaginal delivery is safe and appropriate and should be recommended to patients.**"

Therefore, this bill labeling previous cesareans as a "high risk" factor and restricting midwives from delivering VBACs is contra-indicated according to all prevailing ACOG recommendations. Why would the state of Hawaii even consider mandating surgical births for women who are otherwise not given a hospital setting to deliver a baby on neighbor islands? This is simply instating an additional barrier to care, with a procedure that comes with significant risks, as noted above.

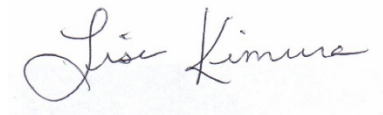
Finally, **according to the *State of Hawaii Primary Care Needs Assessment Data (2012)*, several islands in our state (including areas of Kauai, Oahu, Lanai, Maui and Hawaii) report 29.5 to 63.2 percent of mothers received "less than adequate prenatal care."** Much of this is due to an existing lack of providers and other contributing factors, such as lack of transportation to prenatal appointments. Midwives and other providers often mean the difference between receiving prenatal care or not – something that directly impacts our birth outcomes and maternal and infant mortality rates.

HMHB believes first and foremost in establishing and sustaining access to high-quality, reliable perinatal health care within our state. We believe in the need for ongoing training and recertification for midwives and naturopathic practitioners, but this bill is short-sighted and far over-reaching in its intents.

By effectively criminalizing midwifery, and prohibiting VBACs in non-medically indicated situations, this bill will not improve access to care, nor the quality of our care providers. HMHB stands in strong opposition to the wording of the bill and ask that you consider more proactive, education-based improvements to our midwife care system, rather than non-research based restrictions.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Kimura". The signature is written in black ink on a light-colored background.

Lisa Kimura
Executive Director
Healthy Mothers Healthy Babies Coalition of Hawaii

845 22nd Avenue
Honolulu, HI 96816
(808) 737-5805
www.hmhb-hawaii.org

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: okalaicr@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 1:30:33 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Shayne Fillmore	Individual	Oppose	No

Comments: I am the first born of five all successful home births. My last two children were born at home by my wife who was considered a high risk pregnancy. She was a double VBAC (vaginal birth after two c-sections). Our midwife assisted her in two natural home birth with out complications and successfully. The power of choice and the freedom to do what we desire especially when it comes to our body, life, and faith should never be the state and or governments hands. This measure is violating our human rights. I strongly oppose this measure. Thank you in advance, Shayne Fillmore

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: thekirbows@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 1:31:35 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Derek Kirbow	Individual	Support	No

Comments: I fully support Senator Green's Bill, SB 2569 SD-1. The citizens of Hawaii have deserved to have a voice in their own medical choices and this Bill does just that. It realizes there is a need for more and better birth care across the Hawaiian Islands, it gives women more freedom of choice with their health care, and it uses common sense approaches to meet a growing demand for access. This bill follows the example of more than 2/3 of all the other states that are already allowing midwives to perform safe home births under guidelines that are considered Best Practices by multiple organizations including MANA, NARM, ACOG, and the AMA. There are those that would claim this Bill removes choice from patients. There is nothing further from the truth than this. Bill SB 2569 and the SD-1 corollary increase access, provide a set of guidelines that before were a gray area, give greater choice to women, and legitimize a practice that hundreds of women are already choosing while providing for safety and meeting the needs of a growing population that currently does not have adequate options. I strongly support this bill as do the majority of my friends and colleagues. We can become a leader in women's health care in this state, but only by moving forward in support of Bills such as this. I urge you therefore to support this bill and follow the example of the vast majority of the rest of the nation in legalizing home birth under the auspices of clear and safe oversight.

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Aloha e,

As a researcher and public policy advocate addressing perinatal health disparities, I write to you opposing SB2569 and SB2569 SD1. I will also reference my experience working as Maternal Child Health Specialist at Family Support Hawaii for the past decade, as well as my recent years in clinical practice as a Board Certified Lactation Consultant in Hawaii County. I see that SB 2569 threatens to further limit perinatal care options in communities already experiencing a crippling shortage of care providers.

After nearly a decade of advocacy and organizing work to address the critical shortage of perinatal care providers in West Hawaii County, I am appreciative of any attention our busy legislature is able to give to the perinatal care crisis in our community. However, as I follow the evolution of current legislation addressing home birth and the role of perinatal care providers who fall outside the standard medical model, I have to conclude that this legislation will only further restrict access to care in Hawaii County and will disproportionately impact those women and infants already at greatest risk for poor outcomes.

In my community (District of South Kona) nearly half of all pregnant women received inadequate prenatal care between 2005 and 2010 (per Hawaii Primary Care Needs Assessment Data Book 2012). As the MCH Specialist for the primary community-based provider of perinatal support services, I can say with confidence that the low numbers have nothing to do with “under utilization”—that is to say that few mothers fail to seek early prenatal care. The reality is that the available options for prenatal have been so severely limited that women find themselves driving two and a half hours to Hilo for visits, or, more and more often, simply present at the hospital in labor with no history of prenatal care. Poor access particularly impacts women who are on QUEST, are non-English speaking, are Native Hawaiian, who live in the district of Ka’u, are uninsured, or who have pregnancies identified as high risk.

At this point there is well established evidence that, particularly for women experiencing health disparities, prenatal care is most likely to improve outcomes when it is based either in the Midwifery Model of Care or utilizes an evidence-based model of Group Care. SB 2569 would further curtail these options in our communities, and encourage an exodus of providers trained in the Midwifery Model of Care.

The Midwifery Model relies on well-trained and regulated providers who possess credentialing as Certified Professional Midwives, Certified Nurse Midwives, or Certified Midwives. Each has its own credentialing body and regulatory mechanisms, and any effective legislation would recognize and make optimal use of the previous work of midwifery and public health professionals in the U.S. I also suspect that it is beyond the scope of legislation to adequately address the role of culturally-based traditional birth attendants who are guardians of ancient birthing practices and birthing sites, but trust that the legislature can rely on its ample experience in protecting the rights of cultural practitioners in allowing for and acknowledging the traditions that keep cultures vibrant.

I have come to the conclusion that SB 2569 threatens to further limit access to prenatal care based in part on my experience overseeing support services for birthing women at Family Support Hawaii. The agency provides some level of support to approximately 600 birthing women per year, as well as intensive services to 40 to 50 high risk women each year. I realize that SB 2569 was spurred in part by

recent poor outcomes after planned home birth. As I reflected on the poor outcomes that I have seen in the past two years (5 infant deaths in particular), I was struck by the fact that each was, in some way, a direct result of poor access to care. None had the benefit of care by a CPM or other home-based practitioner. In each case, access to home-based ongoing care (such as the continuity of care provided by the Midwifery Model) may very well have been life-saving.

I would urge the legislature to abandon SB 2569 and preserve access to a spectrum of perinatal care providers.

Sincerely,

Krista Olson, IBCLC, MC-MCH

February 9, 2014

To the Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor

With regards to SB2569 and SB2569 SD1 Relating to Home Birth

Hearing date 2-10-14 1:30pm, room 229

Aloha, and thank you for reading this testimony.

My name is Jyoti Mau and I am in strong opposition of SB2569 and SB2569SD1 because of the significant inconsistencies with what they propose. I strongly agree that the care a mother and child receive during a planned out-of-hospital birth should be of the highest quality. Care that is based upon evidence based research and sound science. This scientific research abounds on the safety of planned homebirth. This information is readily available and should be what is looked upon in Hawaii's dialogue to optimize out-of-hospital birth models.

In doing so Hawaii will join the success of other highly industrialized places in the world who rank higher than the United States for maternal and infant outcomes. In fact, the United States falls behind all other highly industrialized nations when it comes to maternal and infant mortality rates. This is a fact that should not be ignored. Where evidence-based science is embraced and implemented, the health of mothers and babies far exceeds those places in which inaccurate science and basic 'standards of practice' are the norm.

If we choose to follow the lead of other highly industrialized countries around the world- where midwifery is viewed as a normal, optimal choice for the 80% of women who have low-risk pregnancies. And where planned out-of-hospital birth is also viewed as a safe option for low-risk pregnancies, everyone in Hawaii will benefit. Well, potentially obstetricians will need to find greater economic endeavors in their gynecology work, but if this benefits the safety of mothers, babies, and their families, than that is what needs to happen. This is a dialogue about safety, and safety of a very sacred moment in a family's life. This should not be compromised by economics.

Also the studies cited in these bills that speak of infant mortality in planned homebirth are misleading and outright false. Again, sound science

abounds with regards to planned out-of-hospital birth and this is what needs to be used in this discussion. As well as the voices of the caregivers who provide these services. This dialogue needs to unite all out-of-hospital home birth providers to ensure that no part of the necessary dialogue is left out. This dialogue, based upon accurate information, will only serve to strengthen our mothers and babies, families, and communities. Providing legislation that is up to date with our times and one that will carry Hawaii into a healthier future.

Thank you for your time.

Jyoti Mau

MARIA PRICE, CD(DONA)

To: Honorable Chair and Committee members of Health and Committee on Commerce and Consumer Protection,

RE: Homebirth Regulation

Hearing date 2-10-14 1:15pm rm 229

Planned Home births are not for everyone. Just like planned hospital births are not for everyone. The limited interference home births can have offers peace and serenity, allowing the physiological process of labor and birth to unfold, which was personally, the priority on my list for a safe, healthy birth.

There are many valid, evidence-based statements that can be made here to oppose to the details of the current bill being proposed, which is how much the current proposed bill is not up-to-date and concurrent with recent statistics, etc. Many states have implemented great bills for homebirths to be a safe option for families, which is a great indication that this can all work out for everyone, especially families and children being born.

1. It is not the idea of regulation that is being opposed but the proposed management and members of the board is questionable.

The board and regulators should consist of members well educated and experienced in normal birthing and home births.

2. Understanding birth as a physiological process, not an illness.

As many countries worldwide understands, birth is not a medical process but a natural, physiological process. It should be cared for accordingly.

3. Defining professionals appropriately.

Having clear understanding of the realm of training and education each professional gets is very important. For instance, medical doctors are typically trained to provide medical help, which is much needed when necessary. If birth is not a medical occurrence in most cases, it shall be cared for by birth professionals trained accordingly.

4. Unsafe births may be what this proposed bill creates.

Hospital births do not have great records when it comes to birth outcomes and intervention rates. Please become educated in the process of birth and its results when making rules.

The other byproduct of such restrictions the currently proposed bill can bring is "unassisted births," where families will go on with birthing out of hospital but without any care providers present. Criminalization and oppression of having healthy, properly attended home births can result to such tragedies.

4. Human rights.

In this day and world, it is a matter of human rights to have access to appropriate care. That means, having homebirth trained and experienced professional care providers is a must for safe homebirths. Criminalizing those practices without providing adequate regulation to preserve it is taking away choices for birthing families and also job losses for those professionals.

I believe families of Hawai'i deserve to have births in locations they choose with the care they are comfortable with. Education actually catered to each topic is key for both professionals and individuals. Thank you.

Sincerely,
Maria Price, CD(DONA)

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: balethea@me.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 1:43:52 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
barbara alethea	Individual	Support	No

Comments: I have had two babies at home--two of the most important experiences of my and my husband's lives. Both are healthy, intelligent and well adjusted citizens. I have also supported many other women to have like experiences. Please leave women their natural born rights to make decisions regarding their reproductive lives and stop trying to legislate these things. Sincerely, Dr. barbara Alethea

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To: [HTHTestimony](#)
Cc: sansdioso@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 1:44:07 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
sanna kauhane	Individual	Oppose	No

Comments: I oppose SB2569 and am ashamed that i live in a state with a government that would even think about trying to put such rules and regulations on something as sacred and natural as birth! Women have been giving birth in the comfort of other women since the beginning of time. Nothing has changed in our bodies, we know what to do....where we have our babies is our choice. One lady had a bad homebirth on Oahu and this happens. Can i tell you about how many bad birth experiences there have been at maui memorial hospital!!! how many women are forced to try and push a baby out on their back (completely unnatural position which was started by a selfish medieval king that wanted to be able to watch his wife give birth, her back was the only position he could see what was going on from the comfort of his throne) how many women get induced to early because doctors want to go on vacation!! Home births do not need to be regulated, hospitals do!

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: tbynum@kauai.gov
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 1:50:13 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
County of Kauai	Individual	Oppose	No

Comments: I submit this testimony as an individual member of the Kauai County Council. Home birth with midwifery care is a choice for a family to make and a rich range of belief and options are available to the people of Hawaii. SB2569 and SB2569 carve out a portion of this range of options and exclude others. The history of home birth is midwifery not a medical model. This measure in its current form is exclusive and limits personal choice.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: vaughnpaul108@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 2:04:21 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Vaughn Paul Manley	Individual	Oppose	No

Comments: Birthing is not a disease, Birthing does not belong to the Medical corporations, Birthing belongs to the families and their choices need to be respected. Besides, has been proven over & over that HomeBirths are much more conducive to the well being of the Baby and his/her caregivers... These bills will make it impossible for Homebirth to be a choice, and for midwives to continue to offer a valuable alternative to natural birthing practices that have stood the test of time.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: rogerstrong1@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 3:44:59 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
roger strong	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: willsilver@hawaii.rr.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 3:42:00 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
William Navran	Individual	Oppose	No

Comments: Birthing belongs to the families and their choices need to be respected. These bills will make it impossible for Home birth to be a choice.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: naturadoc@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 2:15:53 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Comments Only	No

Comments: I would like to oppose SB 2569 as a Naturopathic Physician and ask that Naturopathic physicians be exempt from this measure because natural childbirth/obstetrics falls with a Naturopathic Physician's scope of practice, pursuant to sections 455-1 and 455-8, Hawaii revised statutes. Mahalo for the opportunity to testify on Senate Bill Number 2569. Dr. Bonnie Marsh

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: morganthursday@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 3:19:20 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Morgan Evans	Individual	Oppose	No

Comments: I strongly oppose both versions of this bill.

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To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

Hearing date 2-10-14 1:30pm, Room 229

RE: SB2569 and SB2569 SD1 Relating to Home Birth

In Opposition of SB2569 and SB2569 SD1 Relating to Home Birth

My daughter turned 21 months old today. She is thriving and healthy. Oh, and she was born on our lanai in Kaneohe, in a birthing tub. She is my first child, and it was essential to her mother and I that she was born in an environment in which we were completely comfortable. While we completely respect the choice of others to give birth in hospitals, we knew that this was not the right choice for us, and we never imagined that this right to choose might one day be restricted in any way by the State of Hawaii.

During the labor and delivery of our daughter, everything went smoothly, thanks to my knowledgeable, experienced (traditional) midwife and doula. It was the most amazing experience, and I am fully convinced (and there is plenty of research to support my claim) that laboring in the comfort of our home, in an environment that allowed my wife to move with the contractions in a way that was instinctual to her body, while being surrounded only by people that we asked to be present were all essential elements to her smooth and relatively quick birth. It was truly the most amazing and perfect day of our lives.

Research shows that home births are indeed safe- as safe, if not safer, than hospital births. If safety is what the legislators are concerned about, I encourage our elected officials to study all birth options, home and hospital, to discern what is safe. Are rising cesarean rates, inductions, medications, etc. safe? "C-sections" are talked about so casually by Hollywood stars today, but let's be clear- it is serious surgery, and if they can be avoided, they should be. I hope the legislature takes this opportunity to realize that we need to begin a true dialogue on this topic. If legislators are truly interested in learning about the home birth option, as Senator Green's press release indicates, then instead of jumping to action, please take this next year to learn about the differences between the midwifery model versus the medical model of birthing. I encourage you all to become educated on the topic. It is truly fascinating, as I discovered during my personal research to learn about the options for us even before my wife became pregnant.

My wife and I are proud to consider ourselves part of the home birthing community now, and we, as much as the general public, home birth practitioners, and the legislators, are all interested in safety and quality care. Unfortunately, this is not what SB2569 or SB2569 SD1 will provide. Instead, as written, these bills will restrict the rights of families to deliver their children in the settings that feel true to them and with the attendants they choose. I strongly believe that it is not the Legislature's right to decide how and where someone can birth. Indeed, I view it as being in direct conflict with our civil liberties. Our state has come so far recently with Civil Unions (to which I applaud our Legislature). Please don't take a step backwards with SB2569 or SB2569 SD1.

Indeed, this bill is extremely divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners – so that they can then provide support for all the different types of birth experiences for which the community is asking. Our personal midwife, who has likely delivered more babies naturally than most obstetricians her age, is an amazing resource to the community. We trusted her with my wife's life and that of our then unborn child. We instilled this trust in her not because we are hippies (which we are not), but because we did our research and explored all of our options. Hawaii is lucky to have her working in this field. It would be an utter shame to criminalize the work that she performs for families in the islands.

If my wife and I are lucky enough to be blessed with another child, I sincerely hope that the State of Hawaii does not restrict our options and civil liberties to choose how and where to deliver our baby. Please work with all the professionals and experts in the field to arrive at a solution that enhances safety and quality care.

I urge you to please let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners, etc. to gather data, dialogue, and form appropriate standards acceptable to all birth practitioners and the community, and then bring this back to the legislature next session.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: paulakomarajr@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 3:15:29 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Paul A. komara, Jr.	Individual	Oppose	No

Comments:

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1. To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

2. Hearing date 2-10-14 1:30pm rm 229

3. RE: SB2569 and SB2569 SD1 Relating to Home Birth

4. Oppose

5. Aloha, I am opposed to this bill for many reasons. Other than the fact that this bill is trying to make decisions about our birth experiences for us. It goes against our right to choose how we have our babies and if I feel safer at home with a midwife than I do in a hospital then that is my choice and my right. Here are four main points for opposing this bill.

A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.

B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislature's right to decide how and where someone can birth.

C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.

D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: saraghiasi12@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 2:30:02 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
sara ghiasi	Individual	Support	No

Comments: I fully support Senator Green's Bill, SB 2569 SD-1. The citizens of Hawaii have deserved to have a voice in their own medical choices and this Bill does just that. It realizes there is a need for more and better birth care across the Hawaiian Islands, it gives women more freedom of choice with their health care, and it uses common sense approaches to meet a growing demand for access. This bill follows the example of more than 2/3 of all the other states that are already allowing midwives to perform safe home births under guidelines that are considered Best Practices by multiple organizations including MANA, NARM, ACOG, and the AMA. There are those that would claim this Bill removes choice from patients. There is nothing further from the truth than this. Bill SB 2569 and the SD-1 corollary increase access, provide a set of guidelines that before were a gray area, give greater choice to women, and legitimize a practice that hundreds of women are already choosing while providing for safety and meeting the needs of a growing population that currently does not have adequate options. I strongly support this bill as do the majority of my friends and colleagues. We can become a leader in women's health care in this state, but only by moving forward in support of Bills such as this. I urge you therefore to support this bill and follow the example of the vast majority of the rest of the nation in legalizing home birth under the auspices of clear and safe oversight.

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To: [HTHTestimony](#)
Cc: res1z0vb@hawaiiantel.net
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 2:35:39 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dana G. Moss	Individual	Oppose	No

Comments:

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REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members, Hearing Feb 10, 2014, 1:30 pm conference room 229)

Please make copies to ensure my testimony is presented at the hearing . Mahalo

RE: **SB 2569 Relating to Home Birth - IN OPPOSITION**

Dear Honorable Senate Committee Members,

My name is Malia Ribeiro I am a family nurse practitioner and a long time supporter of a safe home birth movement for Hawaii. Having apprenticed with a homebirth midwife on Kauai and also being exposed to hospital births in my medical training I am familiar with both practices. The reality is if trained home birth professionals are not available to attend births due to a law it becomes dangerous as the community in Hawaii who value homebirth will choose to have babies at home without any trained assistance. I have seen this happen first hand on Kauai with negative outcomes.

I strongly oppose SB 2569 for the following reasons.

1. On its face, this bill is inaccurate. It cites a flawed study, and it suggests home birth is dangerous and unsafe. I join other home birth practitioners, mothers and advocates to correct that notion. We realize that we have a responsibility to provide data and information about our home birth practices, our training, and our experiences to the legislature and community-at-large.
2. This bill currently tries to define a scope of practice without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent different models of home birthing, each with unique traditions,

scopes of practice, varying types of practitioners and their educational backgrounds, safety protocols and standards of care that are already in place.

3. The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. This bill assumes there is no oversight over home birth; in fact, midwives have the capacity to govern themselves.

4. As written, this bill would essentially eliminate the option of finding a legal home birth attendant. It is the rite/right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. Furthermore, this bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Requiring a registry of home birth mothers, for example, fosters stigma around home birth, a scarlet letter. Laws are created to protect consumers and ensure safety. But lawmakers also have the obligation to protect long standing cultural practices of birth.

5. Home birth is a deeply cultural practice that is both respected and honored. We are all descended from an ancestor who gave birth at home. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

For all of these reasons and more, I strongly oppose this bill as it stands. The imposition of these state regulations simply does not take into account the important perspectives of the birth practitioners, the mothers, and advocates of home birth.

Yet, we recognize the need for more information and offer the following:

- We have already begun to form a Home Birth Council that reflects the variety of practices, mothers and advocates. This Council shall be self-defined and self-regulated.

- We request the opportunity to gather data, standards of care, and wise practices to present before the legislature at a later date.
- We request a legislative informational hearing that provides the opportunity to present information about the spectrum of home birth practitioners, their education and training, and existing standards of care.

Thank you for your time and consideration,

Malia Ribeiro MSN, FNP-C, APHN, APRN

Evidence in support of point #1

1. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/MCDG/wp-content/uploads/2013/02/Medscape-Wax-Critique-Michal-Janssen-Vedam-Hutton-de-Jonge.pdf>)
2. Hawaii Health Data Warehouse - Vital Statistics Hawaii (<http://www.hhdw.org/cms/index.php?page=vital-statistics>)
3. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America
4. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births
5. The Myth of a Safer Hospital Birth for Low Risk Pregnancies (<http://www.greenmedinfo.com/blog/myth-safer-hospital-birth-low-risk-pregnancies>)

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Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra	Individual	Oppose	No

Comments:

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua	Individual	Oppose	No

Comments: Honorable Chairs Green, Baker, Hee, Vice Chairs Baker, Taniguchi, Shimabukuro, and fellow Senators of the committee present: I humbly ask that you oppose S.B. 2569 on the basis of sound policy, my religious beliefs, and the view of good, limited government. I have three contentions with S.B. 2569 as written, as follows. 1- Vague reasoning. There are some quotes in the beginning of the bill that say hospital births are better, home births can be dangerous, and that there have been some cases of death in our Aloha State. But I did not see any specific numbers as to how many home births are dangerous/fatal compared to how many completed home births (forgive me if I use incorrect terms), compared to hospital births, on both a national and state level. Unless those statistics are presented later in the bill, and unless they undeniably call for change, I see no reason for change of the status quo. 2-The purpose. This bill wants to set up a board which will determine what the new laws are. That is fine, as the members of the board will be doctors, specialists, etc., and they know better than others as to what is good and what is not. But as I looked further into the bill, it gave more regulations and "suggestions" of what the licensing requirements should be. Either let the legislature make an informed decision or let the "experts" decide, not this half way position. 3-The Board. The board, as I understand, has power to determine fees, requirements, et al., of how home births should be given in the state. This can be a good thing, as they are experts, and should know what they are talking about. But what if they require a HUGE fee for licensing? What if someone wants to be licensed, but doesn't have a degree or a means to obtain a degree (Undergraduate, Graduate, or Postgraduate)? What if they have a biased agenda? I think giving such unchecked power could result in unfair requirements. In summary, I oppose S.B. 2569 because I see no outstanding reason for change, and I believe that this current action could (and will) lead to unfair laws and regulations, making it harder for women who want to have a homebirth to actually have one. This I believe is not right, as every woman should have a choice and be able to do so freely without burden. Thank you for your time and consideration. Very Respectably, Joshua Takeshi Sweet Concerned Citizen of Hawaii

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jaime Schrack	Individual	Oppose	No

Comments: As a woman who would like to one day have a child I strongly oppose any bill that would limit my option of having a home birth. Thank you for your consideration. Aloha, Jaime

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Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Stacy Wright	Individual	Oppose	No

Comments: My sister lives in Hawaii and is currently pregnant. She delivered her first child in a home atmosphere and had a wonderful, loving experience. She plans to do the same with her second childbirth. Please let her make her own choices!! Thank You!

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To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

Hearing date 2-10-14 1:30pm, Room 229

RE: SB2569 and SB2569 SD1 Relating to Home Birth

In Opposition of SB2569 and SB2569 SD1 Relating to Home Birth

My daughter turned 21 months old today. She is thriving and healthy. Oh, and she was born on our lanai in Kaneohe, in a birthing tub. She is my first child, and it was essential to her father and I that she was born in an environment in which we were completely comfortable. As several of my close family members have died in hospitals by contracting viruses completely separate from why they were admitted to the hospital in the first place, I personally have a gripping fear of hospitals. While I completely respect the choice of others to give birth in such settings, I instinctually knew that this was not the right choice for me, and I never imagined that this right to choose might one day be restricted in any way by the State of Hawaii.

During the labor and delivery of my daughter, everything went smoothly, and I was completely at ease, thanks to my knowledgeable, experienced (traditional) midwife and doula. I am fully convinced (and there is plenty of research to support my claim) that laboring in the comfort on my home, in an environment that allowed me to move with the contractions in a way that was instinctual to my body, and being surrounded only by people that I asked to be present were all essential elements to my smooth, relatively quick, and orgasmic (yes, I said it) birth. It was truly the most amazing and perfect day of my life.

Research shows that home births are indeed safe- as safe, if not safer, than hospital births. If safety is what the legislators are concerned about, I encourage our elected officials to study all birth options, home and hospital, to discern what is safe. Are rising cesarean rates, inductions, medications, etc. safe? "C-sections" are talked about so casually by Hollywood stars today, but let's be clear- it is serious surgery, and if they can be avoided, they should be. I hope the legislature takes this opportunity to realize that we need to begin a true dialogue on this topic. If legislators are truly interested in learning about the home birth option, as Senator Green's press release indicates, then instead of jumping to action, please take this next year to learn about the differences between the midwifery model versus the medical model of birthing. I encourage you all to become educated on the topic. It is truly fascinating, as I discovered during my personal research to learn about the options for me even before I became pregnant.

My husband and I are proud to consider ourselves part of the home birthing community now, and we, as much as the general public, home birth practitioners, and the legislators, are all interested in safety and quality care. Unfortunately, this is not what SB2569 or SB2569 SD1 will provide. Instead, as written, these bills will restrict the rights of families to deliver their children in the settings that feel true to them and with the attendants they choose. I strongly believe that it is not the Legislature's right to decide how and where someone can birth. Indeed, I view it as being in direct conflict with my civil liberties. Our state has come so far recently with Civil Unions (to which I applaud our Legislature). Please don't take a step backwards with SB2569 or SB2569 SD1.

Indeed, this bill is extremely divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners – so that they can then provide support for all the different types of birth experiences for which the community is asking. Our personal midwife, who has likely delivered more babies naturally than most obstetricians her age, is an amazing resource to the community. We trusted her with my life and that of our then unborn child. We instilled this trust in her not because we are hippies (which we are not), but because we did our research and explored all of our options. Hawaii is lucky to have her working in this field. It would be an utter shame to criminalize the work that she performs for families in the islands.

If my husband and I are lucky enough to be blessed with another child, I sincerely hope that the State of Hawaii does not restrict our options and civil liberties to choose how and where to deliver our baby. I

have to say, I can envision a world where such legislation actually backfires and forces the home birthing community 'underground.' I, for one, would likely still have a home birth with the midwife of my choosing, license or not, if she were willing to assist me. But I would then have to forgo the honest dialogue of my plans with my "backup" obstetrician, which I also visited regularly alongside my prenatal visits with my midwife. Could this increase the risk in home births? Possibly. Is the Legislature willing to take that gamble? I know for a fact that similar programs/legislation that have been enacted in other locations, including where my sister lives, have forced many midwives to assist with home births "illegally" because they are not part of some bureaucratic system forced upon the community. My sister just had her second child in such a community, in the comfort of her home, with a "non-licensed" midwife. So it was "illegal." But it was still the best choice for their family, and both of my nephews (both born at home) are happy and healthy. Please don't force our community underground. Instead, please work with all the professionals and experts in the field to arrive at a solution that enhances safety and quality care.

I urge you to please let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners, etc. to gather data, dialogue, and form appropriate standards acceptable to all birth practitioners and the community, and then bring this back to the legislature next session.

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jan Murray	Individual	Oppose	No

Comments: Oppose SB2569

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Harvey, MD	Individual	Support	Yes

Comments: February 10, 2014, Monday, 13:30 Conference room 229 Hawaii State Capitol To: Senator Josh Green, Chair - Committee on Health Senator Rosalyn Baker, Chair - Committee on Commerce and Consumer Protection Senator Clayton Hee, Chair - Committee on Judiciary and Labor From: Scott A Harvey, MD, MS. 808-772-2700c Re: SB 2065/SB2065SD1, Relating to Health Position: Strongly in support of licensure, patient safety rules/regulations, informed consent, data collections, and establishment of board to ensure Home Birth Safety in Hawaii as per Hawaii ACOG testimony. Dear Senators Green, Baker, and Hee: I am submitting this testimony as a private citizen and not representing any organization. From a resident physician perspective, in the past three and a half years, I have been involved in several cases where there has been a poor outcome associated with an attempted home birth, for which the patient and baby are often rushed to the hospital. Occasionally, we are able to act in enough time (sometimes by seconds!) using emergent protocols resulting in a good outcome. However, far too often, a tragedy occurs affecting the baby, resulting in either serious neurologic injury or death. As an obstetrics-gynecology resident physician in Hawaii, I cared for a patient with a known high-risk pregnancy who attempted a home birth. On admission to the hospital, her baby was already in critical condition in-utero, and sadly passed away. This was her first baby and she was seen by a home birth provider that did not have formal education in obstetrics nor newborn care. The provider decided to attempt a home delivery in a remote area, at least 45 minutes from a hospital. The pregnancy was post-term (over a week past her due date) and breech (butt down). These factors make this pregnancy extremely complicated, even if she were laboring at a tertiary care hospital. The patient was poorly informed about pregnancy and childbirth, what aspects denoted a complicated and high-risk pregnancy, and relied upon her home birth provider for information. She was not informed of alternative treatments which could have included an external cephalic version (turning the baby to a head down position in the hospital, which works in the majority of cases), and that we allow vaginal breech deliveries at certain high-risk hospitals if the patient desires. On the advice of her home birth provider, the patient decided to undergo labor at home with a breech presentation. The standard of care when laboring a patient in the breech position includes an ultrasound for head/neck positioning (risking the baby to break its neck), an estimated fetal weight (to determine the success rate of a vaginal

delivery), and providing continuous fetal monitoring (to see if the baby is doing ok during labor). The patient apparently progressed in labor and was instructed to start pushing at 8 cm. The standard of care, especially with a woman who has not had a baby before, is to start pushing when the patient is completely dilated. If pushing starts too early, this can place a strain on the cervix, which may reduce blood flow to the baby by a physiologic phenomenon called Ferguson's reflex, and/or tear the cervix and risk a severe maternal bleeding after delivery. While at home, according to the patient, the baby's heartbeat was checked by the home birth provider, and noted to be in distress. When distress of the baby occurs, our optimal goal is to restore a normal heart rate or deliver the baby within 10 minutes to prevent irreversible brain damage. However, the home birth location was 45 minutes away by ambulance. Due to the delay of delivery by being at a remote location, the delayed recognition of fetal distress by the home birth provider, the long transit time to the hospital, and initial refusal of an expedited delivery, the baby was without oxygen for too long and was born with a very low heartbeat and not moving or breathing. Despite all of our medical interventions, the baby died later that week as a result of the severe prolonged distress during labor at home and the 45 minute transport. When the patient understood how this tragedy could have been prevented, the patient was saddened by her decision to hire her home birth provider. She felt tremendous guilt over her decision making process in believing the home birth provider. This is not the first time I have cared for patients who attempted home birth with tragic outcomes. I have had several more very similar experiences. It has been well known in our obstetrics literature that a planned home birth results in a 2-3 times higher risk of the baby dying, a fact that is often left out of counseling by home birth providers. A recent large study found that the risk of neonatal death with planned home birth is 4 times higher than hospital birth. If this is the mother's first baby that risk increases to 7 times higher, and if the mother is greater than 41 weeks gestation the risk is 10 times higher. (Grunebaum A, Chervenak F, etal. Society for Maternal Fetal Medicine Abstract. February 7, 2014.) I am in firm belief of a woman's right to choose to perform a home birth or to go to the hospital. However, I feel that it is imperative that her risk be stratified (i.e.-no high risk deliveries at home), she be counseled appropriately, and within the hands of a skilled provider with a formal obstetrics education and training in neonatal resuscitation that can care for both the mother and baby. From my personal experience with these tragedies, it is absolutely necessary for the Legislature to step in to identify providers who have the education to practice such medicine and to regulate this process, to help prevent the unnecessary deaths of women and their babies in Hawaii. Thank you for the opportunity to present this testimony.

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Doralynn L Baldwin	Individual	Oppose	No

Comments: I, Doralynn Baldwin oppose this bill because it is based on the presumption that home birth is unsafe. Home birth is very safe as shown in various studies, when attended by trained midwives. This bill does not take into consideration the various types of midwives and is trying to put a medical/hospital model in an out-of-hospital setting. This is unrealistic and will eliminate the option for families to choose to have a safe homebirth because there will not be anyone to attend those births legally. I ask that the homebirth community be given time to present to you correct, factual information that will include various homebirth providers as well as OB's that will serve and protect these families who choose homebirth! Mahalo, Mrs. Doralynn Baldwin

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Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Bryan Brey	Individual	Oppose	No

Comments: I'm sure there are plenty of excellent and intelligent testimonials already given. I oppose creating any regulatory body when there are already requirements for midwives. I oppose limiting free choice in birth. Mothers, expecting parents and babies deserve to have the best their heart desires in bringing in new lives to Hawaii. Free choice empowers dream births realized.

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1. To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

2. Hearing date 2-10-14 1:30pm rm 229

3. RE: SB2569 and SB2569 SD1 Relating to Home Birth

4. Oppose

5. Four main points:

A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.

B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislature's right to decide how and where someone can birth.

C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.

D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
catia garell	Individual	Comments Only	No

Comments: Alohal oppose SB2569. The following are some concerns I have in regards to the bill. It predicates that home birth is more risky than hospital birth. There are other studies published that contrast those figures. There is one study, recently published, using statistics from MANA (Midwives Alliance of North America), titled "Outcomes of Care for 16,924 Planned Home Births in the United States", which has concluded that among low-risk women, planned home births result in low rates of interventions without an increase in adverse outcomes for mothers and babies. In regards to the proposed "home birth safety board", I noticed that the overwhelming majority of members would be neither midwives nor health practitioners from home birth practices, but instead medical obstetricians, nurses, and other medical professionals. What would these medical professions, albeit talented in their own professions, know anything about home birthing? Would you place midwives and holistic healers on a board to regulate obstetric doctors? I would not think so because midwives would not have enough knowledge of or be qualified to speak about obstetric practices. In the same token, obstetricians and medical nurses are not be qualified to understand and regulate homebirthing requirements and procedures. In regards to the proposed licensure of homebirth midwives, it states that applicants who have a obstetrics certifications from the American Board of Obstetrics and Gynecology or American Board of Family Medicine would be accepted. Although those are impressive certifications to have, I question the relevance of those degrees to home birthing. The practice of homebirth is generally very different from obstetrics. Lastly, this bill, as it is written, is threatening to make it very difficult for the midwives in Hawaii to continue the wonderful work they do for woman like me, who come to them with the hopes of having a healthy, natural birth experience. It will also take away birthing options for women who do not want a high c-section rated or high medical intervention rated birth in the hospitals. For all the reasons above and more, I strongly oppose SB2569. The perspectives of the home birth practitioners and the home birthing community of mothers and families have not been reflected in the bill as it is written. I believe there are other ways to respectfully continue to improve birthing practices here in Hawaii, in both home births and hospital births. From my experience, all women essentially want the same thing during birth, regardless of whether it is a home birth or a hospital birth. We want access to a birthing experience, where it is safe, where we are respected and have

the ability to listen to our own bodies, where we can birth healthy babies. I respect every woman's right to choose which birthing avenue suits their situation the best, and I would hope our laws would reflect these human rights Mahalo! Catia Garell

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SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Kihoi-Low	Individual	Oppose	No

Comments: Aloha Council Members, My name is Sarah "Mehana" Kihoi-Low, I am a native Hawaiian mother, and I am writing you in strong opposition of SB2569. Being able to birth my daughter at home, was by FAR, the best decision I've ever made in my life...it was also the most beautiful experience of my life. An experience that I truly wish all mothers could have. When I found out I was pregnant at 19, I was so scared! Especially because I was 5 1/2 months when I found out. Being that I was so far along, my OB had me go to Oahu just to make sure everything was okay. That short 40 minute flight would change my life forever. Standing in the ticket line with my mom (on my 19th birthday) on the same flight, I was introduced to a friend of my moms. A midwife, Clare Loprinzi. I knew with no doubt when I looked into her piercing blue eyes, that natural home birth was her purpose in life. We talked on the plane, and while I was still scared...there was something about this woman that told me "It's gonna be okay". When we landed, she promised me she would come and visit me. We parted ways, and I found out that day, I was expecting a baby girl. One week later, just as she promised, Clare came to visit me. We talked and talked and talked. I was planning on a hospital birth, and never once did she pressure me into changing my plan. She only asked I would like her to accompany me in the birthing room. I, of course, said "Yes, please". I would think to myself. Even if our relationship was fairly new, I trusted this woman...and I told myself again "It's gonna be okay". Clare would visit weekly, she would bring me healthy food from her garden, we would talk about her many birth stories with women from countries all over the world, we would look at pictures of mothers from different cultures, and I will never forget her massages. The best part of her visit! Yet, still up until this point I was still planning on a hospital birth...and Clare still never tried to get me to change my mind. At about 7 months, I had a change of heart. I wanted to be one of those women. One of those strong women who followed the ways of our ancestors, one of those women who stayed out of the fluorescent lights, air conditioning, and constant sterilization and sanitation. Why would I want my baby girl to enter this world into a cold hospital full of sick people? I had never been more sure about anything in my life. Before I knew it, it was time. The pains were slow, but consistent. Clare was by my side...and I knew "It's gonna be okay". About 36 hours later, she and my mom massaged and massaged and we watched Merrie Monarch on television in my little studio in Honaunau. I was at peace. Because, I was at HOME. It was evening time and

aromatherapy and slack key guitar filled the air...a light mist of rain graced us as we prepared to welcome our baby girl. Clare had hot towels to relax me and soothe my muscles...instead of air conditioning and ice chips. At 8:23 pm, she was born Tahlia "the dew from the heavens" Kalaula'ika'ilikai "the red sun on the surface of the ocean". The rain cleansed and blessed us as our 7lb baby girl entered the world in peace and aloha. There is nowhere else I would rather have been. I was HOME. My daughter was safe...and there was no one I trusted my life, or the life of my new baby than Clare. She gave me the most beautiful experience I have ever had in my life. The next day our house was surrounded in a full bloom of gardenias and lilies. The first we had in months. Blessings were all around us. They still continue after almost 11 years. I count my blessings every day. So, I am writing you with the strongest hopes that you will deny this bill. Please do not take away our freedom to birth naturally. Let it continue to always be our choice. The way it was for our ancestors. Please honor our midwives and let them continue care for us and our babies. I plan to someday soon prepare for another baby...which would of course, include another home birth. Please allow me to experience my birth story once again...and please allow my daughter to one day experience her own. I ask you again, please take care of our midwives. "It will be okay". Love & Aloha, Mehana

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To: [HTHTestimony](#)
Cc: cabspates@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 7:29:19 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
cab	Individual	Comments Only	No

Comments: Honorable Chair and Committee, Oppose this bill to ensure safe and effective childbirth options for future generations. Aloha!

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To: [HTHTestimony](#)
Cc: claudiarice25@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 8:31:53 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
claudia rice	Individual	Oppose	No

Comments:

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Cc: n1tya@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 8:34:32 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
fred hofer	Individual	Oppose	No

Comments:

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RE: SB2569 and SB2569 SD1 Relating to Home Birth
Hearing date 2-10-14 1:30pm rm 229
OPPOSE

Dear Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

I am submitting testimony today in STRONG OPPOSITION to SB2569. I am a proud mother of two children, both of whom I gave birth to at my home naturally, with a trained, experienced midwife and doula. I am concerned with a bill that wants to limit My PERSONAL CHOICE as a woman, as a mother, and as a citizen. It was my choice to have my children at home without medical assistance. It was my choice to choose not to have any pre-testing done or ultrasounds during my pregnancy. This bill suggests limiting home births to clients with normal, low-risk pregnancies. If a woman chooses to forgo the testing that assesses for the low-risk pregnancy, then shall she be eliminated from having a choice in the matter?

This bill needs to be entirely reconsidered and rewritten. Safety is an issue for all mothers at all times, no matter what way they choose to give birth. If safety is the true concern to pose a bill as this, then consider the natural birthing community for the research, the resources, and the education concerning safety factors. Midwives are the ones doing the home births and who are educated and experienced in doing so. A task force composed of those who practice in the midwifery model is where to start in considering any adjustments to the already working model.

There are risks involved in every woman's birthing decision whether at home or at a hospital. Do more research on what IS working and safe in the midwifery model before imposing a bill that limits personal choice. After all, how do we think civilization has maintained and come this far? Natural birth of course!

Thank you for your time and consideration on this important bill,

Dina Lloyd, LSW

Mother of naturally birthed children in my home

1288 Kapiolani Blvd, Apt 1905
Honolulu, Hawaii 96814
February 9, 2014

LEGISLATIVE TESTIMONY
COMMENTS
SB2569, RELATING TO HOME BIRTH
SB2569 SD1

Hearing, Monday, February 10, 2014, 1:30 p.m., Room 229

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair
Members, Committee on Health

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguichi, Vice Chair
Members, Committee on Commerce and Consumer Protection

Senator Clayton Hee, Chair
Senator Maile S. L. Shimabukuro, Vice Chair
Members, Committee on Judiciary and Labor

Aloha mai, kākou

I am writing to provide comments for your consideration in acting on SB2569 and SB2569, SD1. Since time immemorial, midwives have delivered babies. Within the last three years, I am happy to report that two of my nephews were delivered by midwives. My niece had every confidence in her midwife, a relationship important to mothers, especially new ones.

When this bill was announced for a hearing, my niece sent me the bill and asked for support to oppose, the essential reason being that the very people impacted by this bill, i.e., grassroots midwives, were not consulted. They are not against all of the provisions of the bill, but want the opportunity to “kuka kuka” about it and then come back to the legislature next year.

Accordingly, recommend that the bill be deferred to allow for consultation with grass-roots mid-wives, some of whom don't have the credentials outlined in the proposed bill, but whom have delivered babies safely for many, many years. It's important that their mana'o be considered and respected. Too, it would allow for the model to be framed in consideration of a mid-wife viewpoint vs a purely medical viewpoint.

Mahalo for the opportunity to give this testimony.

Respectfully

LEIMOMI KHAN

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: sugosa@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 8:51:10 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
govinda rubin	Individual	Oppose	No

Comments:

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To: [HTHTestimony](#)
Cc: mariyakai@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 8:58:32 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mariya Gold	Individual	Oppose	No

Comments: I know several amazing, experience, knowledgeable and capable midwives and all are opposed to this bill. If there is to be change in Hawaii dealing with home births it should be something that they are in support of and in which they feel confident that it is for the betterment of birthing in Hawaii. Mahalo for your opposition to this bill.

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Cc: hilobliss@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 8:59:37 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
joy cash	Individual	Oppose	No

Comments:

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1. To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,
2. Hearing date 2-10-14 1:30pm rm 229
3. RE: SB2569 and SB2569 SD1 Relating to Home Birth
4. Oppose
5. One Main Point:

This is my body, my baby, my choice.

For some mothers out there, homebirth is the ONLY option available, and taking away that option is taking away any semblance of freedom to those mothers.

My first pregnancy ended up in a doctor-induced cesarean delivery. Due to the hospital's policy and my blind trust in any medical practitioner during my second pregnancy, I elected to have a second cesarean delivery. It was only until my third pregnancy that I educated myself and found out the first two cesarean deliveries were unnecessary, however it was now too late to deliver a baby naturally. With the hospital rules and regulations, no doctors here in Oahu would support me in my choice to have a Vaginal Birth after 2 Cesareans (VBA2C). I was also continually told that this should be last pregnancy; that I should stop having children because of the increase in likelihood of a uterine rupture because of the repetitive cesarean deliveries.

I was beyond thrilled when I found a midwife that was more than willing to help me deliver my baby the way I wanted and needed to. I could have my third child complication free, with no major surgery, and no reason to be forced into permanent birth control. This was only possible at home, with a home birth, with a professional, experienced midwife.

On January 13th, 2014, I gave birth to my third child, Sherri Anne Hansen, in my home with an attending midwife. This birth had zero complications which was completely different than my first two that were at a hospital using the medical model of birthing that caused my first two cesarean deliveries.

In closing, if a bill was passed that in any way hindered home births, my situation would have been devastating. I would not have had the choice to deliver my baby naturally, I would not have been allowed to hold my baby the moment she was born, and I would have been virtually banned from ever having more children.

Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members

RE: SB 2569 Relating to Home Birth

Hearing Date: February 10, 2014

Time: 1:30 PM

Place: Room 229

My name is Wade Wolfe and I live and work on the Big Island of Hawaii. I am a graduate of U.H. Hilo and am currently completing my final semester of graduate school at U.H. Manoa. I am a long time patient and supporter of Naturopathic Medicine and home birth. My eight year old son is a wonderful example of a successful home birth. Thank you for the opportunity to submit testimony regarding SB 2569.

I am testifying on SB 2569 and respectfully ask that you to OPPOSE this bill in its current form for the following reasons.

My personal experience with home birth is nothing that could be adequately expressed in words. The bond between my partner and our child throughout the pregnancy was elevated by the connection we developed with our midwife. This is not an experience that could have been duplicated in a hospital setting. The calm tranquility of our home created an atmosphere that also added to this amazing experience. The expertise of our Midwife and her assistant brought us deep comfort. My participation in the birth was unique and spectacular and will be treasured and share for generations.

SB 2569 claims that home births are not as safe as hospital births. Data from Hawaii Department of Vital Statistics and Department of Health, Office of Health Status Monitoring relay a much different reality. Home births show the lowest mortality risk when compared to other birthing options.

Examining specific local statistics in the state of Hawaii, there are 18,000 total births per year, of which 2300 occur on the Big Island.

1. Average total fetal deaths per year: from 2004-2011=1000 per year (5.5%)
2. Hawaii has a state wide C-section rate of 25% , Big Island 30%, and Oahu 25%.
3. Intentional, legal termination of pregnancy between 2004 and 2011, 3000 per year (1.7%).
4. 345 home births per year ... total fetal deaths 2004-2013= <1 per year (< .5%).

It is the right of every mother to choose her desired birthing options in accordance with her cultural, traditional, spiritual, or personal beliefs. The individual's right of self-determination must be considered a priority and to limit these options is an assault on the First Amendment.

In conclusion, I would also like to address the cost effectiveness of home birth. In my situation, choosing to have a home birth saved my family from a heavy financial burden. For the future determination of the safety of home birth, I would like to recommend that a committee be

created from both the hospital and home birth communities to study the current birth statistics and determine relevant outcomes. Mahalo for the opportunity to submit testimony in opposition to SB 2569.

Wade Wolfe

Individual Testimony

808 937-7413

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: allon.amitai@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 9:22:08 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Allon Amitai, MD MPH	Individual	Comments Only	No

Comments: Home birth has been demonstrated to be as safe as hospital birth, but only under appropriate conditions, as SB2569 reasonably delineates. These include low maternal risk group, availability of hospital backup for difficult deliveries or unstable infants, and sufficiently qualified birth providers/midwives. When these conditions are not met, serious complications including death and permanent disability have been amply documented by the medical literature. Opponents of SB2569 fear that it will result in delegitimization and suppression of home birth. The opposite is more likely to occur. Regulated, safe, and responsibly supervised home birth practices will encourage more women to choose to deliver at home, and enhance the professional status of Hawaii midwives.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mmellott@hawaii.edu
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 9:23:11 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Margaux Mellott	Individual	Comments Only	No

Comments: Aloha esteemed members of the Senate, I am writing to you of a bill that concerns me. I am a mother who had to go to a hospital to give birth because I could not afford a midwife. I have many friends who are midwives. I, myself am training as a doula. all of us believe that there needs to be regulation and licensure of midwives on the Island and in Hawaii. However, SB2569 does this in a way that truly limits the scope of when a midwife can care for a women and places an extra burden on the workload of the Obstetricians who practice here. On the Big Island, there are two hospitals and one birthing center and one birthing house. Many CPMs or certified professional midwives operate on Island as well. I have two friends who were going to birth at home, with no attendants of any kind, because they didn't want to go to a certain hospital. One has vtried to get a referral to an OB since she was 16 weeks pregnant. She is now 35 weeks pregnant and still has not gotten OB care because of the busyness of the OB and her clinic. A midwife has seen her through-out the pregnancy and recently diagnosed her with a rare form of anemia that could have been corrected earlier if she had gotten to see an OB and been given vitamins to avoid such a problem. SB2569 is not based in evidence or best practices. It denies women who have had a previous cesarean delivery access to midwives and out-of-hospital care, forcing them to give birth in hospitals whose policies dictate surgical delivery for all women with a previous cesarean, whether it's medically indicated or not. When women are denied access to midwives and home birth, many will give birth with no trained attendant at all, which results in increased risk to mothers and babies. Another issue i have with this bill is that it is essentially created by the competition of Midwifery. As much as we would like to think that the Mother's best care is being looked after in this bill, really, it is the hospitals and doctors who are getting a guarantee of more patients. the one danger lies in the fact that the reputations of some of these hospitals, drives women to stay home (Hilo hospital has a 90% induction rate with a 34% c-section rate, theses figures are very indicative of a policy that does not believe that birth is natural, like God didn't know what he was doing when he created it!). By imposing so many arbitrary and non-evidence based limits on women's maternity care choices, SB2569 will drive up the rates of unattended births in Hawaii, which does not increase safety for mothers and babies. By denying so many of Hawaii's families access to midwives and home birth, SB2569 strips citizens of the right to make personal medical decisions in consultation

with the health care provider of their choice. Please help the mothers on our islands have safe, evidence based practices and choices in their birth. Strike down this bill, so the people who are greatly affected by it (the Mothers and Good midwives who WANT legislative support in regulating midwifery In Hawaii) can work together to create a bill written by Midwives and Mothers and Senators who care. Aloha,
Margaux Mellott

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: veganmom@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 9:27:48 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dena Smith	Individual	Oppose	No

Comments: As a mother of six children, four of whom were born at home (including a set of twins), I strongly believe that we need to make homebirth accessible to all mothers and avoid unnecessary legislation and bureaucracy that threaten to get in the way of the innate right that all women need to have (to birth where they feel safe and empowered). While I understand the need for "safety" measures, I do not believe that the government's job is to intervene. Women have been birthing babies for thousands of years...without permission and without legislation. Let's empower women by supporting them in their power of choice. Thank you for opposing this bill.

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In regards to SB2569 to regulate homebirth in Hawaii:

My name is Crystal Cooper. I am a PhD candidate (ABD) in medical anthropology at the University of Hawaii. My area of focus within medical anthropology is women's reproductive health. I am a Certified Lactation Counselor, and I am also a lecturer for the UH system where I teach a course called *Women and Health* as well as anthropology classes.

I am extremely concerned about various aspects of this bill to regulate homebirth in Hawai'i. First, the bill references the Wax et al, 2010 study to claim that infants born at home have a higher death rate than those born in the hospital. This study has been widely discredited for being flawed for various reasons, even by neutral statisticians who have no stake in its validity as the American College of Obstetricians and Gynecologists does. You can easily look this study up on the Internet and find several sources that discredit it, even Nature: International Weekly Journal of Science.

Secondly, the bill completely leaves out the possibility that Certified Professional Midwives (CPM) will be able to attend to women who wish to have a homebirth. CPMs are highly trained, take university classes, and have to pass a rigorous exam in order to be certified. The bill does not recognize them as a practitioner who can legally attend homebirths, yet they attend the majority of homebirths while Nurse Midwives and Doctors rarely do. In fact, to my knowledge, there are no Nurse Midwives on Oahu who are currently attending homebirths, meaning this law would essentially outlaw homebirth. This would also mean that Hawai'i is going backwards since the trend has been towards licensing and regulating CPMs. In fact, 28 states currently allow them to practice.

Hawai'i now has a CPM who moved here at the request of a Native Hawaiian woman who asked her to come to Waianae in order to give back to Native Hawaiians what was taken from them. This is a political issue in more ways than one. Women who are passionate about homebirth will not simply go to the hospital because of this law. Instead, this law will drive homebirth underground. Currently homebirth midwives register their births with the state and in this way the state can collect data on them. If they go underground, this will not be the case. CPMs will also be less likely to move to the state to start a practice, and those wanting homebirths will be left to choose among midwives who may be less trained. In other words, this bill will not increase the safety of homebirths!

I would also like to mention that the bill allows the Board of Medicine and an advisory board to regulate homebirth without any Nurse Midwives or Certified Professional Midwives as members. It indicates that they will make women who want to have a homebirth sign a consent document that is based upon the discredited Wax study mentioned above, in order to scare them rather than truly inform them.

This is a bad bill, which will make women less safe. It goes against what most states have decided to do to improve maternity services, reduce health insurance costs, provide safe care, and reduce racial and economic disparities as they impact childbirth. The United States as a whole has maternal and fetal mortality rates that are worse than most industrialized nations, and less than one percent of all births are at home, so our poor rates are not due to homebirth. One out of every 3 or 4 women who has a hospital birth now ends up with a cesarean section. The World Health Organization states that no nation should have a c-section rate greater than 10 or 15%. For women, this is a matter of CHOICE! We should have the ability to choose an alternative form of care when we have low-risk pregnancies, and not find ourselves limited to hospital births because this bill does not allow Certified Professional Midwives to practice. I ask you to vote NO.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: palmtree7@earthlink.net
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 9:33:27 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
janice palma-glenie	Individual	Oppose	No

Comments:

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Testimony of Laulani Teale, MPH
in OPPOSITION to SB 2569, Relating to Home Birth
and SB 2569 SD1, Relating to Home Birth

COMMITTEE ON HEALTH

Senator Josh Green, Chair; Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair; Senator Brian T. Taniguchi, Vice Chair

COMMITTEE ON JUDICIARY AND LABOR

Senator Clayton Hee, Chair; Senator Maile S.L. Shimabukuro, Vice Chair

2-9-2014

Aloha Kākou,

I write today in very strong opposition to all versions of SB 2569, which would severely impact the reproductive choices, cultural practice rights, and safety of mothers throughout Hawai'i.

I further ask that this measure be terminated outright. Deferral and/or further amendment of this measure is not a good option at this point. While I am very much open to communication and possible future legislation that could truly benefit everyone, this will simply not happen through this avenue. With respect and acknowledgement for the good intentions that may have been behind this effort, the fact is that this process has been far too adversarial and aggressive, and far too threatening to sacred traditions and professional livelihoods, for the out-of-hospital birthing community to support this measure in any form. We need to start over completely – beginning with true respect for the choices of all mothers, and true respect and support for those who assist them.

This measure affects me personally on many levels. As a public health person, mother and cultural practitioner, I ask each of your respective committees to consider these impacts individually.

HEALTH. I am a researcher and public health professional whose focus is on **Kanaka Maoli health**. My mentor has been, and still is, Dr. Richard Kekuni Blaisdell, M.D., with whom I have worked for well over 20 years, and who actively supported both my Master's Degree in Public Health and my actual practice in community health interventions, as well as my activism. Thus, a particular area of my professional focus is on the element of self-determination as a crucial component of Kanaka Maoli Health, the erosion of which is a major root of native health problems of all kinds.

Self-determination is a major determinant of health outcomes. Self-determination begins at birth. Self-determination is eroded by external limitation of cultural practices through colonial force. For example, external determination by the State government or a hospital of the parameters in which women are "allowed" to give birth, and "coercive assimilation" (identified by Dr. Blaisdell as a major factor in poor Kanaka Maoli health) through external determination of who will share that sacred space of birthing with them, destroys self-determination. With this measure in place, children would be forced to learn the lesson – literally from day one -- that it is the government and the medical establishment that makes health decisions on their behalf, not themselves and their 'ohana.

Increased reliance on the government of the State of Hawai'i (which is, in itself, not a legal entity by international standards) and reliance on medical doctors and hospitals to make health decisions for us, is precisely not what Kanaka Maoli need for improved health as a people. What we need for improved health outcomes of all kinds is the ability to practice our culture and traditions without interference or over-regulation. We need a community that respects our practices as the original practices of this land, and contributes their own awesome cultural strengths, traditions and ideas in a non-destructive, non-invasive manner. We need the ability to teach our children, and all children, that they have everything they need to determine their own health and well-being right here in their 'ohana, in their community, in their culture – and most importantly, in their own sense of pono.

Committee on Health: it is your obligation to vote NO on this measure.

CONSUMER PROTECTION. I am a mother who has given birth to two healthy children, both born outside of the hospital in accordance to my cultural traditions, with an excellent midwife who is not Hawaiian, but had the knowledge and cultural competence to manage challenging situations, address complications, and protect me and my children throughout their birth and beyond. *That* is consumer protection.

As a “consumer”, I do not recall asking the State of Hawai'i to regulate my midwife. I do not recall asking a State-created Board to tell me what I can or cannot do with my body, or how I may practice the most sacred aspect of my culture, or with whom I may do so. I do not recall hearing other women asking for regulation of their reproductive choices, either.

The regulation criteria set forth in Section 26H-2, HRS, amended by Act 45, SLH 1996, of the Hawaii Regulatory Licensing Reform Act are designed to ensure that regulation of an occupation takes place only for the right reason: to protect consumers. The policies set forth in Section 26H-2 continue to reinforce the primary purpose of consumer protection, and state, among other things, that:

- *The State should regulate professions and vocations only where reasonably necessary to protect consumers.* When home birth mothers, the consumers of the services in question, are saying en masse that they do not want regulation, then regulation is simply, clearly not reasonably necessary for their protection as consumers.
- *Evidence of abuses by providers of the service should be given great weight in determining whether a reasonable need for regulation exists.* There is only speculation, and not a single piece of solid evidence, that any abuses by any providers of home birthing services exist at all. Therefore, the weight in Section 26H-2 hangs clearly away from regulation, not toward it.
- *Regulation should be avoided if it artificially increases the costs of goods and services to the consumer unless the cost is exceeded by the potential danger to the consumer.* Clearly, the extra “hoops” mandated in this bill, for both mothers and midwives, would astronomically

increase the costs of services. Licensure fees, excessive medical monitoring (e.g. for conditions such as “previous illegal drug use”, “psychosocial conditions that may affect pregnancy”, previous multiple gestation, etc.), and the elimination of lower-cost ‘ohana, cultural and spiritual practitioners, all artificially increase costs. Because no actual danger has been proven (despite extensive theorizing and speculation), regulation is counter-indicated.

- ***Regulation should not unreasonably restrict qualified persons from entering the profession.*** Clearly, many qualified persons would be restricted from entering the profession. Cultural practitioners, many of whom are mandated not to hold any license other than that granted by Ke Akua, would be forced underground, criminalized, or exterminated. Our children would be forced to assimilate to the medical model of birth. That is not okay.
- ***Aggregate fees for regulation and licensure must not be less than the full costs of administering the program.*** This “Home Birth Board” would be tasked with licensure (including application processing, renewal, suspension, revocation, reinstatement, and all of the challenges that go with this), rulemaking, complaint handling, investigation, discipline, and overall oversight of a profession that half of its members know very little about. Even without an office or paid staff (without which the work it is tasked with is practically impossible), the fees would clearly be less than the costs of administration, which would probably fall on its volunteers.

Committee on Commerce and Consumer Protection: it is your obligation to vote NO on this measure.

JUDICIARY and LABOR. I am a Kanaka Maoli cultural practitioner, and I refuse to give up my inherent rights to practice the culture of my ancestors. Committee on Judiciary, I call upon you to protect my constitutional rights to the continuation of my culture, which may not be regulated out of existence by the State of Hawai‘i, per the ruling of the Supreme Court of that State in 1995 (PASH), as well as many subsequent rulings.

I have the constitutional right to transmit ancestral knowledge, such as birthing traditions, to my daughter. She has the constitutional right to continue these practices, if she chooses to do so, as did my great-grandmother, who gave birth to my grandmother in Kahana Valley, where her brother Nana now teaches lo‘i cultivation to the community. It is not enough to teach cultural practices to others, if they are being destroyed in our own ‘ohana. My daughter has the right to choose if she will give birth, where she will give birth, and with whom she will give birth, and she has the right not to have to fight for that right, as I am fighting today. I ask that you protect her rights, as is your duty, by voting “no” on this measure.

I also have the kuleana of laau lapaau traditions, passed on to me by my teacher, Master Healer Papa Henry Allen Auwae. This very sacred training includes birthing practices, and precludes licensure, which Papa Auwae stood firmly against as a healer. These traditions need protection. All of my laau lapaau brothers and sisters' practices need protection -- not licensing. I call on the Committee on Judiciary and Labor to protect all of us by voting "no" on this measure.

Our labor is one of aloha. The Committee on Judiciary and Labor needs to protect our work.

Committee on Judiciary and Labor, it is your obligation to vote NO on this measure.

All mothers need protection.

All cultures need protection.

All children need protection – not from those who have been successfully safeguarding their well-being with millennia-old practices that work very well (as evidenced by the presence of every single human on Earth today), but from the forces of coercive assimilation to a fear-based mentality that is destroying the 'āina as well as the collective cultural knowledge that is our future generations' only hope for continued survival.

I am also a peacemaker. I want to support positive, cooperative change that benefits everyone.

If the legislature wishes to make real positive change happen in the future, here is what I suggest:

- Facilitate communication between different styles of practice, without threat.
- Mandate hospitals – not home birth practitioners -- to increase respect and flexibility in women's birthing choices in general, and particularly in regard to cooperative, non-traumatic transfer of care in the event of an emergency transport.
- Recognize and support the excellent, brave, culturally competent, hard work being done by out-of-hospital birth practitioners. Build trust by refraining from persecution and blame, as are clearly implied in this measure.

Mahalo nui loa for your time and consideration.

Please contact me at any time.

Me ke aloha 'oia'ī'o nō,



Laulani Teale, MPH
(808)256-6637



I am writing in opposition to SB2569 AND SB2569 SD1.

Women have historically NOT given birth in hospitals - they have given birth at home in the comfort of their own bed, attended by an experienced midwife. The switch to hospital births has not led to better live birth stats, and in fact hospitalization INCREASES the risk of a secondary infection. But the bottom line is that giving birth is not a medical procedure requiring hospitalization, and the majority of births can take place at home, safely, with a midwife in attendance. If these bills pass, women will continue to give birth at home - only they will not have an experienced midwife to attend the birth. I fear that the result will be an increased infant mortality rate, and an increase in maternal death as well.

Please continue to respect womens rights when it comes to their bodies, and their birth. Women should be allowed to deliver where ever they feel most comfortable, and with a trained, experienced midwife in attendance. Midwives should be working with doctors as partners, with the same common goal - a healthy delivery of a healthy baby.

Thank you,

Vanessa Ghantous

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: alemorrier@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 9:44:57 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
alicia morrier	Individual	Oppose	No

Comments:

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February 10, 2014
Monday
1:30 PM
Conference Room 229
State Capitol

To: Senator Josh Green, Chair - Committee on Health
Senator Rosalyn Baker, Chair - Committee on Commerce and Consumer
Protection
Senator Clayton Hee, Chair - Committee on Judiciary and Labor

From: Simon Chang, MD

Re: SB 2065/SB2065SD1, Relating to Health

Position: Strongly support licensure, patient safety rules/regulations, informed consent, data collection, and establishment of a board to ensure Home Birth Safety in Hawaii as per Hawaii ACOG testimony

Dear Senators Green, Baker, Hee and members of the Committees on Health, Commerce and Consumer Protection, and Judiciary and Labor:

As a former Chairman of the Department of Obstetrics and Gynecology at the Kapiolani Medical Center for Women and Children, I have had to contend with complications arising from the care of home birth providers. As a result of substandard medical care, there have been repeated incidents of neonatal brain damage, permanent disability and death

I am very concerned about the safety of our mothers and their babies who opt for a planned home birth. The most recent and largest study to date reveals that there is a four-fold increased risk of neonatal death associated with home birth. In addition, there is a seven-fold increased risk of neonatal death for first time mothers who deliver at home and a ten – fold increased risk for pregnancies more than 41 weeks gestation. [Grunebaum A, Chervenak F, etal. Society for Maternal Fetal Medicine Abstract. February 7, 2014.]

Currently, there is no licensure, and therefore no patient safety rules and regulations regarding home birth. There are many complications that can occur, particularly with high-risk pregnancies. However, even low-risk pregnancies can quickly, within a few minutes or even seconds, become high-risk during the labor and delivery process.

To ensure that all of Hawaii's mothers and babies have a safe and happy birth experience, I urge you to support the Home Birth Safety bill. This bill will ensure that home birth

providers have had formal obstetrics education to care for mothers and infants, follow patient safety regulations such as no high-risk pregnancy deliveries at home, adequately inform their patients regarding their educational background and the possible risks of home birth, and require the timely completion of birth certificates and other data for all planned home births.

Thank you for the opportunity to submit this testimony on this very important Women's Health issue.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: juggler@aloha.net
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 9:58:31 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Graham Ellis	Individual	Oppose	No

Comments:

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We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth.

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor, Hearing date 2-10-14 1:30pm rm 229

RE: SB2569 and SB2569 SD1 Relating to Home Birth

Thank you for the opportunity to OPPOSE Bills SB2569 and SB2569 SD1 Relating to Home Birth.

I am a 39 year old woman who has had 2 hospital births, one at age 27, one at age 29, and 1 home birth at age 37. All three births were without complications to both mother and infant.

I oppose these bills on the foundation that the State of Hawaii, Legislature or any Advisory Board DOES NOT have the right to decide how and where a woman can give birth. In the name of safety this bill over-regulates women and families and restricts their rights to make informed choices about the delivery of their children.

The bill makes reference to statistics showing that neonatal deaths are much more prevalent in home birth settings. But are there also statistics that show the percentage of successful home births compared to successful hospital births? By successful meaning without medications, intervention, induction, cesarean section, fetal distress, severe vaginal tears and/or lacerations, post-partum physical problems for the mother, etc.. Indeed, things can go very wrong during a delivery, at home or at a hospital... they can also go very right. It would be worth entertaining the possibility that some informed women are choosing home birth because they see that for themselves the potential for "right" to better be achieved in a home birth setting rather than a hospital and are willing to accept that higher statistical risk.

Being informed is the key. It applies to the home birth community, the medical community and most importantly the mothers and families themselves. Everyone wants safety and the home birth community is not opposed to guidelines and a further unification of the community. However, these bills are premature. At least another year needs to be dedicated to learning about the differences between the midwifery model vs the medical model of birthing. Both models are valid and both are necessary to ensure that women are able to deliver their babies as safely as possible in the manner in which they CHOOSE. An advisory council should be represented by all birth practitioners (ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc.) who can form appropriate standards for practice. More time, research and cooperative education needs to take place before these standards can be formulated.

Thank you.

Sara L. Voll
PO Box 661
Waialua, HI 96791

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor

Hearing date 2-10-14 1:30pm rm 229

I, Noelani Love, opposed bill SV2569 and SB2569 D1 relating to homebirth.

I had a homebirth in Hawaii with my child, and I felt it was a very safe experience. I was in the comfortable setting of my home, with no medication, no IV, no bright lights, and no fetal heart monitor. I was monitored and comforted by my midwife, and my labor flowed beautifully and smoothly and I birthed my beautiful baby boy.

The ability to choose who was in attendance at my son's birth was very important to me. I had minimal family members, along with the midwife and her assistant, and I felt because of this calmness, I was able to birth my child naturally and without complications. I was not constantly interrupted by strangers (as nurses commonly are to a woman laboring in a hospital) checking me or poking me with needles, nor were there constant beeping noises or air conditioning.

I was able to move around my house as I felt necessary and use my own bathroom.

The midwife who I chose came highly recommended through friends and has been practicing for over 15 years and has extensive experience and training. If this bill becomes a law, the midwife who delivered my son would no longer be able to practice, although she is fully capable and an expert in her field.

Women have been birthing babies for thousands of years. It is a basic human right to be able to decide where a woman will birth her child and who she will be surrounded by.

Having a baby is a spiritual endeavor. Bringing life into the world is a religious experience. It is a constitutional right to have this religious freedom. It is unconstitutional for legislators to decide where and how a woman will give birth.

Sincerely,
Noelani Love

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: emmaharberwhite@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 10:33:11 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Emily White	Individual	Oppose	No

Comments: Hrg: Senate Committee on Health/Senate Committee on Commerce and Consumer Protection/Senate Committee on Judiciary and Labor; Mon. February 10th 2014 at 1:30 p.m. in Rm 229 Re: SB 2569 and SB2569 SD1, Relating to Home Birth – In Opposition Thank you for the opportunity to offer testimony in opposition of SB 2569 and SB 2569 SD1, both of which attempt to regulate midwifery in the State of Hawaii. Here are some reasons why I OPPOSE SB2569 and SB2569 SD1: • Both bills take away choices for women when it comes to their reproductive health. • SB2569 threatens women's health and would all but make midwifery and home birth illegal in the state of Hawaii, forcing mothers who choose to home birth to potentially go underground in finding illegal care providers which may pose a risk to herself and her baby. The bill also infringes on patients' rights and violates their right to medical privacy. • Home birth with a trained midwife is SAFE. This bill uses false data to support it's claim. It refers to a two to three fold increase in neonatal mortality and that is cited from a study that has been refuted. Here are studies addressing that particular study, along with others that support home birth with a trained midwife to be just as safe as a hospital birth. (1,2,3,4,5) • We are not opposed to regulation – however the regulations in SB2569 don't make sense and neither bill promotes the health of mothers or their babies. • These bills do NOT take into account cultural practices in home birth. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law. • The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. The Home Birth Safety Board should be autonomous from the Hawaii Medical Board. There should be a Home Birth Providers Board overseen directly by the DCCA . • The Home Birth Safety Board to be comprised of the home birth providers primarily, with some OB/MD representation but certainly not the majority or even half. • It is the right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. This bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Suggestions: Write a new bill next legislative session that addresses the concerns stated above and include home birth providers and key stakeholders in the birthing community when drafting new legislation. Amending SB2569 OR SB2569 SD1 is NOT an option.

Both bills are too flawed to correct given the time constraints of the legislature. A complete overhaul of these bills must ensue. There are many suggestions for a new bill, please let's work together to create it.. Thank you for your time. I appreciate the opportunity to testify. Aloha, YOUR NAME

Sources: 1. "Home Birth versus Hospital Birth: Questioning the Quality of the Evidence on Safety" article published in Birth (Volume 30, Issue 1, pages 57-63, March 2003) "In contrast, the Midwives Association of Washington State press release stated that 'Childbearing women and health policy makers should be made aware that the study contains numerous flaws and limitations...this study alone should not be used to make decisions that could restrict women's choice of birth place or access to birth attendants with expertise in home birth'" (<http://onlinelibrary.wiley.com/.../j.1523-536X.../abstract>) 2. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/.../Medscape-Wax-Critique-Michal...>) 3. Hawaii Health Data Warehouse - Vital Statistics Hawaii (<http://www.hhdw.org/cms/index.php?page=vital-statistics>) 4. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America 5. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births 6. The Myth of a Safer Hospital Birth for Low Risk Pregnancies (<http://www.greenmedinfo.com/.../myth-safer-hsopital-birth...>) "Study validity questioned" in The American Journal of Obstetrics & Gynecology (volume 204, Issue 4, page e14, April 2011) ([http://ajog.org/article/S0002-9378\(10\)01107-5/fulltext](http://ajog.org/article/S0002-9378(10)01107-5/fulltext)) 7. Home birth metaanalysis: does it meet AJOG's reporting requirements? ([http://ajog.org/article/S0002-9378\(11\)00074-3/fulltext](http://ajog.org/article/S0002-9378(11)00074-3/fulltext)) 8. International data demonstrate home birth safety. (<http://www.ncbi.nlm.nih.gov/pubmed/21458614>) 9. "Home birth triples the neonatal death rate": public communication of bad science? ([http://www.ajog.org/article/S0002-9378\(11\)00075-5/abstract](http://www.ajog.org/article/S0002-9378(11)00075-5/abstract)) 10. <http://www.ncbi.nlm.nih.gov/pubmed/23769011> 11. <http://www.bmj.com/content/330/7505/1416> 12. Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009 <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/pdf>

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Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 10:55:53 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
mara pyzel	Individual	Comments Only	No

Comments: Women are entitled to safely have their babies in their homes. Keepin this practice legal is keeping women safe when doing a home birth.

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Date: Sunday, February 09, 2014 11:11:32 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
autumn ness	Individual	Oppose	No

Comments:

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Carmen H. Linhares, PhD, CNM, APRN-Rx
Assistant Professor
University of Hawaii at Manoa School of Nursing
2528 McCarthy Mall Webster Hall #422
Honolulu, HI 96822
(808) 956- 2439

February 8, 2014

Senator Josh Green
State Capitol, Room 215
415 S. Beretania Street
Honolulu, Hawaii 96813

Dear Senator Green,

I am submitting this letter on behalf of SB 2569. I am a certified nurse- midwife, dually licensed in the State of Hawaii (RN and APRN-RX). I am also a member of the American College of Nurse- Midwives- Hawaii Affiliate (ACNM- HAA).

I do not support SB 2569 for several reasons:

1. Certified nurse-midwives are licensed as advanced practice registered nurses (APRNs) under Hawai`i's Nurse Practice Act. CNMs seeking recognition as APRNs must have an RN license; complete an accredited graduate level education program leading to a master's degree as a certified nurse-midwife; and have a current national certification [*see* Haw. Rev. Stat. §457-8.5]. Licensure, regulatory oversight, and disciplinary actions for nurse-midwifery practice are handled by Hawai`i's Board of Nursing; the bill's proposal to create a Home Birth Safety Board to oversee the practice of CNMs is a redundancy and is unnecessary.
2. The American College of Nurse Midwives (ACNM) stipulates that hospital; birth center and home birth are all within the CNM scope of practice. CNMs are authorized to "provide *independent management* of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women" [*see* HAR § 16-89-81, emphasis added]. The requirement for a protocol agreement and the recommendation that clients seek care with a licensed obstetrician at some point during the pregnancy contained within the draft bill are contrary to the existing independent practice granted to nurse-midwives. These requirements are furthermore divergent from the position taken by the American College of Obstetricians and Gynecologists, which also recognizes CNMs as "educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients."¹
3. It is inaccurate to assert that there are no safety protocols for CNMs who choose to attend home birth. All nurse-midwives, regardless of practice setting, are required to abide by ACNM's "Standards for the Practice of Midwifery," a requirement that is also contained

¹ American College of Nurse-Midwives and American College of Obstetricians and Gynecologists, "Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives," February 2011. Available online at <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000224/ACNM.ACOG%20Joint%20Statement%203.30.11.pdf>.

within the state's administrative code [*see* HAR § 16-89-81]. These standards require CNMs to practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client.² Additionally, ACNM has an active home birth section, which publishes a home birth manual. This lengthy manual contains guidance on developing guidelines for the management of specific clinical situations, the appropriate risking out of patients, and evidence-based home birth practice, among other things.

4. Certified nurse-midwives consistently demonstrate excellent outcomes, regardless of practice setting. A recent meta-analysis by the esteemed Cochrane Review concluded that “there is no strong evidence to favor either planned hospital or planned home birth for selected, low risk pregnant women” due to variations in maternal or infant outcomes.³ A similar meta-analysis of home birth outcomes conducted by the University of Pennsylvania found there was “no significant difference in maternal/neonatal/perinatal outcomes dependent on place of planned birth.”⁴ ACNM supports the rights of women who meet selection criteria to choose home birth. The evidence indicates that appropriate client selection, attendance by a qualified provider, sound clinical judgment, and transfer to a receptive environment when necessary promote safe outcomes.

I personally do feel that non-nurse midwives should have a licensing body in the State of Hawaii in order to ensure that all home birth providers meet standards that safeguard their practices. Birthing women should have access to birth attendants who are licensed and meet requirements necessary to fulfill their practices and provide safe care.

Low-risk women who desire an out of hospital experience should have access to homebirth and / or alternative birth centers. Our state lacks facilities for alternative birthing centers.

Birthing women should also be able to use medical insurance for billing for out of hospital births rather than paying out of pocket as many women currently do because their out of hospital birth providers are unable to accept insurance.

I am very much in support of ensuring the safety and wellbeing of the mothers and babies in the State of Hawaii, but we must also ensure that the woman's right to choose where she desires to birth is not infringed upon.

Regardless of what laws the State of Hawaii has or does not have, some women will choose to birth out of the hospital. In my opinion, the best thing that our State can do for women who choose out of hospital birth is to ensure that women have access to qualified and licensed out of hospital birth providers.

Sincerely,

Carmen Linhares

² American College of Nurse-Midwives, “Standards for the Practice of Midwifery,” September 2011. Available online at

http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000051/Standards_for_Practice_of_Midwifery_Sept_2011.pdf.

³ O. Olsen and J.A. Clausen, “Planned Hospital Birth versus Planned Home Birth,” *Cochrane Database of Systematic Reviews* 2012, Issue 9.

⁴ Katie Caldwell and Joetta Herrmann, “Decreased Labor Interventions with a Nurse Midwife and Planned Low Risk Home Birth,” University of Pennsylvania, 2012.

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To: [HTHTestimony](#)
Cc: manoakanoa@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Sunday, February 09, 2014 11:33:27 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Camille Kanoa-Wong	Individual	Oppose	Yes

Comments:

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Cc: venicekova@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 11:34:18 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Kova	Individual	Oppose	No

Comments: Home birth is safe. I personally had my child at home under the care of a trained midwife. Birth is NOT a reason to go to a hospital, it is a natural process we have been doing for thousands of years. Giving birth in a hospital is a choice that we as Americans have. Taking that away would be Un-American !!! A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated. B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth. C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for. D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

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Cc: natalie@nataliebrownphotography.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Sunday, February 09, 2014 11:37:59 PM

SB2569

Submitted on: 2/9/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Natalie Brown	Individual	Oppose	No

Comments: I strongly oppose this legislation. I had my child at the hospital and had a very restrictive experience. I'm planning on birthing my second child at home. The midwifery community is dedicated to safety and quality. They focus on respecting the mother in a safe, knowledgeable environment that adheres to the families wishes. This bill would strip my personal rights away to decide for myself how I'd like to birth my child. Don't bring on more legislation just because insurance companies can't control it. Please listen to your constituents and oppose this bill. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mauinutritionaltherapy@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 12:00:39 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Brown	Individual	Oppose	No

Comments: We do not need more laws or more boards. Our Government is not interested in protecting people, it most often turns out boards such as this are in it for profit. I say give people the freedom to choose and allow them to be personally responsible.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 10, 2014
Monday
1:30 PM
Conference Room 229
State Capitol

To: Senator Josh Green, Chair - Committee on Health
Senator Rosalyn Baker, Chair - Committee on Commerce and Consumer
Protection
Senator Clayton Hee, Chair - Committee on Judiciary and Labor

From: Melanie Lau, MD

Re: SB2569, Relating to Home Birth

Position: Strongly support licensure, patient safety rules/regulations, informed consent, data collection, and establishment of a board to ensure Home Birth Safety in Hawaii as per Hawaii ACOG testimony

Dear Senators Green, Baker, Hee and members of the Committees on Health, Commerce and Consumer Protection, and Judiciary and Labor:

I commend you on your thoroughness and meticulous attention to detail when crafting this bill. One cannot assure quality without regulation. While I would hope every woman would deliver at a hospital, I realize she has the right to decide. It is therefore important that we make her choice for a home birth as safe as possible. We need to be sure that her caregiver is qualified, experienced, and accountable. You've outlined several minimum standards for the caregiver, and I think it should be at least that much. The home birth safety board appears to be comprised fairly of the major players regarding obstetric care; this is good. The patient needs to understand when she is no longer considered low risk and should know the qualifications and track record of her caregiver, so she can make her informed decision.

Currently, there is no licensure, and therefore no patient safety rules and regulations regarding home birth. I urge you to support the Home Birth Safety bill.

Thank you for the opportunity to submit this testimony on this very important Women's Health issue. I am sorry I cannot attend in person.

Melanie Lau, MD

**Tod C. Aeby, MD, MEd
1319 Punahou St. #801
Honolulu, HI, 96826**

**February 10, 2014
Monday
1:30 PM
Conference Room 229
State Capitol**

**To: Senator Josh Green, Chair - Committee on Health
Senator Rosalyn Baker, Chair - Committee on Commerce and Consumer
Protection
Senator Clayton Hee, Chair - Committee on Judiciary and Labor**

From: Tod C. Aeby, MD, MEd, FACOG

Re: SB2569 (and SB2569SD1), Relating to Health

**Position: Strongly support SB2569 with the amendment proposed by the Hawaii
Section of ACOG to include Certified Professional Midwives (CPM)**

Oppose SB2569SD1, as written.

Dear Senators Green, Baker, Hee and members of the Committees on Health, Commerce and Consumer Protection, and Judiciary and Labor:

As a practicing OB/GYN on the faculty at Hawaii's main obstetric referral hospital, I ask that you support the original bill SB2569, with amendments, instead of SB2569SD1 for the safety of all of Hawaii's mothers, and babies, that choose to deliver at home (SB2569SD1 seems only to apply to CPMs, and there are several provider categories that would be excluded from the intended patient safety measures). Medical literature clearly demonstrates an increased risk of neonatal death associated with planned home birth (4 times increased risk when compared to hospital births), and at the very least we should have home birth patient safety measures in place.

I have read the Hawaii Section of ACOG's testimony and I am in complete support of their position.

As OB/GYN faculty at the University of Hawaii John A. Burns School of Medicine, we are frequently placed in the position of caring for mothers and their neonates after attempted home births. Far too many times we have seen misguided plans to deliver extremely high-risk pregnancies in settings far removed from the safety net of a modern

obstetrics unit. While the American College of OB/GYN recommends that all deliveries occur in a hospital or certified birthing center, they do recognize the right of a mother to choose. The main purpose of this bill should be to make sure that providers offering home birth have the proper training and experience to recognize high-risk situations and to properly inform the pregnant couple about the risks and benefits of their decision. It would also provide tools for monitoring home birth statistics.

A few months ago, I rounded on a couple that was devastated by the loss of their child after an attempt to deliver a known breech (okole first) infant on the North Shore of Oahu. The labor went badly and once they realized the baby was in trouble, they called an ambulance. Unfortunately, they were well over an hour away from help. This perfectly normal infant was ultimately delivered with severe brain damage and died on the second day. When I saw this grieving couple, I wondered if they were truly informed about risks they were taking. I wondered what possible benefit they, and their provider, thought they would gain from home delivery that would make risking this horrible tragedy worth it.

Please, let's work to make this, and the numerous other tragic outcomes of home birth that I have witnessed, rare or never events!

Thank you for your efforts to keep our moms and keiki safe through support of this bill!

Oppose SB2569 & SB2569 SD1

Hearing Date: Feb 10, 2014, 1:30p.m., conference room 229

To: Honorable Chair & Committee Members of Health, Committee on Commerce & Consumer Protection and Judiciary & Labor,

I am writing to oppose SB2569 & SB2569 SD1 Relating to Home Birth. As a woman and mother it is my right to be able to choose the model of care that is best for my family. For myself and many other women, pregnancy and giving birth is a spiritual and cultural journey, one that is supported by the midwifery model of care and can unfortunately be hindered by the medical model. I have a right to choose.

If our legislature genuinely cares about the safety of our mothers and children, then ALL members should be formally educated in various birth options from hospital, to home, to birthing center. In addition, our legislatures should investigate the rising rates of c-sections, inductions, and the effects of various medications that are routinely offered in hospitals. Most importantly, our legislature should be educated in the differences between a midwifery model of care and a medical model of care.

It is not the right of the legislature to decide where, how, and with whom a woman wishes to give birth. My husband and I made an informed, evidence-based decision to bring our child into this world in the privacy of our home with intimacy and care. I knew that I would be successful being in a place with people who supported and understood my beliefs and needs as a spiritual birthing mother. I was able to call upon my inner strength... inspired by all women who have birthed before me... and my higher power to bring my child into this world.

My home birth was the most loving and spiritual experience that my husband and I were able to share privately. I am so thankful to my midwife and doula who provided the model of maternity care that our family needed.... a model centered around love, nurturing, mutual respect, education, and care... Please do not take this freedom away from us and our future mothers.

Although home birth is not for every woman... Every woman has the **right to choose** ... our ancestors have been giving birth naturally with a loving sisterhood of maternity care for centuries. We must continue to allow women to birth in communion with their mind, body, spirit, ancestors, and higher power. Our body... our right...

The home birth community is unified and wants all practitioners to be included to provide support for all the different types of birth experiences our community needs. Unfortunately this bill is divisive because some forms of midwifery and home birth practices would be excluded and criminalized in this bill.

The legislature needs to allow the home birth community to form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

Oppose SB2569 & SB2569 SD1

Hearing Date: Feb 10, 2014, 1:30p.m., conference room 229

Please please please say NO to Bill SB2569 regarding Homebirth regulations and laws. Please do NOT criminalize our home birth midwives, please to NOT steal away our right as woman and mothers to birth in spiritual communion. Please respect our choices... mind, body, spirit.

Your support for the rights of all women are needed!!!!

REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members,

Hearing February 10, 2014, 1:30 P.M., Rm 229

RE: **SB 2569 Relating to Home Birth - IN OPPOSITION**

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

My name is Roland Lee. I am a social worker for the State of Hawaii, and I have been advocating for social justice for the clients that I have served for over 20 years. I am also a father of two healthy children who were home birthed with our naturopathic physician/midwife. Although the intent of Bills SB2569 AND SB2569 SD1 was written to protect the birthing community, it also has several indirect, implicated outcomes that will marginalizes all women's rights if passed into law. Therefore, I respectfully oppose SB 2569.

Firstly, it takes away choices for women regarding where and with whom they can give birth.

Secondly, Bills SB2569 AND SB2569 SD1 intends to **regulate very heavily** who can be a midwife, how midwives practice, and who will be allowed to call upon midwives. The nature of the proposed midwife certification process, its educational requirements, the fees to be charged, and the appointed medical Board, are unreasonable non-specific standards that will make it impossible for the handful of already qualified midwives to attain certification before July 1, 2015, if it is signed into law. The **heavy regulation** would indirectly abolish midwifery completely in Hawaii and thereby take away every woman's choice to birth where and with whom they wish by that the majority, if not all, births happen in a hospital setting.

It should also be noted that the majority of the world population for the last thousands of generations have been giving birth outside of a hospital or medical setting, and it is only for the last two generations have hospitals become the common birthing place in the United States. With the current world population approaching 7 billion people, the majority of people presently living today have been born

outside of a hospital setting with the help of either a midwife or someone with birthing knowledge versus with hospital staff.

According to the Honolulu Star Advertiser, on April 25, 2013, “A Honolulu motorcycle police officer delivered a baby girl at the height of the morning commute on the H-1 Freeway this morning.” This one instance locally illustrates that a woman will give birth with or without a doctor, and that birthing and delivering a child can still be a natural and safe process without such proposed regulations. In theory, Bills SB2569 AND SB2569 SD1 were drafted with good intention to standardize and make birthing safer, however, they are not valid or sound in practice. While it is useful and necessary to have guidelines, or standards of practice, it is just as important to create them so that they are reasonable, fair, and realistic to execute.

While these Bills question the safety of home births, it cannot be overlooked that bad outcomes also occur at hospitals, and it is untrue that every hospital experience is safe, or safer, than a home birth experience. If members of the U.S. mainstream medical-model serve as the appointed regulators of midwifery through Bills SB2569 AND SB2569 SD1, then the tradition and culture, not to mention the profession itself, of midwifery will be lost. Midwives as well as those who honor and uphold this time-honored tradition and culture of midwifery come from a perspective that birthing is and can be a calm, gentle, and natural experience, versus approaching birth as a crisis, or a medical procedure that demands intervention, drugs, and surgery. The biggest tragedy in this circumstance would be if midwifery becomes consumed by medical regulation that it cannot be practiced to its fullest scope and integrity.

I thank the Honorable Senator Josh Green and the Honorable Senator Rosalyn H. Baker for their concern in this matter and for the time that was put into drafting these Bills. I also challenge this committee to do international research about midwifery and the natural birthing processes in first world countries such as Europe and Japan and to bring forth those findings before voting any Bill related to midwifery into law.

Written Testimony in opposition to SB2569 Relating to Home Birth

Honored Senators, members of the committee,

I am writing as a father of two children. We had a our first in the hospital with a doula, and the second one as an unplanned home birth. Even though is was unplanned, it still was one of our greatest experiences. If we knew with our first child what we know now, both births would have been planned home birth. Although it may not be your intention, your proposed regulations may take this opportunity and choice away from many parents.

How can birthing be regulated anyway?

Over the past few decades, many amazing advances in medical science have been made. Giving birth obviously predates medical science and is the most natural process from the beginning of human existence. Why we need to regulate it now is a mystery to me.

Being pregnant is not a medical but a natural condition and giving birth is not a medical procedure.

Shouldn't how a woman gives birth be her own personal choice, for whatever reason she chooses to do so. If a woman does not choose to be regulated as you propose, would she be considered a criminal? What are the proposed penalties?

I realize, in this bill you are trying to regulate the birth helpers or midwives, but I find it astonishing that the wishes and desires of the mother(s) are not even mentioned or considered.

Does not every mother currently have the choice to use the services of a hospital if she deems this as the safest alternative for herself and her baby? If she rather wants to have her baby at home, why would she need to consult your proposed board?

I marvel at the current proposed regulations. I can only imagine what these regulations will look like one year from forming the board, I venture to guess, there wont be fewer but a multitude of additional rules and regs.

It seems there are far fewer conditions to meet if a woman chooses to abort a child, which from a child safety perspective, has much more serious consequences.

I am convinced that the doctors who were consulted for this bill are all in favor of regulation, which seems to me is a conflict of interest. If there are fewer birth helpers, or it becomes comparably expensive, more mothers may be forced to use the hospital, especially since health insurance is more likely to cover it. The same goes for the licensing associations, which can raise their licensing costs when it is required to be licensed by them – of course they are for it.

When it comes to birth helpers and midwives. Most of the women whom I am familiar with, take their vocation very seriously and are aware of the risks that can be associated with birthing. It is not just a job people do for a while – it is a calling they step into.

How would the board the the associated bureaucracy be financed? The \$100 proposed annual fee would hardly cover it.

My proposal would be, have midwives, doulas and birth helpers form a self regulatory body, to make sure a high standard is kept. Integrate an unbiased birthing information center where women can find out their

different birth options. If a mother would rather use a midwife certified by multiple agencies and associations, she has the choice to do so. We do not need legislators to make the choice for them.

Thank you for considering my testimony.

Please contact me if you have further questions.

Alexander Meimer
3229 Woodlawn Drive
Honolulu, HI 96822
(808) 741-7707

SB 2965

My name is Jennifer Bonifacio and I oppose SB 2965. First of all, what is this national data report that shows an increased risk in neonatal mortality? Low APGAR scores? What about the study reported on at the annual clinical meeting of American Congress of Obstetricians and Gynecologists last May that showed an association that pitocin use increased the risk of lower APGAR scores and admission to the NICU? What about the alarming rate of “intervention” on a majority of normal births? Because of modern technology, a quick in and out of the hospital is expected. If a mother is not moving according to what the medical community considers normal (which it’s not), intervention is done. There’s a large number of c sections being done but that’s probably because of the snowball effect of intervention.

What is a natural birth? How many of the OBs HAVE witnessed a natural birth? They are trained to move the conveyor belt along.

Yes, hospitals has its place. If there is a complication in the birthing process, there is the hospital. It’s not needed in normal births.

Additionally, the proposed board is very unbalanced and definitely biased. Why is it that a gross majority of the proposed members are biased towards hospital births? How will it be an unbiased board?

Mothers to be should have the right to choose where they want to give birth. Birthing is a natural process that could take days. Hospitals want to keep movement of patients moving along, so taking a few days needs to be hurried along. This is an obvious ploy to minimize the amount of available midwives to perform home births which minimizes the stress level of the mother. It is an obvious excuse to try to curb the number of people from using natural means.

Again, I oppose this bill as it needs revision as well as revision in the hospitals on how they will support home birth complications.

A Petition to Kill S. B. No. 2569 in Hawaii

S. B. No. 2569 which has recently been introduced and concerns regulation and licensure of home birth midwives contains dangerously incorrect information and is a health and safety hazard to mothers and babies as well as a transgression on mothers' medical, religious and constitutional rights. It is harmful to women and their families, creates a monopoly in healthcare and will eradicate the safe practice of home birth and midwifery in Hawaii.

To begin, S. B. No. 2569 specifically states "The legislature also finds that national data reports a two to three fold increased risk of neonatal mortality with planned home birth versus hospital birth." (Section 1, paragraph 2) In fact, it is well and widely known that international data supports the fact that planned home birth has similar if not better outcomes than planned hospital births.

This wildly incorrect assumption that home birth has a threefold increase in neonatal mortality is based entirely off of a single study entitled *Maternal and newborn outcomes in planned home birth vs planned hospital births: a metaanalysis* (Joseph R. Wax, MD. et al) which, since its publication, has been well and widely discredited due to its incorrect data and substandard data analysis.

An article by Carl A. Michal, PhD, Patricia A. Janssen, PhD, Saraswathi Vedam, SciD, Eileen K. Hutton, PhD, Ank de Jonge, PhD entitled "Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong" and published on MedScape reads:

"The highly charged debate over the safety of home birth was inflamed by the publication of a meta-analysis by Joseph R. Wax and coworkers, which concluded that "less medical intervention during planned home birth is associated with a tripling of the neonatal mortality rate." The statistical analysis upon which this conclusion was based was deeply flawed, containing many numerical errors, improper inclusion and exclusion of studies, mischaracterization of cited works, and logical impossibilities. In addition, the software tool used for nearly two thirds of the meta-analysis calculations contains serious errors that can

dramatically underestimate confidence intervals (CIs), and this resulted in at least 1 spuriously statistically significant result. Despite the publication of statements and commentaries querying the reliability of the findings, this faulty study now forms the evidentiary basis for an American College of Obstetricians and Gynecologists Committee Opinion, meaning that its results are being presented to expectant parents as the state-of-the-art in home birth safety research." (<http://www.medscape.com/viewarticle/739987>)

Yet another statement issued by Gill Gyte, Trainer in Research Methodology, NCT; Mary Newburn, Head of Research and Information, NCT; Alison Macfarlane, Professor of Perinatal Health, Department of Midwifery and Child Health, City University London entitled "Critique of a meta-analysis by Wax and colleagues which has claimed that there is a three-times greater risk of neonatal death among babies without congenital anomalies planned to be born at home" states:

"In summary, NCT has found that this study has serious methodological limitations, including:

- Insufficient detail about the assessment of the quality of the primary research papers identified by the authors and their specific reasons for inclusion or exclusion of each study.
 - Lack of information about the included studies, and the specific data contributed by each one to the outcomes under investigation. Scrutiny of the primary research papers has led to somewhat different numbers being identified. (A 'forest plot' should have been included.)
- Lack of clarity and consistency about the definition of neonatal mortality in each of the included studies, including whether stillbirth data were included.
- The small size of the sub-group contributing to the calculation of comparative risk of neonatal death for planned home birth and planned hospital birth. It has been suggested that 200-400 adverse events are needed in order to be confident of avoiding a systematic error of insufficient data, but there were just 64 neonatal deaths reported by Wax for all neonatal mortality and 37 for non-analogous neonatal mortality.
 - A number of the non-randomised studies included in the meta-analysis were not matched

for confounding risk factors nor had adjustments been made to data afterwards, and some included women at increased risk of complications.

On the basis of these limitations, it is completely unjustifiable to claim that 'Less medical intervention during planned home birth is associated with a tripling of the neonatal mortality rate'. On the basis of the poor quality data of their data, the authors should not have reached this conclusion. Furthermore, the editors of the American Journal of Obstetrics and Gynecology should not have accepted the paper for publication without major modifications."
(<http://www.scribd.com/doc/34065092/Critique-of-a-meta-analysis-by-Wax>)

And an article published in Birth (Volume 30, Issue 1, pages 57-63, March 2003) entitled "Home Birth versus Hospital Birth: Questioning the Quality of the Evidence on Safety also discusses the flaws with the study, saying:

"In contrast, the Midwives Association of Washington State press release stated that 'Childbearing women and health policy makers should be made aware that the study contains numerous flaws and limitations...this study alone should not be used to make decisions that could restrict women's choice of birth place or access to birth attendants with expertise in home birth'" (<http://onlinelibrary.wiley.com/doi/10.1046/j.1523-536X.2003.00218.x/abstract>)

Other reviews of this study include the following:

"Study validity questioned" in *The American Journal of Obstetrics & Gynecology* (volume 204, Issue 4, page e14, April 2011) ([http://ajog.org/article/S0002-9378\(10\)01107-5/fulltext](http://ajog.org/article/S0002-9378(10)01107-5/fulltext))

Home birth metaanalysis: does it meet AJOG's reporting requirements? ([http://ajog.org/article/S0002-9378\(11\)00074-3/fulltext](http://ajog.org/article/S0002-9378(11)00074-3/fulltext))

International data demonstrate home birth safety. (<http://www.ncbi.nlm.nih.gov/pubmed/21458614>)

“Home birth triples the neonatal death rate”: public communication of bad science? ([http://www.ajog.org/article/S0002-9378\(11\)00075-5/abstract](http://www.ajog.org/article/S0002-9378(11)00075-5/abstract))

In truth, there is no study that can correctly claim that home birth is any greater risk than hospital birth. This study has consistently been used as ACOG's last line of defense for political gain in the face of rising rates of home birth and other studies which show that home birth results in equal if not better outcomes than hospital birth and with less intervention and neonatal and maternal morbidity.

<http://www.ncbi.nlm.nih.gov/pubmed/23769011>

<http://www.bmj.com/content/330/7505/1416>

" There was no evidence that planned home birth among low risk women leads to an increased risk of severe adverse maternal outcomes in a maternity care system with well trained midwives and a good referral and transportation system." (<http://www.bmj.com/content/346/bmj.f3263>)

In Hilo, obstetricians are notoriously anti-homebirth and they will never allow any patient to seek birth outside of the hospital. I can personally attest to this as I have experienced the hostility towards women and home birth first hand. After being admitted to the hospital after the birth of my second child, I was specifically denied present and future medical care by all obstetricians in the area because I had had a home birth. One would not even come to the hospital to treat me.

This is the care that you will be subjecting women to if S.B. 2569 is passed. Women have no choice of obstetrician in an area where OBs are extremely limited and who, by reason of geographical location, have no other options available to them. Hawaii is unique in the fact that the state is a series of islands and women cannot, therefore, easily travel outside of their area to seek other medical care or care providers who are willing to consider their choice to home birth.

This bill gives the false idea that it will be improving midwifery care for home birthing mothers by allowing the medical board to regulate them. The truth is that it puts women in a dangerous position. The number of midwives able to practice will be drastically reduced to fewer than five in the entire state, nowhere near enough to handle the load of over 450 (461 according to the CDC's report for the state of Hawaii in 2010:

http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_11.PDF) women who choose practitioners outside of a hospital each year.

In states where midwifery is illegal, women still choose midwife care in secret and do not report their midwives as having attended their births. This fear of the law may cause harm to women and babies in cases where illegally practicing midwives fear to transport their clients to the hospital in a timely manner for fear of being found out. Parents may also be less inclined to seek medical attention in hospital when necessary because of fear of legal retaliation for having seen a midwife. Home birthing women will be forced underground and will be put in danger by being made to feel as though they must deal with higher risk situations alone because of fear of persecution if they transport.

And if the legislative body finds home birth without a midwife is more risky than home birth with a midwife (and I do not agree that it is) then it is pertinent to reason that this bill will endanger women who refuse obstetric care on any grounds by forcing them to birth at home alone and with no care provider at all. As one who is a member of several groups of women who choose to birth without an attendant, I can attest to the fact that many women who choose to give birth with no doctor or midwife are driven to do so specifically because midwives are illegal in their area. We have already seen increasing numbers of women seeking vaginal births after cesarean at home because there is a ban on VBAC at our hospital. This bill will push more

women to leave obstetric care for situations which obstetricians would themselves consider to be risky (whether or not they truly are).

Mothers who choose home birth are not looking for a standard medical practice modeled on obstetric care. They desire to exercise their right to choose a care provider who will be open to the level of intervention that they choose. S.B. 2569 violates the rights of women who choose home birth because they desire less interventive care than is used in hospital and it takes away a woman's choice to birth safely where and how she likes.

The bill, if introduced, will also infringe on the rights of women who have been sexually assaulted to refuse certain care by an OB which exposes them to further emotional abuse.

Doctors are not required to (and do not) inform women of the dangers of giving birth in hospital or of the risks of any medical procedure which may be performed necessarily or unnecessarily during her pregnancy or her birth. (Hospital birth is associated with higher risk of intervention, higher risk of cesarean section, higher risk of maternal mortality and higher risk of fetal and maternal morbidity than is associated with home birth.)¹ Why, then, is it logical to insist that women be forced to sign a form stating that they have been informed of the risks of home birth? This bill violates not only a woman's right to make her own medical decisions but also violates her right to informed consent as it unnecessarily places heavy bias against home birth and will, by choice of obstetrician, criminalize a woman's decision to birth out of hospital.

1. ("Planned home birth attended by a registered midwife was associated with very low and comparable rates of perinatal death and reduced rates of obstetric interventions and other adverse perinatal outcomes compared with planned hospital birth attended by a midwife or physician." - Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician by Patricia A. Janssen, PhD et al. CMAJ. 2009 September; 181(6-7): 377–383. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2742137/>)

Giving control of home birth to obstetricians is akin to giving Monsanto control and regulation of the organic food industry. It entirely defeats the purpose of home birth which is to have the choice of being independent of obstetrics except in case of emergency.

In another letter regarding S.B. 2569, it was said that the bill will "Violate women's medical privacy by requiring home birth providers to report a woman's 'intent to give birth at home' to the State Department of Health, potentially endangering women by exposing their private medical information to partners or family members who don't agree with their birth choices."

Many mothers choose home birth for religious reasons. It is unconstitutional to deny women their right to choose a religious midwife for home birth for religious reasons as it goes against the first amendment which states "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof..."

The California College of Midwives states: " Women have a constitutional right to have an experienced, non-medical helper of their choice present in their home during the normal spontaneous events of physiological childbearing...Home-birth parents and home-based practitioners must persistently and consistently challenge this unconstitutional monopoly of normal maternity care. The history of a 100 Years war against midwifery is most recently evidenced in exclusive supervisory language that continues to criminalize both traditional and nurse-midwifery practice without obstetrician supervision while legally permitting physicians to withhold this statutorily-mandated participation with immunity. Domiciliary maternity care depends upon establishing the constitutional right of us as childbearing families to utilize an experienced (non-medical) helper of our choice. It may be necessary to legally establish that prosecution of non-medical midwives is an unconstitutional restraint of trade and an unfair business practice.

" Since our incorporation as a United States territory up to this present time, childbirth has been and remains to this day statutorily neutral — NO LAWS constrain the manner, the place or the persons able to provide non-medical assistance to childbearing women. *The Medical Practices Act does NOT identify normal childbirth as a medical, pathological, abnormal or risky condition*, no statute mandates that childbirth be attended by medically-trained persons OR that attendance at childbirth by non-medical persons is a criminal offense. [No] valid statute forbids parents from choosing an experienced helper of their choice NOR does any statute restrict non-medical birth assistance to state certified medical care providers."

It is insulting to imply that home birth mothers are ignorant and/or do not care for the welfare of

their child and that no mother is capable of making healthcare decisions either for herself or her baby. In a society where hospital birth is the norm and fear of death in childbirth is universally taught, it is irrational to expect that mothers who choose to birth at home with the care provider of their choice do so out of laziness or lack of education. On the contrary, hospital birth is the norm and home birth the choice of mothers who have invested time and thought and made a decision based on a far superior level of research than a mother who simply chooses a hospital birth by default.

The decision should be left in the hands of mothers who have heavily weighed their options and act in the interest of themselves and their child as opposed to obstetricians who act in the best interest of their business

	Name	From	Comments
1.	Amber Seber	Keaau, HI	
2.	Leilea Satori	Paauilo, HI	
3.	Jess Alexander	Pahoa, HI	
5.	Heather Gilbert	Volcano, HI	
6.	Ye Nguyen	haleiwa, HI	
7.	Hillary Washburn	Hilo, HI	I am a home-birth Mom in opposition to Bill No. 2569
8.	Alina Kealoha-Kawaguchi	Hilo, HI	
9.	Jordan Massey	Bessie, OK	
10.	Steffany Kerr	Honolulu, HI	
11.	heather fisher	lindale, TX	
12.	Tailani Morse	Keaau, HI	
13.	Vanessa Hunt-Jansen	Honolulu, HI	
14.	Maggie Phelps	Cortland, NY	
15.	Heidi Semanie	Honolulu, HI	
16.	T Stone	Phoenix, AZ	
17.	Chelsea Johnson	Provo, UT	Don't legislate our births! Allow moms the right and dignity to choose the type of birth they want.
18.	Cassidy Schmidt	Mt.view, HI	
19.	Summer McCreless	Town Creek, AL	Kill SB2569. Women need more options, not less.
20.	Jasmin Wampler	Lake City, CO	

	Name	From	Comments
21.	Alicia Hunt	Fairbanks, AK	We have a right to determine the type of birth that we want. We don't need someone else's approval.
22.	Amanda Doyle	Allenford, Canada	Midwives need to be protected! For the sake of all women and their babies!
23.	Amelia Raposo	Spotsylvania, VA	
24.	Rebecca Bonker	Davenport, NY	
25.	Annie Compton	Eskridge, KS	If midwives are so wrong, then why are so many developed countries using them with BETTER mortality rates than OURS? Your data is flawed. Protect midwives; give mothers a choice--a choice that which has been proven safe in many other studies!
26.	Molly Howard-Crow	Murphysboro, IL	
27.	Annie Craver	Keaau, HI	
28.	Joshua Compton	Eskridge, KS	
29.	D Riva	Ottawa, Canada	
30.	Priscilla Galvan	Hilo, HI	
31.	Jacqueline De La Garza	Mountain Viee, HI	
32.	Kim Arakawa	Hilo, HI	
33.	Candace Jacob	Sandy, UT	I am a student midwife. I have plans to move to Hawaii in the future. What this bill will effectively do is remove choices from moms and babies and force them into a specific choice. Women need more rights over their own births, not less. Women in Hawaii especially do not have the luxury to travel to another state (without much cost and difficulty) to give birth the way they choose. Please honor the freedom of mothers and the midwives who care for them.
34.	Gabriella Price	Everett, WA	
35.	Kelley Chaplain	Ponchatoula, LA	
36.	Brittney Gonzalez	Bluffdale, UT	
37.	travis delimont	pahoa, HI	
38.	Lisa Cobham	Smiths Falls, Canada	
39.	Melissa Moats	pepeekeo, HI	
41.	Greyson Adams	Westhaven, CA	
42.	Kupono McDaniel	keaau, HI	
43.	Michelle Sorrells	pleasant grove, UT	
44.	Lydia Carter	Hilo, HI	
45.	Dax Gilbert	Volcano, HI	
46.	Joseph Carter	Hilo, HI	

	Name	From	Comments
47.	kimberly finger	hilo, HI	
48.	Adriana Duerr	Hilo, HI	I am a home-birth mom and a home-birth grandma. Mothers in Hawaii need more choice in their planned birthing options, not less.
49.	Megan Kanekoa	Wailuku, HI	
50.	Ismail Al Ahmad	Beirut, Lebanon	
51.	Janelle Bega	Tehachapi, CA	
52.	Carissa Dwelly-Marshall	Atascadero, CA	
53.	Jenn Folino	Tucson, AZ	
54.	Vanda Epstein	ojai, CA	
55.	Jane Hansen	Hilo, HI	
56.	Katy Benjamin	Hilo, HI	All women deserve the right to decide how they wish their children to enter this world. Please reconsider Bill 2569 and be more inclusive. Not every women has to have a home birth, not every woman has to have a hospital birth. Woman in Hawaii do not have the freedoms to drive across state lines when they go into labor. Let's take this historic time in the healthcare system to look at other systems that work better, and see how we can learn from midwifery both in the USA and abroad.
57.	Melody Euaparadorn	Papaikou, HI	
58.	Meghan Elimon	Hilo, HI	
59.	Lillie Basilio	Waikoloa, HI	
60.	Atalanta Robertson	Honolulu, HI	One baby born in hospital - unadulterated nightmare of unprofessional, uncaring etc hideous experience. Two babies born at home - one was heavenly experience, the other super fast but so glad we could sleep in my bed at home afterwards...NOT necessary to legislate further here - enough checks & precautions already - LEAVE WELL ALONE, LEAVE US OUR WELL-INFORMED CHOICE
61.	Vicky Pitchford	Toronto, Canada	
62.	Aviva Dutt	Honolulu, HI	
63.	Sorte Christina	Pahoa, HI	
64.	Lokelani Ramos	Mountain View, HI	
65.	Margaux Mellott	Hakalau, HI	Next time you write a bill- ask the people it will effect before you push it through.
66.	Marsha Lowery	makawao, HI	
67.	Amicheli Salyer	Ocean View, HI	
68.	Megan Greer	Honolulu, HI	
69.	Ceilidh Cook	Hilo, HI	

	Name	From	Comments
70.	Natasha Salgado	Toronto, Canada	
72.	Ruth Moss	Hilo, HI	
73.	Jill Raznov	Hilo, HI	
74.	Cindy Kalani	Hilo, HI	
75.	Michelle Ream	Wahiawa, GU	
76.	Shannon Weissman	Honolulu, HI	
77.	Rebecka Gullberg	Trångsund, Sweden	
78.	Bill C	Kempton, Germany	
79.	Judy Talamantes	Pomona, CA	
80.	Laura Saxon	Morrison, FL	
81.	Crystal Beitler	Cynthiana, KY	
82.	John Brewer	Marietta, OH	
83.	Kathy g	Wiltshire, United Kingdom	
84.	Candace Snapp	Wheaton, IL	
85.	Stacey Calvert	Sunderland, United Kingdom	
86.	Alexis Zamchick	Flushing, NY	
87.	vincent sajor	honolulu, HI	
88.	Canice Lighthall	Derry, PA	
89.	Tana Bryant	Rogersville, AL	
91.	Kelli Bolger	Keaau, HI	
92.	Diane Kessler	Merrick, NY	
93.	Kaiulani Matsumoto	Pahoa, HI	
94.	Gloria Watson	Lexington, KY	
95.	rose wilde	port townsend, WA	it is imperative to keep mothers birth rights intact
96.	Brynn Geer	Kailua Kona, HI	
97.	Leilani Digmon	lahaina, HI	
98.	Grace Caligtan	Honolulu, HI	Every single person has arrived on this planet from a lineage of home birth. Hawai'i own Senator Akaka was born out home. Under the proposed legislation, pregnant women will be required to register their planned home birth. That stigma is like creating a scarlet letter for exercising one's own bodily autonomy and choice. NO to Bill 2569. This law is a major fail that does not understand the standards of midwife practitioners or the women they serve.

	Name	From	Comments
99.	Jane Rittenhouse	Eugene, OR	Home birth is both safe, and practical. Let it be a family's choice. Do not legislate away the family's right to choose.
100.	Bethel Belisle	Cottage Grove, OR	I am asking that you do not support this outrageous bill making homebirth and midwifery care illegal in Hawaii. Please protect women's rights to choose where and with whom to have their babies!
101.	Michelle Leland	Honolulu, HI	
102.	Scott malis	pahoa, HI	
103.	tanya Boughton	Eugene, OR	I was a resident of Hawaii when I had my first child in '86 at home with a midwife. It was a wonderful experience and I an distressed to think this will not be an option anymore in Hawaii. Please let women decide for themselves how they want to give birth, as they have been able to since time began. it is our inalienable right, and should be decided by women.
104.	Glenn Lagman	Hilo, HI	
105.	Rachel Thornton	Kailua Kona, HI	
106.	Celeste Groenenberg	Maple Valley, WA	
107.	Rosanna Waller	Holualoa, HI	
108.	April Haskins	Vancouver, WA	
109.	Rebecca Hurdis	Davenport, CA	
110.	Melissa Wilmarth	Pearl City, HI	
111.	Laurie Bauers	Hakalau, HI	I have had my birth at home with Dr. Hahn and I am a long time patient and supporter of Naturopathic Medicine. I respectfully ask that you oppose this bill in its current form for the following reasons. Natural Childbirth at home has been a part of Naturopathic Medicine and included in our Hawaii Statute (Chapter 455 created in 1925) for about 90 years. This statute currently contains excellent standards of practice which are continually scrutinized and revised to meet the needs of our time. In addition, there are many other states like ours where natural childbirth is included in the scope of practice of Naturopathic Physicians. We ask, where is the EVIDENCE?? There is no current clear EVIDENCE that natural childbirth at home needs to be regulated further, looking at both historical and current studies, and the fact that when comparing home and hospital birthing there has not been any proven significant increase in mortality or morbidity in natural birth at home. Looking at our specific local statistics, home births show <i>(continues on next page)</i>

	Name	From	Comments
111.	Laurie Bauers	Hakalau, HI	<p><i>(continued from previous page)</i></p> <p>the lowest mortality risk outcome group: (Data from Hawaii Dept of Vital Statistics and Dept of Health, Office of Health Status monitoring)</p> <p>Hawaii= 18,000 total births/year (2300 Big Island) Vital Statistics DATA HAWAII</p> <ol style="list-style-type: none"> 1. average fetal deaths/year: average per year from 2004-2011=1000 per year (5.5%) 2. hawaii C-section rate: 25% of births in hawaii Big island, 30% Oahu 25% 3. 345 home births/2012 year ... total fetal deaths 2004-2013=
112.	Madina Lawlis	Honolulu, HI	The birth of our daughter at home with my midwife and doula was the most amazing experience that my husband and I have ever shared. We plan on having all of our future babies at home as well. We pray that this ridiculous and non-evidence based piece of legislation does not pass,
113.	Maggie Hay-Gerber	Holualoa, HI	
114.	Ashely Zetamora	Eugene, OR	
115.	Jewel Knight	Hilo, HI	
116.	Hannah Fabiani	Las Vegas, NV	
117.	Maeve Medhurst	Tiverton, United Kingdom	Home birth is a human, woman's and mother's right.
118.	Audrey Alvarez	Honolulu, HI	
119.	Kathy Bellomy	Dayton, OH	Bill No. 2569 would marginalize a growing group of women of who choose to experience the most important time in their lives outside of hospital doors. The state of Hawaii is concerned for the health and well-being of their pregnant population as evidenced by showing concern for the mortality and morbidity. Rather than taking out of hospital births away from women, which has equal favorable outcomes to that of hospital births, improve the system of prenatal care, delivery, and postpartum care to all women irregardless of place of delivery. This bill is a scare tactic for those who do not know what truth the research holds which is low interventions of out of hospital births both home and birth center are as safe if not safer than the births in the hospitals.
120.	Amy Blacklaw	Pearl City, HI	
121.	James Blacklaw	Pearl City, HI	
122.	Yardley Roberts	Keaau, HI	
123.	Sherie McMillan	Mountain View, HI	
124.	Allison Fulcher	Oceanside, CA	

	Name	From	Comments
125.	sandra griffin	wahiawa, HI	
126.	tiffany chambers	Wahiawa, HI	
127.	Quincy Bates	Yucca Valley, CA	Please do not regulate the basic right to be able to choose your care provider and where you want your care done. The Wax study is HUGELY misinterpreted and not accurate at all.
128.	Kathryn Weaver	Wahiawa, HI	
129.	Ramona Hussey	Honolulu, HI	I gave birth to all three of my children AT HOME and with a MIDWIFE. As did both my sisters, my mother, and her mother. Birthing our babies at home and with a midwife is our right as a woman and mother.
130.	Laura Acasio	Hilo, HI	
131.	Aimee Williams	marion, IL	
132.	Sue Kinsey	Honolulu, HI	
133.	Dii Karnga	Honolulu, HI	
134.	Chloe Raum	Harvest, AL	
135.	Mya Olson	Bradley, SD	
136.	eno gerard	hilo, HI	
137.	nicole Hundrup	kihei, HI	
138.	ulla siewert	offenbach, Germany	
139.	Stacey Lindberg	Kapaa, HI	
140.	Mandie Decambra	Mountain View, HI	
141.	Valerie DeLap	Anchorage, AK	
142.	Linda Almond	Honolulu, HI	
143.	Alonna Soderberg	Springfield, OR	
144.	Stephanie Erickson	Moorhead, MN	
145.	Melissa Elliott	Holualoa, HI	
146.	joni sadler	captain cook, HI	
147.	Nalani Sato	Pearl City, HI	
148.	Kelly Salling-Davies	Peyton, CO	This is ridiculous! Kill this bill! Women have a right to give birth at home and the c-section rate is way down for such births. MUCH safer.
149.	Emilie Ashby	Springville, UT	
150.	Kelly Shinn	Moses lake, WA	
151.	Darby Louise Partner CPM LDM	Kealahakua, HI	Protect HUMAN RIGHTS in CHILDBIRTH. Do not allow SB2569 to pass. Instead SUPPORT MIDWIVES who are IMPROVING BIRTH for the mother's of the Hawaiian Islands. Mahalo nui.

	Name	From	Comments
152.	monique abbonizio	san diego, CA	
153.	Nicole Leszczynski	Honolulu, HI	The legislature is attempting to regulate birth practitioners on the basis of a study which is inherently flawed. What the birth community NEEDS is evidence-based maternity care, and access to care that respects their dignity and informed choices. Women are not cattle to be herded into hospitals and forced into a model of care that is based on profits and liability concerns. We will not allow our community's birth practitioners to be criminalized for providing the very care that we have requested. Homebirth mothers are highly educated, very informed, and tend to be very vocal in our communities, and in the political arena, if need be.
154.	Jacquelin Sabin	League city, TX	
155.	Tanya McNeill	Eugene, OR	
156.	Regina Lumsden	Honolulu, HI	
157.	Tammy Chang	Honolulu, HI	
158.	Carson Arnold	jonesboro, AR	
159.	bruckner maynard	ocean view, HI	
160.	Megan Brust	Springfield, OR	
161.	Amy Jones	Rapid City, SD	
162.	stephanie scott	eugene, OR	
163.	Concerned Citizen	New City, NY	
164.	Jennifer Shim	Honolulu, HI	
165.	Lisa King	Eugene, OR	
166.	O'Neill Louchard	Port Townsend, WA	
167.	Kamaile Jenkins	Wailuku, HI	
168.	Lilian Oaktree	Plymouth, United Kingdom	
169.	Laureen Ward	Alawa, Australia	
170.	heather thompson	kailua kona, HI	
171.	Mindy Kakazu	Aiea, HI	
172.	Stacey Moniz	Pukalani, HI	Please promote healthy birth choices for women, but not by attacking home births, and especially midwives. Please kill this bill but thank you for considering women's choices.
173.	Carson Hundrup	kihei, HI	
174.	Brianne Jordan	West Jordan, UT	
175.	Kourtney Knox	Haiku, HI	
176.	Brooke Decker	Kailua Kona, HI	
177.	Tiffany Miller	Kailua Kona, HI	

	Name	From	Comments
178.	Deborah Santos	Volcano, HI	
179.	sally simonds	Kula, HI	
180.	Shayna Salvador	Kahului, HI	
181.	Susan Kinsman	Wailuku, HI	
182.	Jolie Wanger	Honolulu, HI	
183.	Doris Kuailani	Wailuku, HI	
184.	sharon pearson	la quinta, CA	
185.	Stephanie Austin	Haiku, HI	This bill is terrible in all respects. There are great models from other states that Hawaii could adopt.
186.	Lena Fraser-Landmann	Dunedin, New Zealand	
187.	Rose Fisher	Auckland, New Zealand	
188.	Suzannah Brbich	Waipukurau, New Zealand	
189.	Christianna Swanson	Mountain View, HI	
190.	niva kay	haumoana, New Zealand	
191.	Fauna Parker	Hilo, HI	
192.	Morgan Hughes	Grand Rapids, MI	
194.	Raissa Veronique	Haiku, HI	Protect midwife care in Hawaii. Women should be free to make a choice how they want to have their childbirth.
195.	Holly Pickler	Honolulu, HI	
196.	Rebecca Burkett	Grand Rapids, MI	
197.	Elizabeth Kuiper	Rockford, MI	
198.	Jennifer Seif	Shelbyville, MI	Families need to have options. Limiting their options will NOT make birth safer. Valid research shows that midwife-attended homebirths are at least as safe (if not safer) than hospital births for most families.
199.	Leigh Wolf	Makanda, IL	Keep home birth legal and the midwives who assist. Mother deserve the choice for a safe attended home birth!
200.	jc connick	Keaau, HI	
201.	Cassandra Jah	Makawao, HI	
202.	Crystal Bot	Napier, New Zealand	
203.	Melissa suchowolec	Kalamazoo, MI	
204.	Verena Giesser	Waikoloa, HI	Please preserve women's right to birth their child at home with a midwife and/or doula present. Women have birthed their children at home for thousands of years. Pregnancy <i>(continues on next page)</i>

	Name	From	Comments
204.	Verena Giesser	Waikoloa, HI	<i>(continued from previous page)</i> and childbirth are not diseases, they are a natural occurrence. Midwives are fully trained to handle childbirth or to know when they can't and a doctor is indeed needed. Statistics show that there are fewer complications in home births than in hospital births. Women should be able to have the freedom to decide where and how to birth their babies!
205.	Valerie Williams	Grand Rapids, MI	
206.	vangie jones	haiku, HI	this is important
207.	Miriam Kotubetey	Honolulu, HI	
208.	Susan Sims	Honolulu, HI	This bill is wrong on so many levels. well written petition, just kill the bill and lets work together to provide healthy birth options for all women in all places.
209.	Elle Bee	Wellington, New Zealand	
210.	Sienna Fasel	Ann Arbor, MI	
211.	Daniel Seif	Wyoming, MI	
212.	jessica christen	oakland, CA	
213.	Monique Miyake	Kula, HI	Protect our right to birth at home with a Certified Professional Midwife
214.	Amber Miller	Brookfield, WI	
215.	Natalie Bushnell	cedar city, UT	
216.	Noelle Campbell	honolulu, HI	
217.	meredith Perry	Ann Arbor, MI	
218.	Lisa Sonego	Grand Rapids, MI	
219.	Paul Tran	Honolulu, HI	
220.	nicole brooks	Honolulu, HI	
221.	Calley Gerard	ada, MI	
222.	Maggie Welker	Haiku, HI	
223.	Megan Creaser	Ewa beach, HI	
224.	Susan Serrano	Honolulu, HI	
225.	Roxanne Estes	Pahoa, HI	
226.	Chelsea Qualey	Captain cook, HI	
227.	Candice Holgate	las vegas, NV	
228.	Melissa Preitauer	Naperville, IL	
229.	Debra Startzman	Maumee, OH	
230.	Katryna Hansen	Wahiawa, HI	
232.	Helga Fiederer	Paia, HI	
233.	Courtney Daman	allendale, MI	

	Name	From	Comments
234.	maile davis	haiku, HI	
235.	Beth Rosen	Jamaica Plain, MA	
236.	Wailani Gonsalves	Pahoa, HI	
237.	Shay Chan Hodges	Haiku, HI	
238.	Sherron Collins	Spring Lake, MI	The statistic upon which this bill is based is highly suspect.
239.	Tanja Browne	Honolulu, HI	
240.	Kevin Snow	Waikoloa, HI	
241.	Antoinette Murray	Honolulu, HI	
242.	Erin Medeiros	Kapaa, HI	
243.	Angeline Irizarry	Colorado Springs, CO	
245.	Tom p Sorensen	Captain cook, HI	
246.	lindi Jameson	santa rosa, CA	
247.	Jennifer Votrain	Honolulu, HI	
248.	Vanessa Ghantous	Makawao, HI	More than half of my friends have had home births supervised by a licensed midwife. All had positive outcomes, and in one emergency situation the miwife had the mother safely transported to the hospital for delivery. Women have been giving birth at home for far, far longer than they have been going to hospitals. Midwives are not only able to help a mother deliver in the comfort of her home, they are able to determine when it would be safer to deliver in a hospital. A healthy full term pregnancy is not a medical emergency that requires hospitalization.
249.	Robert Votrain	Honolulu, HI	
250.	Elizabeth Tomoso	Makawao, HI	
251.	Benjamin Callahan	Pukalani, HI	This bill is masquerading as a step towards greater safety for home births. What it really is doing is stripping Mom's and family's of their full rights of choosing the births that they want. Please let the Mom's and family's make their "own informed decision".
252.	Tungane Kani	Dannevirke, New Zealand	
253.	Christi Trimble-Kreutz	Everett, WA	
254.	Theresa Rockafellow	wailuku, HI	
255.	E Haines	Makawao, HI	Women should have a choice for home birth!
256.	Nicki Wells	Santa Rosa, CA	
257.	Danielle Phillips	Makawao, HI	
258.	Andrea Barton	Keaau, HI	

	Name	From	Comments
259.	Kristen Ma	Eleele, HI	
260.	Scott Osborn	Mililani, HI	Please respect the rights of expecting Mothers: allow them make their own informed decision on how their child is born.
261.	Ramona Webb	Colorado Springs, CO	
262.	ashley dewitt	springfield, OR	
263.	Kim Brady	Wahiawa, HI	
264.	Rocio Bueno	Ewa Beach, HI	
265.	cortney sugg	hilo, HI	
266.	Stephanie Wilkinson	Honolulu, HI	Midwives are a blessing.
267.	mayra madrigal	norfolk, VA	
268.	Noelani Rivers	Lahaina, HI	
269.	Nomi Ross	Friday harbor, WA	
270.	Alexandra De Jesus	Wahiawa, HI	
271.	Jordan Pearson	Makawao, HI	
272.	Amanda Green	San Jose, CA	Women deserve the right to choose where they birth! Home births are safe. They are peaceful and beautiful.
273.	Nicole Francisco	tumwater, WA	
274.	Vicky Barrick	Tumwater, WA	
275.	Krista Hudson	Wahiawa, HI	
276.	Jasmine Salame	Chesapeake, VA	
277.	Nikole Keka	Keaau, HI	
278.	christina berry	pearl city, HI	
279.	Cheryl Tunnicliffe	Pahoa, HI	I stand strongly with the midwives of Hawaii. Home birth is an essential birthing plan option for me and all mothers of Hawaii. The midwives have provided me and and my family the highest quality of care during all stages of pregnancy. I would not be able to have babies in the hospital setting and specifically seek out midwives to support me during my pregnancy. Every woman should have the right to make an educated decision on what type of care she would like during her pregnancy.
280.	Laura Krieger	Osceola, IN	
281.	Satya Douglas	Haiku, HI	Women need the right to choose
282.	noele nowaczyk	buffalo, NY	
283.	Caron Allen Taira	Saint Louis, MO	
284.	Meg Fraser	Geeveston, Australia	
285.	Necole Killick	Lambert, MT	

	Name	From	Comments
286.	Roslynn Hutson	Honolulu, HI	
287.	Emma Wright	mount eliza, Australia	
288.	Brittany Lehing	Franklin lakes, NJ	
289.	Briana Crakes	Oceanside, CA	
290.	Heather Nicolai	Toledo, OH	
291.	Ellen Davis	Cypress Inn, TN	
292.	Andrea Franklin	Prairie Village, KS	
293.	Heather Durbin	Carthage, IN	
294.	Sky Connelly	Kula, HI	
295.	Leanna Andrade	Aiea, HI	
296.	chelisse okamura	kaneohe, HI	
297.	Nicole Sheffield	Woodbridge, CA	
298.	Derrillynn Parker	Ambridge, PA	
299.	Anasa Pickens	Santa Monixa, CA	
300.	Ashley Baker	big rapids, MI	
301.	Hanna Elkins	El Paso, TX	
302.	Dannah Swift	Fort Collins, CO	I labored for 60 hours under the care of my highly skilled nurse-midwife. Any hospital would have had me on drugs and probably in surgery well before I would have delivered on my own. Hospital care like that is unacceptable to me, not to mention completely unaffordable for an uninsured family. Home birth is a safe and affordable alternative to birthing in a hospital. This bill is completely useless and puts mothers and babies at risk of unnecessary medical intervention.
303.	Kalea Francoeur	Abbotsford, Canada	
304.	Ellen Turner	Alexandria, VA	S. B. No. 2569 which has recently been introduced and concerns regulation and licensure of home birth midwives contains dangerously incorrect information and is a health and safety hazard to mothers and babies as well as a transgression on mothers' medical, religious and constitutional rights. It is harmful to women and their families, creates a monopoly in healthcare and will eradicate the safe practice of home birth and midwifery in Hawaii. The bill also infringes on patients' rights and violates their right to medical privacy. it is well and widely known that international data supports the fact that planned home birth has similar if not better outcomes than planned hospital births.
305.	Chelsea Januszewski	Kalaheo, HI	
306.	Yelena Kogan	Kula, HI	
307.	cynthia fernandez	honolulu, HI	

	Name	From	Comments
308.	Sarah Naumcheff	Travis AFB, CA	Women should have the right to choose who to birth, and deserve to have all the options available to them. Homebirth is just as if not more safe than a hospital birth.
309.	Gwendolyn Sexton	Lawrence, MI	
310.	Moira Hahner	Rosalia, WA	
311.	Jaymie Lewis	Kailua, HI	
312.	Hollis Taylor	Kurtistown, HI	women have a right to choose where they will give birth ...my OBGYN doctor laughed when I told him I wanted natural (no drugs) childbirth ... he said I would be begging him for drugs while in hospital in labor ...I had been preparing with Lamaze classes and he also said he didn't want me to hyperventilate during delivery...I decided to have my son at home with a mid-wife and never regretted my choice ... Please kill Senate Bill 2569
313.	Hayley Kocur-Ford	Volcano, HI	
314.	ellie engler	grand rapids, MI	
315.	Kathryn Julia	Honolulu, HI	This bill is based on the Medical Model of birth which is one option for women. However many women want to avoid unnecessary drugs and interventions while they are birthing their babies. Our bodies are designed to birth our offsprings just as it is designed to ovulate, menstruate, conceive and gestate a baby. The medical model interferes with the normal hormonal flow which enables us to birth our babies. The more educated women become the more realize they would like to follow their bodies natural processes to birth their babies. Studies show that interrupting this process creates more risk and makes birth unsafe for mother and babies. This is why USA is 42nd in the world in maternal and fetal mortality.
316.	Selene Wayne	Pahoa, HI	
317.	Constance Shafer	Abilene, TX	My oldest daughter was born at home with a midwife attending. I believe women should have the right to choose their birthing option.
318.	Taylor Schultz	ocean view, HI	
319.	Kristy Benson	Philadelphia, PA	Women should have the right to choose their birthing place/care. Kill Senate Bill # 2569
320.	Simone Derow-Ostapowicz	Honolulu, HI	As a healthy child birth baby and a sister to two women who had four healthy home births in Hawaii, I would like to have the ability to have a home birth in Hawaii. I do not agree with the terms of this bill and would like it stopped immediately. The wording and requirements of this bill are grossly misleading and I would like to have the choice of <i>(continues on next page)</i>

	Name	From	Comments
320.	Simone Derow-Ostapowicz	Honolulu, HI	<i>(continued from previous page)</i> midwife and/or naturopathic physician when giving birth. I understand the desire to have some sort of regulation on the part of the government, but I do not agree with this bill's requirements. Please stop this bill and protect women's reproductive freedom!
321.	joseph khamvongsa	mililani, HI	
322.	Dan Graydon	Haiku, HI	
323.	Derek Atchley	Albu, NM	
324.	Daya Akina	kanoeha, HI	It is a violation of human rights to tell a woman where she can and cannot give birth. To remove the primary caregiver at a homebirth (a midwife), giving women no other option that to deliver at a hospital is unjust. It is overly biased and unjust to have the governing body exclude professional midwives that assist with homebirths, and only allow CNMs and professionals that work in hospital settings to say what is safe and not safe at a homebirth when they don't partake in it! PLEASE LET WOMEN CHOOSE FOR THEMSELVES... there are risks either way! Let women choose which they risk they want to take!
325.	Justine Kamelamela	Aiea, HI	
327.	Pia Richardson	Broomfield, CO	
328.	Kathleen Hallal	Irvine, CA	
329.	Dejah Thoris	Seattle, WA	
330.	Adrea Pringle	Wailuku, HI	It's my right to have the option to choose home birth if I decide. The government needs to get out from in between our legs. My body, my choice.
331.	April Colpas	Lahaina, HI	
332.	Emily O'Connor	Makawao, HI	
333.	Deborah Maghen	makawao, HI	
334.	Kristina Donovan-Cook	Waikoloa, HI	
335.	Allison Silver	Meadow Vista, CA	
336.	nekole shapiro	Seattle, WA	
337.	Aza Hankins	Seattle, WA	
338.	farrah rivera	mililani, HI	
339.	Malcolm Jackson	Santa Monica, CA	
341.	Michelle Prieditis	Seattle, WA	
342.	Kim storey	alpharetta, GA	
343.	Iaina brilliant	kamuela, HI	

	Name	From	Comments
344.	Sindy Strosahl	Newport News, VA	
345.	Barbara Rivera	Woodbridge, NJ	As a college educated home birth mother of 3, I chose my midwife BECAUSE she was not licensed and she was highly trained. I took 100% responsibility for my baby, my body and my birth. She gave me 100% of her presence and she caught my babies. History is watching you now... this bill is a step backwards and places women in the "prized cattle" category when she can't make her own decisions regarding her body & birth.
346.	Donald Mensah	Burnaby, Canada	Don't do it! People should have the right to choice!
347.	Taya Goldstein	Canyon Country, CA	
348.	bree forbes	ewa beach, HI	
349.	Fiona Willis	Frome, United Kingdom	
350.	Nikole Morris	Pahoa, HI	
351.	Maet Pearson	Jindalee, Australia	
352.	JoEllen Madison	Omak, WA	
353.	Chelsea Smith	Lahaina, HI	
354.	Sarah Knighten	Kihei, HI	
355.	Elizabeth Gomez	Portland, OR	
356.	Topsanna Littlestar	Palouse, WA	I am the 5th or 6 kids to be born at home. Natural Birth is the best choice for me.
357.	Justine Arian	Seal beach, CA	
358.	Ann Evans	Makawao, HI	
359.	Chantalle Haug	Kaneohe, HI	
360.	Lana Owens	Lahaina, HI	
361.	Christy Kahooohanohano	Wailuku, HI	
362.	Tara Compehos	Honolulu, HI	This bill will not work because it is written without any understanding of the population it will affect. The families who choose to give birth outside of the hospital are looking for a different model of care. SB2569 criminalizes all out of hospital birth except for those within the medical model.
363.	Danielle Hewetson	Ewa beach, HI	
364.	April Kurtyka	Huntington Beach, CA	
365.	DeeDee McFarland	Tonasket, WA	
366.	Jakki McIntosh	cincinnati, OH	
367.	Karma Cloud	Montclair, NJ	

	Name	From	Comments
368.	Corley Magnusson-Tolton	Winnipeg, Canada	
369.	chantal Hawkins	st cloud, MN	
370.	Candace Barber	Renton, WA	
371.	Malia Jones	Honolulu, HI	
372.	Marlha Beard	Santa Ana, CA	
373.	Melissa Moniz	Woods, TX	
374.	Ras Mikey Gamboa	Honolulu, HI	
375.	Karen Hoffman	JBER, AK	
376.	Kristy Cronkrite	Yorba Linda, CA	
377.	Christy Funk	brea, CA	
378.	Kelly Payne	Kaneohe, HI	
380.	Bryce Ellory	Woodacre, CA	
381.	chelsea Laanui	wailuku, HI	
382.	Kola McCabe	Kailua, HI	
383.	Uzuri Asad	Indpls, IN	
384.	Michelle laurent	tonasket, WA	
385.	Samantha Winters	Trinity, FL	
386.	Laraine Arian	san pedro, CA	
387.	James Stewart	Independence, MO	
388.	Dian Hermes	Honolulu, HI	
389.	Patricia Tholen	kula, HI	
390.	Wendy Askew	Marina, CA	Please protect the rights of women to make informed decisions about who they choose to provide maternity care and where they decide to give birth.
391.	Jessica Bourque	Kailua, HI	
392.	Megan Brannan	Minneapolis, MN	
393.	Rosaria Vinci	Chesapeake, VA	
394.	Kelley OBrien	Honolulu, HI	
396.	Kalae Kaina	Waimanalo, HI	I had both my babies at home in a very loving and supported environment. Please protect a woman's choice to homebirth in Hawaii!!
397.	Jenna Keehnen	Houston, TX	This bill is a witch hunt. Midwives certainly need oversight but this is NOT the way to achieve it and also preserve a mother's birth options. Overly medicalized birth is the cause of a great number of troubling issues in our maternity system, I hardly think putting one of the most <i>(continues on next page)</i>

	Name	From	Comments
397.	Jenna Keehnen	Houston, TX	<i>(continued from previous page)</i> pure forms of birth assistance under that dirty blanket is appropriate or warranted. It will be a sad day in Hawaii if you allow the medical establishment to bastardize birth choices.
398.	irene kelly	Honolulu, HI	
399.	cynthia holbert	houston, TX	
400.	Scott Snyder	Emmaus, PA	
401.	Kylie McRae	Garland, TX	
402.	William Newton	Ewa Beach, HI	
403.	Monakah Reign	mississauga, Canada	
404.	Adrienne Smith	Silverdale, WA	
405.	Tani Sebro	Honolulu, HI	Women have a constitutional right to chose where and how they give birth.
406.	ulrike schmidt	austin, TX	
407.	Randy Asio	Lahaina, HI	
408.	Racquel Bartels	Keaau, HI	
409.	Reena Shah	Honolulu, HI	Women deserve the right to choose who will assist and/or deliver their baby. Midwives play an integral role in birthing across the world with wide success, allowing for an alternative to doctors where medical intervention is unnecessary. Midwifery is an invaluable profession Hawaii cannot afford to lose!
410.	Sarah Foster	Porter, OK	
411.	Paul Carter	Paia, HI	This bill is outrageous and in no way serves Hawaii, please kill this bill immediately
412.	Leah Frakes	League City, TX	
413.	Sunita swarup	waipahu, HI	
414.	Teruko Yamada	Keaau, HI	
415.	Sheena Criswell	Kailua-Kona, HI	We have had two beautiful home births with very educated, safe, and wonderful Certified Professional Midwives, different then Certified Nurse Midwives and Certified Midwives. Please give birth the honor and safety it deserves by not supporting this very restricting bill, but instead supporting home birth and birth choices for women and their families, and the midwives that they choose.
416.	Anne Keehnen	Houston, TX	
417.	Becky Eger	corpus christi, TX	
418.	Krista Graves	Honolulu, HI	
419.	Jovanna Fern	Honolulu, HI	

	Name	From	Comments
420.	Kayla Berry	Saint Paul, MN	Midwifery is a long-standing practice to care for pregnant mothers and the delivery of their babies. From what I have read, infant fatality rates are higher in hospitals anyway! To each their own! I had my babies in hospitals. Some of my dear friends have birthed at home without incident and with incredible satisfaction. Women deserve the right to birth their precious babies how they see fit. One option must be to do so at home with a midwife, and as naturally as they wish. Squash this ridiculous big government bill!
421.	Patricia Edwards	Honolulu, HI	
422.	Dawn Olival	Kailua Kona, HI	Don't take away a woman's right to choose where and how to birth!
423.	Nicole Chatterson	Honolulu, HI	
424.	Joy Olival	Kailua-kona, HI	
425.	Ellen Sidles-Farhi	Brooklyn, NY	This must stop! Many human rights are at risk. Please consider this bill a dangerous infringement on these rights and a move to place many lives at risk.
426.	Elizabeth Young	Kailua kona, HI	
427.	basli mounia	strasbourg, France	
428.	Heidi Henkle	PP, CA	
429.	Sarah Olival	Kailua-kona, HI	Women should have the right to choose who helps them give birth.
430.	Simon Anderson	Trowbridge, United Kingdom	
431.	Melissa Ekstrom	Pahoa, HI	Opposed to Senate Bill No. 2569! I've had 5 homebirths (3 in Hawaii) and want my daughters to have homebirths! Our babies have this birthright! This bill is statistically unsupported and would keep Hawaii behind the times! .
432.	Chelsea Nichols	keaaau, HI	
433.	Jeanne Wick	Kula, HI	
434.	Patricia Brinkmann	pico rivera, CA	
435.	Gabriella Johanns	Schwerzenbach, Switzerland	
436.	Tasha Hakeem	Holualoa, HI	
437.	Kahea Tylor	Kapaa, HI	
438.	Meredith Thomas	East Windsor, NJ	
439.	Tal Levanon	misgav dov, Israel	
440.	Sunny Savage-Luskin	Haiku, HI	
441.	Tomoko Young	San Diego, CA	
442.	Michelle Duff	San Antonio, TX	

	Name	From	Comments
443.	Sabrina Remel	Kiln, MS	
444.	Dana Luttrell	St Charles, MO	
445.	Kathi Valeii	Kalamazoo, MI	Stringent restrictions on who may access midwifery care increases risk to women by forcing many women to choose between two very polarizing choices - unassisted birth at home or surgical birth. Decisions about health care are always most safely decided between a woman and a trusted care provider, when her unique circumstances can be evaluated. Any measure that strips women of the ability to be the ultimate decision maker about her birth does not increase safety, it increases risk to women and their babies. Women deserve access to the kind of support they deem best. This bill should be revised in a way that puts the consumer in control of choices surrounding her birth circumstances - including where, when, how and with whom she gives birth.
446.	Brandye Grote	Austin, TX	
447.	Michelle Herriott	Cabot, AR	
448.	Jennifer Yamagata	Burnaby, Canada	
449.	Kim Logsdon	Chico, CA	
450.	Jyoti Mau	Honolulu, HI	
451.	Kate Althouse	Nut Mountain, Canada	
452.	Stuart Fischbein	Los Angeles, CA	I am a fellow of ACOG and a practitioner of out of hospital birthing. Certain members of the College have long been antagonists of reasonable birth choices. They have a long history of cherry picking their data, deriding advocates of birth choice and violating the AMA code of beneficence based ethics which states they have an obligation to respect patient autonomy in decision making.
453.	Jodi Dewhirst	Crestline, CA	As a woman I believe it is my choice for the type and place of care. I would never give up my right to do what is best for me. I would never let a hospital or physician tell me what I need.
454.	Leah Vines	Kealakekua, HI	Please look to the state of Oregon for a much better model of homebirth care - or even Finland, a country where most births happen at home. Do not allow this bill to pass.
455.	Marisa Wilson	Missouri City, TX	
456.	Niv Hemi	Haleiwa, HI	
457.	Athena Melville	Talmage, CA	
458.	Annabel Bryant	London, United Kingdom	
459.	Carla Sargent	Hamilton, New Zealand	

	Name	From	Comments
460.	Julianna Sauber	Three Rivers, MI	
461.	Michelle Maisonville	Lethbridge, Canada	
462.	Vanessa Bravo	Lancaster, CA	
463.	Ashley McMullen	Box Elder, SD	
464.	Caitlen Hathcock	Greeley, CO	
465.	April Griffi	red deer, Canada	
466.	Delaina Crabb	Port angeles, WA	
467.	Sheena Hatton	Bromborough, United Kingdom	
468.	Donya Earley	Chuckey, TN	
469.	Kelsea Aaberg	Honolulu, HI	
470.	Mary Plante	Concord, CA	
471.	taylor mccormack	oxnard, CA	
472.	caitlin penaloza	fort mill, SC	
473.	Carol Vena-Mondt	Occidental, CA	
474.	Elizabeth Willoughby	Norfolk, VA	
475.	Rebecca Axberg	Peoria Heights, IL	
476.	Kendra Credle	Wahiawa, HI	
477.	Carla Frey	Mexico City, Mexico	
478.	Alyson Walter	green cove springs, FL	
479.	Laura Whitsett	Davis, CA	
480.	Brea Caley	Honolulu, HI	
481.	Lori Gordon	Kailua-Kona, HI	
482.	Sarah ORourke	Marcellus, NY	
483.	Bonny Mate	Jenison, MI	
484.	Kelly Breslin	Los Angeles, CA	We all deserve the care of a mid wife!
485.	Emma Glover	Romford, United Kingdom	
486.	Michelle Boyd	Austin, TX	
487.	Sofie Rutherford	Hove, United Kingdom	Save Hawaiian midwives and to stop women having the right to chose where she wants to give birth to her baby is criminal.
488.	Sophie Merchant	Richmond, Australia	
489.	Jen Dockter	San Francisco, CA	
490.	Amber Wagner	West Fargo, ND	

	Name	From	Comments
491.	Susan Ashworth	London, United Kingdom	
492.	Laura Jansson	Racine, WI	
493.	Franchon McIntyre	Los Angeles, CA	
494.	Marisa Monroe	Little rock, AR	
495.	Natalia Hussey-Burdick	Kailua, HI	My three brothers and I were all born safely and peacefully at home with a Midwife, and I plan on doing the same thing when I have children. My friends have told me horror stories about giving birth in hospitals- in one, the nurse inserted the epidural wrong and caused excruciating, lasting back pain and it was an incredibly traumatic experience. It's not that I think all hospital births are bad; they're just impersonal, rushed, uncomfortable and unnecessary in most situations. Women should be able to experience the miracle of giving birth in the comfort and privacy of their own home, like we have for millions of years.
496.	Lisa Lee	North Charleston, SC	
497.	Alison Bibler	Waianae, HI	
498.	Cindy Boswell	Hattiesburg, MS	
499.	Dylan Botelho	Honolulu, HI	
500.	Allison Wareham	Overland Park, KS	
501.	Christopher Bibler	Waianae, HI	
502.	tai gar	honolulu, HI	
503.	Brooke Barnes	Gallatin, TN	
504.	Telisha White	Boaz, AL	
505.	Fie Campbell	Strasbourg, France	
506.	Alyssa Caldwell	Oklahoma City, OK	After a very bad hospital experience where my family was greatly injured and endangered I would not go back to a hospital for birth related care unless something goes wrong. Midwives are that safety net of trained birth professionals who are better at judging when something is wrong. The Wax study has been repeatedly shown to be flawed. This bill would further threaten natural child birth which is the safest for mother and baby and for preserving the families to which the belong. The care from a midwife is more constant and caring than in a hospital hooked to a machine and left alone. There is nothing safe for a vast majority of births in hospitals.
507.	Jenny West	Albuquerque, NM	Legislation provides reasonable standards and safety for all parties concerned. Everyone wins.
508.	Erin Baldauf	kihei, HI	
509.	Amanda Weigel	Natoma, KS	

	Name	From	Comments
510.	Bridget King	Lower lake, CA	
511.	Leila Crane	Columbus, MS	
512.	Gene Heikkila	West Hempsteas, NY	
513.	Sara Struckoff	Bakersfield, CA	
514.	Joan Morton	Kailua, HI	Do not pass this ridiculous bill which is against the rights of people to decide which is the best option for their health care and that of their children.
515.	danielle tew	gainesville, FL	
516.	janine benedict	sterling heights, MI	
517.	Kathy Noble	Sioux City, IA	Women & their families deserve choices in their birthing care.
518.	Meghan Duvall	Elizabethtown, KY	No one is forcing these women to have a home birth. It should be their choice where they want to give birth to their child. Don't take away that right.
519.	Shelby Woodall	Columbus, IN	
520.	Sonrisa Stepath	Kilauea, HI	Both of my children were birthed with the help of midwives and I would not want to have a baby in the hospital, unless we had a medical problem.
521.	jennifer rua	Keaau, HI	
522.	Craig Turner	Honolulu, HI	Fake State has no right to dictate what a woman does with her body or for that matter anyone's body
523.	Winikeneke leaf	Princeville, HI	
524.	Andrea DeCosta	Honolulu, HI	
525.	Sheryl Lynn	Munfordville, KY	birth is not an illness and does not need to happen in a hospital setting. Why is it legal to kill and unborn child but if you want to give birth at home its too "dangerous for the BABY". ?
527.	ALAN D. ACKERMAN	MOBILE, AL	
528.	Catherine Carter	Honolulu, HI	Politicians have NO business getting involved in women's personal health care decisions and having a child at home is a right. Having a child isn't a disease or a medical condition - it is a natural process and isn't one that politicians need to legislate! In addition, when I had my son, even though I chose to have him at the hospital because of my advanced age, my doula helped me when I hit a block in my labor and she helped me avoid having to have a cesarean section, so midwives and doulas help reduce medical costs, too. This bill is MAJOR overkill and it is NOT RIGHT! Please kill this bill # 2569 and protect women's rights in Hawai'i.
529.	Roberto King	Loughborough, Leic's, United Kingdom	
530.	Cheryl Phyllaier	Strasburg, PA	

	Name	From	Comments
531.	Sara Bedient	Tonasket, WA	
532.	Megan Kane	Omaha, NE	
533.	Ann Pitcher	Kapolei, HI	
534.	Bridget Saunders	Mount Isa, Australia	
535.	Chaise Herrington	Laurel, MS	
536.	Lydia Herrington	Laurel, MS	
537.	Fiona Endsley	Eureka, CA	
538.	Bethany Salas	Wailuku, HI	
539.	Natalia Lopez	Kailua, HI	
540.	Jennifer Solmirin	Kona, HI	
541.	Ashlee Roberts	tarpon springs, FL	
542.	Samantha Freed	Waimanalo, HI	
543.	Lisa H	Kailua, HI	
544.	Heather Faust	Catonsville, MD	
546.	Debbie Millikan	Honolulu, HI	
547.	Maile Maii	Honolulu, HI	
548.	Kaliko Maii	Honolulu, HI	
549.	Ka'iulani Martin	Waimea, HI	
550.	Katherine Potter	New Castle, PA	
551.	Kyla Grant	Playa del Rey, CA	
552.	Melanie de Jesus	MADISON, WI	
553.	Malia Ribeiro	honolulu, HI	
554.	Melissa Teal	Lowell, MA	My fiance and I moved to Hawaii for 4 months so we could have a midwife and home birth. It was one of the most magnificent experiences in my life. Absolutely without a doubt the best way to go for child birth. I do agree that hospitals are great for cases where emergencies arise. However, we've only had hospitals and hospital births for a few years compared to how long we've had our babies all natural wherever we are most comfortable. It should be up to each individual how, and where they want to experience their childbirth. Period. Say YES! to midwifery and home births!
555.	Kathleen Bryan	Kailua, HI	So many of my friends had their children safely delivered by a midwife. This is a basic right of a woman to choose how she will birth her child. It is not the business of government.
556.	Jean Stavru Peahi	Honolulu, HI	Women (and fathers) should have the right to choose how to birth their baby/babies. The law should not control a human right to birth. Midwives and other home birth individuals should not be held under the law and controlled <i>(continues on next page)</i>

	Name	From	Comments
556.	Jean Stavru Peahi	Honolulu, HI	<i>(continued from previous page)</i> by wording. Pregnant women are not sick, they should not have to have babies in hospitals if they choose not to. Midwives are responsible individuals and make sound decisions for the welfare of mother and baby. I had planned a birth with a midwife at a local birth home. Upon learning of my child's heart condition prior to birth, the midwife referred me to the hospital and insisted it was for the better of my child. Birth is a natural process, which should not be regulated in an in-natural way.
557.	Nola Conn	Anahola, HI	You think you can regulate women giving birth.... HA! This bill is not funny. Stop it.
558.	Brittany Bezanson	Waukesha, WI	
559.	Abby Vidikan	Anaheim, CA	
560.	Marie Pearce	Mevagissey, United Kingdom	
562.	Veve Cobbs	Pardeeville, WI	Women need to have choice! Please don't take away women's birthing rights of how and where to birth!
563.	B W	Essex Jct, VT	
564.	John Ellerman	Whitelaw, WI	
565.	Sena Woodson	Seattle, WA	
566.	Shae Kamakaala	Kaaawa, HI	
568.	Alicia Worth	Oceanside, CA	
569.	Stephanie Coon	Johnson City, NY	
570.	Kahikina de Silva	Kailua, HI	
571.	whitney martinez	kahana, HI	
572.	Maria Lillrose	Helena, MT	
573.	Edith Adkins	Hilo, HI	
574.	Dane Fajardo	Mililani, HI	
575.	Alex Chun	Pearl City, HI	
576.	graciela guzman	whiting, VT	stop the madness
577.	Patty Allen	Kapaa, HI	
578.	Krista Elkins	Bozeman, MT	
579.	Lavena Kekua	Anahola, HI	
580.	Ortrud Jaeger-Jones	Fort Worth, TX	Midwives protect lives and allow babies to be born with respect and with skill and individual care. Midwives refer when needed, always keeping mom and baby at the heart of their care and decision making process. Midwives change our planet, since birth begins with conception and prenatal care.....
581.	Angela Flynn	Kilauea, HI	

	Name	From	Comments
582.	Kim Usher	Wailuku, HI	By putting these restrictions you leave women alone and with no help if they want a home birth. Doctors visits are mandatory to see if it's safe birth...Some women do not like, trust or believe in the integrity of the medical profession.
583.	Margret Jain	Kyle, TX	
584.	Tiana Laranio	Kapaa, HI	
585.	Katherine Castelo	Kilauea, HI	
586.	Shannon Rudolph	Holualoa, HI	
587.	Michael Herrick	kapaa, HI	
588.	Colleen Bass	Kapaa, HI	
589.	Darlene Rodrigues	Mililani, HI	
590.	April Redmond	Kapaa, HI	Lord, please protect the rights of Mothers to choose medical care for themselves and their babies. Do not allow this bill to go into effect. Protect the rights of midwives to practice in HI, and bless all those that do. Amen.
591.	Marlee Kamakaala	Hauula, HI	
592.	Zoe Blue	Laguna Niguel, CA	
593.	Kealii Parker	Honolulu, HI	
594.	Shauna Kahiapo	Kailua, HI	I support home births for our keiki!! I do NOT buy into the propaganda of the insurance and pharmaceutical industries, and you shouldn't either. Kill this bill now!
595.	Amanda Stokes	Post Falls, ID	
596.	malia swenson	kapaa, HI	
597.	Emily Krause	Bigfork, MT	
598.	Elizabeth Jenkins	Honolulu, HI	
600.	Litea Maiava	Waipahu, HI	
601.	Rebecca Kiili	Wailuku, HI	
603.	Shanna Grafeld	Honolulu, HI	Midwifery care fits very well within the broader medical community, providing safe and woman-centered pregnancy care. In countries where midwifery care is the norm, maternal and child outcomes are much better than here in the US. Our response to the fact that we have the highest maternal and fetal mortality in the developed world has been to try and make birth even more "high tech"- yet we continue to see worse and worse outcomes. Birth is by its nature, a "low tech" event. I would gladly encourage a bill that supports midwives and acknowledges their important place in our broader medical community. But this bill, which would make homebirth nearly illegal under the guise of "improving safety" is an insult to the training and <i>(continues on next page)</i>

	Name	From	Comments
603.	Shanna Grafeld	Honolulu, HI	<i>(continued from previous page)</i> experience of midwives, and the intelligence of women to choose what birthing options are best for them. This bill is unacceptable in its current form.
604.	penny guth-tuipulotu	lahaina, HI	
605.	Kaniela tuipulotu	Lahaina, HI	
606.	pii pareisa	Waimanalo, HI	
607.	Benjamin Cohn	Kailua-Kona, HI	
608.	Mitsuko Hayakawa	Pearl City, HI	
609.	Jean Redmond	Mohnton, PA	
610.	Patti Lafleur	Volcano, HI	
611.	Cynthia Caillagh	Cazenovia, WI	
612.	Lourdes Santaballa	Doraso, PR	
613.	Tobias Olival	Honokaa, HI	
614.	Erin Warner	Austin, TX	
615.	Makalani Franco-Francis	Kihej, HI	
616.	Brad Fackrell	Rio Rancho, NM	My wife gave birth to 5 of our 9 children at home with the aid of a midwife. She would never go back to a hospital for childbirth.
617.	Barbara Decker	Edmonds, WA	Research shows that home birth is just as safe if not safer when the birth is assisted by a trained midwife. Although a hospital may seem safer, we use many interventions that interfere with the birthing process that are causing complications. Women also have the right to have birth where they chose. It is their body and baby.
618.	Kimberlee Uno	Kapaa, HI	
619.	Hiram Kaikaina III	Honolulu, HI	
620.	Tanya Naehu	Kaunakakai, HI	
621.	Eric Kane	Waimanalo, HI	Be gone ye corporate fascist infiltration machine and the unholy "kill earth along with all God's Nature regime"
622.	Rose Pisarski	Wailuku, HI	
623.	Kathryn Weymouth	Granbury, TX	Homebirth is a safe and proven option for birth. CPMs are fully trained and specialise in out of hospital birth. This option provides more satisfaction and less intervention...a cost saving in many ways.
624.	Salome Lagman	pahoa, HI	
625.	John Fox	Middletown, PA	
626.	Brittany Walker	El Paso, TX	

	Name	From	Comments
627.	Gina Ahuna	Honolulu, HI	
628.	sara carbaugh	spring hill, FL	
629.	M K R Olds	Kurtistown, HI	
630.	kama apo	haiku, HI	
632.	Caroline Bissey	Christchurch, New Zealand	
633.	Keri Karnath	SAVE POHAKULOA, HI	
634.	Avani Parker	woodinville, WA	
635.	Michael Hyson	Pahoa, HI	
636.	Mary Dudoit	hoolehua, HI	
637.	Krysta Carmack	Hanalei, HI	
638.	E Dean	Southend, United Kingdom	How dare you use wildly false propoganda, you will never succeed in stopping us birth unimpeded, your lies will be drastically exposed.
639.	Lori Fumar	Kahului, HI	
640.	Jacqui Tomkins	London, United Kingdom	
641.	Iwa Hartman	Lahaina, HI	
642.	Angela Schmidt	Ewa Beach, HI	
643.	Joanna Madrigal	kapaa, HI	
644.	Heather Fisher	Kapolei, HI	
645.	Jamie Haugh	Goose Creek, SC	
646.	Michael Schmidt	Ewa Beach, HI	
647.	yeshuah kauhane	Pahoa, HI	
648.	Genesis Neumann	Sarasota, FL	
649.	Alicia Dueck	Kula, HI	I am the mother of nine children. Three of them were born at home by choice. For financial reasons the others were born at a hospital. Giving birth is the most natural process in the world. Pregnancy is not a disease and regulating the choice of who may attend/assist the birth must be left up to the mom to be.
650.	pat jewell	honolulu, HI	
651.	Rachel Kleinman	Pemberton, Canada	
652.	Kelley Lacks	Keaau, HI	
653.	Heather Penfield	Volcano, HI	
654.	Ted Williams	Ralls, TX	
655.	Figen ♦zat?lgan	izmir, Turkey	
656.	Carissa Fajardo	Mililani, HI	

	Name	From	Comments
657.	Kale Tanaka	Kailua-Kona, HI	
659.	Chris Hamilton	Auckland, New Zealand	
660.	Veronique Heuze	Reichstett, France	
661.	Peggy O'Neal	Knoxville, TN	
662.	Nicole Carroll	Omaha, NE	
663.	Heather Kelly	Denver, CO	Please protect midwife care in Hawaii!!
664.	Micah Olival	Honokaa, HI	
665.	Blair Smith	Kapaa, HI	Women are competent and able to make the best decisions for themselves and their babies, when given informed consent. Don't take away our right to choose. Don't take away our right to a safely guarded home birth. And please do not assume a doctor who has only trained and worked in hospitals knows anything about home birth and how to keep it safe. Doctors are not midwives and midwives are not doctors. We need both to have safe, effective, and affordable pregnancy care. This bill is an insult to the many trained and competent midwives working in Hawaii.
666.	timothy james barron	haleiwa, HI	
667.	Joette Black	Kihei, HI	
668.	Judith Cantrell	Kihei, HI	Keep your "birth ing rights"
669.	Chasity Cadaoas	kihei, HI	
670.	Robin Garrison	Makawao, HI	
671.	Lisa Laverty	Tahlequah, OK	
672.	Jessica Takei	Honolulu, HI	
673.	Sharon Wallis	Asheville, NC	
674.	Corinne Wickersham	Pennsville, NJ	
675.	Mahealani Botelho	Haleiwa, HI	
676.	Clair Sullivan	Champaign, IL	
677.	Rebecca Van Sickle Fetzek	Saint Paul, MN	
678.	Juanita Diaz	Ocean Springs, MS	
679.	Nermari Broderick	Coral Springs, FL	
680.	Hannah Surowitz	Quincy, MA	
681.	Tiffany Carter Skillings	Brunswick, ME	
682.	Jameson Skillings	Augusta, ME	

	Name	From	Comments
683.	Ariel Bernstein	Portland, ME	
684.	Christine Macdonald	Bridgton, ME	
685.	Caitlin Caulfield	Florence, MA	
686.	Elizabeth Hillman	Baltimore, MD	As a nurse, as a masters student in public health nursing, and midwifery, and as a parent, I oppose legislation that would result in harm to mothers (and their infants) who go without safe care providers when they choose to birth at home. This sort of clumsy bill does not increase the safety of births in such families. Training, licensing, regulating, and reimbursing midwives is a much better approach.
687.	Kristy Mack	Los Alamos, NM	
688.	ryan jean	randolph, ME	
689.	Kandis Hernandez	Scottsdale, AZ	
690.	William Hinkel	clinton, ME	Please ensure midwifery exists in HI!
691.	Karen K Anderson	Half Moon Bay, CA	I lived in Hawaii for many years, and this is not done in the spirit of ohana!!
692.	Kimberly Radtke	Clinton, NY	I had a safe home birth with a licensed midwife and two student midwives. I was much less at risk at home than I would have been in a hospital and save my insurance company thousands of \$. Keep home birth safe and legal!
693.	Alanna Barber	Hilo, HI	
694.	Claudia Berns	Stillwater, MN	Women, families, and babies deserve to have peaceful out of hospital births and choices in their maternity care. Midwifery care is a crucial part of our history AND the forefront of maternity care throughout the world. Long live the midwives.
695.	Soleil Roache	Honolulu, HI	
696.	Lisa Kreinbrook	Silver Springs, FL	
697.	Brandon Carter	Brooklyn, NY	
698.	Denise Olson	Gibsons, Canada	
699.	ian sveilich	old lyme, CT	
700.	Lindsey Harman	Decorah, IA	
701.	Jacquelyn Smith	Richfield, MN	Birth is a personal journey that should be left in a woman's hands.
702.	margo kennedy	glendale, CA	
703.	Jenna Cheung	Toms river, NJ	
704.	crissy Humburg	elko, MN	Please protect the freedom of choosing where and how someone can have there baby! This really is to far!
705.	Pamela Smith	Charleston, SC	
706.	Kimberly Mizuta	Honolulu, HI	

	Name	From	Comments
707.	Melani Sunia	Honolulu, HI	
708.	Arian Navickas	Lansford, ND	Hawaiian women need access to competent providers who can attend their births in the place of their choosing. Please don't outlaw direct entry midwives, rather find a way to create a law that supports them and your constituents
709.	Samantha Skillings	Portland, ME	
710.	Jolie Stewart	Kaneohe, HI	
711.	sara Kahele	Ewa Beach, HI	
712.	Kelly Patterson	Waianae, HI	
713.	Elizabeth Denhart	Pahoa, HI	
714.	David Kahele	Ewa beach, HI	
715.	Misty Molina	Fox Island, WA	
716.	Etuini Sunia	Honolulu, HI	
717.	Candice Schempp	Winfield, WV	Please allow women and babies the right to experience birth in their natural environments.
718.	Jordan Novak	Kapolei, HI	
719.	Dara Lestrade	Portland, ME	
720.	Accalia Hinton	Maple Valley, WA	
721.	Drew Pascua	Auburn, CA	
722.	Hedderlea Ilustre-Pascua	auburn, CA	
723.	Mary Ann Baul	Flagstaff, AZ	
724.	Susana García	Phoenix, AZ	
725.	rebecca hughes	Soquel, CA	It is our right to choose where and with whom we give birth.
726.	Kiersten Homalom	Mililani, HI	
727.	RICHARD DAVIS	Stanton, CA	
728.	Jason Patterson	Waianae, HI	
729.	Kimo Ozaki	Honolulu, HI	
730.	Stephanie Button	Pearl city, HI	
731.	Felicia Friend	Kamuela, HI	
732.	Juan Balila Jr.	Honolulu, HI	
733.	Gwen Scarbrough	Jonesboro, AR	
734.	Laurel Brant	Burmaby, Canada	
735.	Dani Carico	Honolulu, HI	
736.	Dorothy Ku'ulei Lien	Arroyo Grande, CA	

	Name	From	Comments
737.	Madir Scolpini	Kihei, HI	
738.	Sharon Takashima	Kailua, HI	
739.	Kimberly Keil-Dezarn	Geneseo, NY	
740.	Khristeena Kingsley	Williamsville, NY	
741.	Hope Edwards	Windsor, ME	
742.	Aimee Wood	West Hartford, CT	
743.	Emily Dykes	Oakdale, CT	
744.	Juliette Verville	Lake Worth, FL	Women deserve the right to choose how and where they want to give birth!
745.	Kristin Keene	Wales, ME	
746.	Kathleen Mugnolo	Rush, NY	
747.	Carrie Robertson	Marion, IA	Please do not take this important, safe alternative to hospital births away from women. Dictating where women can give birth is taking away their right to choose.
748.	Laura Correia	Phoenix, AZ	I honor your heart to keep mothers and babies safe, but this is not the way to do it. Please look at ALL the data regarding the safety of homebirth, including the one due to come out on Jan 30, 2014 and statistics from other countries. Homebirth IS safe when attended by professionals like midwives; they know what normal, low risk birth is, and when to transfer care if it becomes unsafe. What we need is more community and unity with the OBs and hospitals when transferring care. Let women decide where to birth- SAFELY and WISELY. Thank you.
749.	Kimberli Orr	Colirado Springs, CO	
750.	Patty Kandiko	Grand Junction`, CO	As a CNM, I support the rights of women to choose who, and where they give birth. It is a human rights issue!
751.	Carlie Corbett	Kurtistown, HI	
752.	Jacquelyn Dillon	Wailuku, HI	
753.	K Du	Kaneohe, HI	
754.	Angela Sarich	Haiku, HI	
755.	Tanya Falk	Hana, HI	
756.	Cara Schmidt	Ramona, CA	
757.	Nyima Bieber	Carmel, CA	
758.	patricia hill	mountain view, HI	
759.	Christin Newman	Crofton, MD	
760.	Erin Evans	Mendocino, CA	
761.	Hannah Towner	Lahaina, HI	

	Name	From	Comments
762.	Rachel Breen	tigard, OR	
763.	Bianca Santillan	Haiku, HI	
764.	GH Havener	Memphis, TN	I am a native Hawaiian currently residing in the heart of American civil rights movement, Memphis Tennessee. Women need a safe alternative to hospital births. Many families really can't afford pricey hospital stays nor do they appreciate the limited ability to bond in a hospital environment.
765.	Dan DeZarn	Geneseo, NY	
766.	Amanda McAlister	Paia, HI	
767.	Laine Hamamura	Kaneohe, HI	
768.	leila kalahiki	honolulu, HI	
769.	Elizabeth Baer	Lebanon, OR	
770.	danielle wingerden	rochester, NY	
771.	Karla Holt	Zephyrhills, FL	
772.	Nicole Kay	Kaneohe, HI	
773.	Alohi Elder	Hana, HI	
774.	tim rosemeyer	lahaina, HI	
775.	Karin Borgerson	Seattle, WA	
776.	Brittany Waterman	Kapoleo, HI	
777.	Debra Wallace	Rochester, NY	Homebirths are as safe as or safer than hospital births. They are better for women, families and babies and they are an incredible experience. Women should have the right to make this decision for themselves.
778.	Veronica Gallardo	Alameda, CA	
779.	Lindsay Schoenecke	Honolulu, HI	
780.	Samme Albano	Lihue, HI	
781.	Barbara Scott	Kihei, HI	
782.	Rachel Gucker	Rochester, NY	Women should have the ability to have a midwife for a birth at a hospital or at home. This should be our choice.
783.	Laurie Skillings	Portland, ME	
784.	Jenna Toilolo	Kailua, HI	
785.	Leah Evans	Brooklyn, NY	I hail from Hawaii and now live in New York. I feel that this bill is detrimental to pregnant women and their health, as well as to the fates and well-being of their unborn children. It strikes me as another cruel attempt by hospitals to turn what is so beautiful and natural into a booming business for their own monetary gain, while entirely dismissing what <i>(continues on next page)</i>

	Name	From	Comments
785.	Leah Evans	Brooklyn, NY	<i>(continued from previous page)</i> is healthier and better for the patient. Often times doctors push for unnecessary C-sections in order to quickly "get through" one birth and move on to the next. That is definitely not natural and poses many risks for the mother. Not to mention, without a vaginal birth, the newborn won't have received the vital healthy bacteria he or she needs for a healthy life. That is just one out of many examples why women feel safer having home births with caring and educated midwives who can give them the full attention needed. Please don't take this right away from women.
786.	Ariana Fine	Stratford, CT	
787.	J Harmon	abc, NC	
788.	Jen Ewaliko	Kaneohe, HI	
789.	Cynthia Ramirez	Honolulu, HI	
790.	Catherine Judge	Alameda, CA	
791.	Kat Lobendahn	Honolulu, HI	
792.	Craig Davidson	Waianae, HI	
793.	Chanyalynn Naone	Waianae, HI	
794.	Susan Heitmann	Lihue, HI	
795.	kalaimanuia hikalea	waimanalo, HI	
796.	Riki Roberts	Haiku, HI	This bill is NOT needed in the state of Hawaii. Please stop sitting around just trying to think up things that you can regulate. We have enough regulations, thanks.
797.	Regina Gora	Honolulu, HI	
798.	Alysia Tengan	Honolulu, HI	
799.	Rhebeka Hyland	Alfred Station, NY	
801.	Myranda Frederickson	Cassville, MO	
802.	Sarah Branson	Annapolis, MD	
803.	Laura Tangel	Geneseo, NY	If the woman has the right to kill her own child, why should she not have the right to choose where she should give birth?
804.	Tatiana Gonsalves	Kailua, HI	
805.	Lauren Bookatz	Honolulu, HI	
806.	Wright Kawaiokeola	Wahiawa, HI	
807.	Khelsea Malakaua	Honolulu, HI	

	Name	From	Comments
808.	Kymberli Smith	Dothan, AL	
809.	Rachael Johns	Midland City, AL	
810.	laura pyle	Kula, HI	
811.	lindsay merino	Costa mesa, CA	
812.	Karine Alvarez	Haiku, HI	Women should be free to decide how they want to birth the child. It is their decision, their choice! Its a free country!
813.	Angelica Amir	Kaneohe, HI	
814.	momi fortune	haiku, HI	
815.	Cindy Plyter	Oswego, NY	
816.	Patrick Cliett	Bearsville, NY	Have a heart!
817.	katya Rice	laredo, TX	Polititians have no business interfering with women's bodies, women's health, women's rights.!
818.	Erica Oleksa	kihei, HI	
819.	Renita Rodriguez	Ewa beach, HI	
820.	cherie amir	west hills, CA	
821.	Rina Mersburgh	Ewa Beach, HI	
822.	Crystal Kryeziu	Wailuku, HI	
823.	Damaris Pittman	Charlotte, NC	Women always have and always will give birth in the place where THEY feel safest--whether in a hospital, home or birth center. Forcing midwives out of the picture won't stop women from birthing at home. It will only force them to find attendants who are not held accountable. Trust mothers to do what they know is best and legalize midwives who best know how to attend them!
824.	Lindsay Thompson	Nelson, Canada	
825.	Mary Jo Padilla	Kihei, HI	
826.	Katherine Waters	Wailuku, HI	
827.	Malisa Eggers	Florence, AZ	
828.	Wendy Hudson	Makawao, HI	
829.	Dee Anne Domnick	Hawi, HI	This bill is NOT in the best interest of the consumer, and should be stopped, immediately! Midwifery regulation should be over-seen by midwives, NOT by doctors! Dr. Green refused to work with the well-trained, practicing midwives of our state's midwifery organization, (the Midwives Alliance of Hawaii) on a bill that would make sense. Instead, he has presented a bill that reflects self-interest, rather than a bill that protects the consumer. Please allow the midwives to be involved in creating a bill that honors the recommended national standards, as reflected in NARM's 'Certified Professional Midwife' or CPM credential.

	Name	From	Comments
830.	Rebecca Hall	Grand Prairie, TX	
831.	Prakash Mackay	Wailuku, HI	
832.	Megan Enebak	Lindstrom, MN	Instead of limiting birth, please educate women on their options, including risks and benefits. A good midwife is more valuable than any resource a pregnant woman can get!
833.	Lani Morris	Kihei, HI	
834.	Tara Mattes	Honolulu, HI	
835.	Rachel Unnever	Irving, TX	As a certified Doula I have seen many miraculous at home births and as a part time resident of Hawaii I hope I can still continue to experience it. For hundreds of years women have been able to give birth at home naturally. I feel and think it is our right to choose at at home birth with a midwife or doula or go to the hospital. However, we should not be forced to go to the hospital if we don't need to or want to. Again, our bodies have been doing this for hundreds of years and we should be able to keep on giving birth in an at home environment!
836.	Diana Gerkenmeyer	Keaau, HI	
837.	Susan Greber	Glenside, PA	
838.	Christina Seefeldt	Haiku, HI	
839.	Kara Johnson	Williams, OR	
840.	randy snider	San Francisco, CA	
841.	Tiffany Garcia	Waimanalo, HI	
842.	Jamie McCready	honolulu, HI	Midwifery is an important cultural aspect for bringing babies into this world. Women should have the right to deliver their babies in the way they think is best. Creating a board that is predominantly based in western medicine will eradicate the wisdom and knowledge of midwives that has been passed down through the generations.
844.	Toni Parker	Kihei, HI	
845.	Angeline Longshore	Puunene, HI	
846.	Adam Bolton	Van vleck, TX	
847.	Valerie Bolton	Van vleck, TX	
848.	jennie Pedersen	timonium, MD	
849.	Morgan Sherwin	Philadelphia, PA	
850.	Kaitlyn Lay	Starkville, MS	Women should have the option to be educated on, and choose from different safe methods of birth whether it be in the hospital with an OB/GYN, in a birth center, or at home with a Midwife. Midwifery and home birth should NOT be weeded out as an "unsafe" method of birth with a "high (continues on next page)

	Name	From	Comments
850.	Kaitlyn Lay	Starkville, MS	<i>(continued from previous page)</i> rate of infant mortality" when the facts simply do not support it. Let women know the truth and decide with guidance of professionals. If a woman can choose to have a baby, let her also choose how she has her baby.
851.	Trinity King	Lancaster, PA	We used midwives for both of our boys births/prenatal care. I was SO well taken care of! It was a great experience.
852.	Laura Tudor	Aiea, HI	
853.	Chanell Childers	Stone Mountain, GA	
854.	Deborah Barber	Matagorda, TX	
855.	Tara Walsh	Pukalani, HI	
856.	Violet Hodgkinson	Van Vleck, TX	
857.	Angela Esplin	Gibbons, Canada	
858.	tiati kane	kaneohe, HI	Natural pathic ways are what is going to save our world. Mid wives and home births are a blessing for thoes who want the choice to have the most real truest and original birthing experience. dont take away this right of passage for mothers and children and yes even fathers.
859.	Bryana NESBITT	Milwaukie, OR	
860.	Eva Annaluna	Kealakekua, HI	We all have a free will, it is our birth right as human beings on Earth. We are all One with nature, by our very nature... It is our right to give a conscious birth in a natural way. By signing this petition I support our community to continue living in Aloha and being an example to the world by doing so.
861.	Edward Laurson	Denver, CO	
862.	meaghan mulhall	leichhardt, Australia	
863.	Sarah Wallbaum	Prairie Village, KS	
864.	Miyoko Inase	Albuquerque, NM	Is it enough that MANA just released their study covering just under 17,000 planned homebirths? I don't know what other research you could ask for, or trust more.
865.	Greta Heminger	hilo, HI	
866.	Linda Black	Litchfield, MI	women have a right not to involve the medical world and babies have been born with out them for 100's of years
867.	Lita Elbertson	Kailua Kona, HI	
868.	Allegra Spain	Ferndale, WA	
870.	Rebecca Dodgw	Kula, HI	
871.	Erik Zak	Hampton, NH	
872.	Linda Powers	Bluffton, IN	
873.	mike Quisenberry	haiku, HI	

	Name	From	Comments
874.	Debby De Reus	Enkhuizen, Netherlands	
875.	Ilana Waxman	Haiku, HI	Giving birth at home with a trained midwife is a safe option that is standard in many European countries. It should be available to women in Hawaii!
876.	Lyn Aleka	Kailua Kona, HI	
877.	Virginia DeRosa	Amesbury, MA	
878.	Stephanie Schilling	Kailua Kona, HI	
879.	Kala Plante	Boxford, MA	
880.	Danielle Saxon	Natchez, MS	
882.	janelle wykes	kailua kona, HI	
883.	Cris Gibbons	Pearl City, HI	
884.	Faye Ramos	Kailua, HI	
885.	Falicia White	Kailua Kona, HI	
886.	dan craig	Kihei, HI	
887.	Maria Diessner	Kailua Kona, HI	
888.	Nohea Runnells	Capt. Cook, HI	
889.	Comice Addy	Portland, OR	
890.	Sera brand	pearl city, HI	
891.	Carlos Ramirez	Honolulu, HI	
892.	Christal Bardfield	Fort Belvoir, VA	
893.	Holly Mathews	Seattle, WA	
894.	Kathleen Pettis	San Jose, CA	
895.	Coleen Salazar	Visalia, CA	
896.	carissa lee	nampa, ID	i managed to have four babies outside of hospital, and one set of twins. eat that S.B. No. 2569
897.	megan rolfing	98550, WA	
898.	Callie Matulonis	Pahoa, HI	
899.	Joel Waller	Kailua-Kona, HI	
900.	Leinaala Henriques	keauhou, HI	
901.	Delania Branham	Kealakekua, HI	
902.	Brandon Henriques	keauhou, HI	
903.	Phyllis Hunt	IRB, FL	
904.	La'akea Paiva moreman	Kailua kona, HI	
905.	Genevieve Azar	Honaunau, HI	

	Name	From	Comments
906.	Aleson Rietow	Kamuela, HI	protect our right to choose.
907.	Jen Maydan	Haiku, HI	Birth setting is a personal choice and should be the sole right of the mother and father of the baby. Homebirth is a safe option. Mothers and fathers in Hawaii need to have homebirth with a midwife as a choice available to them.
908.	Cygal Gylman	Bend, OR	
909.	Lori Bialic	Oroville, WA	
910.	Amber Cochran	Auburn, CA	
911.	Aren Hansen	Wahiawa, HI	
912.	Catherine Maiava	Ewa beach, HI	
913.	Diane McElroy	kaneohe, HI	
914.	Michele Nakamura	Mililani, HI	
915.	blanca allen	kihei, HI	why would you want to take away a mothers personal choice! shame on you
916.	tara pipes	placerville, CA	
917.	Crystal Usita	Kailua Kona, HI	
918.	Aubrienne Scheldt	la jolla, CA	
919.	Shraddah Reyna	Sneads Ferry, NC	
920.	Elizabeth O'Halloran	Kettering, United Kingdom	
921.	Stephanie Nobles	Keaau, HI	
922.	Andras Tobler	Budapest, Hungary	
923.	Erin Gamet	seattle, WA	
924.	Jenni Goldman	Sedona, AZ	
925.	Heather Ramirez	Honolulu, HI	
926.	Rev Kyle Lovett	Honolulu, HI	
927.	Evelyn Quinn	Kailua, HI	
928.	Thomas Gibson	Honolulu, HI	
929.	Brenna Hunziker	Captain Cook, HI	Women's right to birth how they feel is best for them is a fundamental human right. Politics have no place in this very personal decision.
930.	Alicia Morrier	Kealakekue, HI	
931.	michelle mckeon	kailua kona, HI	
932.	Antoinette Gauci	Genova, Italy	
933.	Noah Broe	New Port Richey, FL	Modern medical interventions cause more problems than they solve, including birth complications and life-long birth defects and trauma. We must defend freedom and liberty in the USA, especially our right to choose as parents! Our basic human rights must not be taken from us!

	Name	From	Comments
934.	nikola anic	Clearwater, FL	
935.	Craig Krick	Dunnellon, FL	
936.	Paul Byron	Captain Cook, HI	
937.	L Kemp	Dunedin, FL	
938.	Nina Beeman	Springhill, FL	
939.	Carrie DeWitt	Ida Grove, IA	
940.	Sommer Geck	Rpb, FL	
941.	Clint McWilliams	dunedin, FL	
942.	katerina sharm	philadelphia, PA	This is a complete infringement on a woman's rights and her privacy. Humans are just a dollar sign to the healthcare industry in America.
943.	marisa provost	Haiku, HI	
944.	Amanda Laurette	Lake City, FL	
945.	Mary Dawes	Woodward, OK	
946.	Kjirste Boyce	Kihei, HI	
947.	Paige Ferguson	Austin, TX	
948.	Elizabeth Nelson	Kaneohe, HI	
949.	Sara Smith	KUIa, HI	Birth is a natural act and does not require government legislation. The choice of a home birth rightfully belongs in the hands of women and their partners.
950.	Stephanie Donaldson	Hudson, FL	
951.	Rachel Klein	parker, CO	
952.	Linda Ash	Amherst, NY	
953.	Tiare Lawrence	makawao, HI	
954.	Amanda Cruz	Daytona Beach, FL	
955.	Jaiana Uyeda	Lahaina, HI	
956.	Alexa Fong	Kula, HI	
957.	Tamara Paltin	Lahaina, HI	
958.	Jahlel Hunter	Lanai, HI	
959.	Terez Amato Lindsey	Kihei, HI	
960.	Arianna Feinberg	Makawao, HI	
961.	Brent Schlea	lahaina, HI	Protect freedom of choice!!
962.	Ciara Quam	Lahaina, HI	
963.	Shawna Wyatt	Kihei, HI	Home birth is for
964.	Meghan Tafoya	firestone, CO	
965.	Alice Chakar	Port Richey, FL	
966.	Kenyon Smith	Kula, HI	

	Name	From	Comments
967.	Gretchen Cardoso	Kula, HI	
968.	Lynn Fujiwara	Lahaina, HI	
969.	Tera Arnold	Paia, HI	
970.	Cheyenne Evans	Las Vegas, NV	
971.	Joy Miller	Escondido, CA	
972.	aimee rice	honolulu, HI	
973.	maile tuala	lahaina, HI	
974.	Shannon Rezents	Puunene, HI	
975.	Pamela Ruffridge	San Juan Capistrano, CA	
976.	Keala Fukuda	Aiea, HI	
977.	Leanne Fox	Waipahu, HI	The research they are referencing is very flawed. There are also no exemptions listed for Native Hawaiian traditional practices and practitioners.
978.	Nahokuheleiakeahu Keala	Honolulu, HI	
979.	Krystle Bertelsen	Lahaina, HI	
980.	monica chung	makawao, HI	
981.	April Boone	Haiku, HI	
982.	TREVA RANADEY	Honolulu, HI	
983.	Randi faria	Haleiwa, HI	
984.	Tessa Nobles	Bozeman, MT	
985.	linda laanui	kuka, HI	
986.	Ipolei Lindsey-Asing	Makawao, HI	
987.	Kawailehua Opunui	lahaina, HI	
988.	Megan Abubo	Haleiwa, HI	
989.	Juraesha li	Lahaina, HI	
990.	Jennifer Ahia	Wailuku, HI	This bill is uninformed and detrimental to the families in Hawaii! One of the most important `olelo no`eau in Hawaii culture is "Not all knowledge is taught in one school." This bill presumes that only a western medical setting is appropriate for giving birth which disrespects the informed choice of families with access to alternative, and or culturally traditional means of birthing. This bill is disrespectful and shameful! I strongly oppose it!
991.	Faith Mori	Kula, HI	
992.	Alesa Kneubuhl	Makawao, HI	
993.	Jade Sun	Waialua, HI	

	Name	From	Comments
994.	Kukini Suwa	Honolulu, HI	
995.	Abigail Hambek	Kihei, HI	
996.	Malani Rivera	Kula, HI	
997.	Rea Fox	Waialua, HI	We desire to preserve choices for mothers and wish to maintain safe planned home births. We wish to preserve the right to medical privacy, and the protection of midwives, doulas and birth assistants. Midwifery and home birth must remain a legal option in Hawaii. This is a sad, misguided bill that indeed threatens womens' and families' medical, religious & constitutional rights. I oppose this bill!
998.	Kaohu Dunn	Kula, HI	
999.	ehulani kāne	kaunakakai, HI	
1,000.	Kawena Uyematsu	Kailua, HI	
1,001.	Ululani Pahia	Honolulu, HI	
1,002.	Donnie Adams	Chicago, IL	
1,003.	Kanani Conner	Hawaii, HI	
1,004.	samina quraishi	Jackson Heights, NY	
1,005.	Melelani Hardwick	Bklyn, NY	
1,006.	Tara Crist	seattle, WA	
1,007.	Malia Busby	Kualapuu, HI	
1,008.	Sujana Chand	Henderson, NV	
1,009.	Heather English-Momoa	Lahaina, HI	
1,010.	Lucia Maya	Makawao, HI	
1,011.	mairin darlington	parry sound, Canada	
1,012.	veronica juarez	mt view, HI	
1,013.	John Padilla	round rock, TX	
1,014.	Kourtney Pfoor	Haiku, HI	
1,015.	Linda J Smith	Sebastopol, CA	
1,016.	Lorilani Keohokalole-Torio	Anahola, HI	
1,017.	Sheyna-Marie Chang	wailuku, HI	
1,018.	Brandi Lock	Colorado Springs, CO	
1,019.	Keri Quinsaat	Kahului, HI	
1,020.	Kathryn Xian	Honolulu, HI	
1,021.	Marvin Tevaga	Lahaina, HI	
1,022.	Simon Flaherty	Haiku, HI	Denying anyone's right to a natural home birth is both immoral and unconstitutional.

Name	From	Comments
1,023. Simbralyn Lightsey	Wailuku, HI	
1,024. Barbara Helm	Hoolehua, HI	Again....it's about a woman's choice.
1,025. Carrie Gebb	Haiku, HI	
1,026. sadie watson	kihei, HI	
1,027. Shayla Guthrie	Ft white, FL	
1,028. Sean King	Lahaiana, HI	
1,029. Christy Wong	Kapaa, HI	
1,030. Susan Friar	Kilauea, HI	Midwives have so much experiential knowledge and training behind them. We must support them.
1,031. Marcus Quiniones	Honolulu, HI	
1,032. Theresa Zorzi	Pukalani, HI	
1,033. Shawny Labrador	Lahaina, HI	
1,034. clare Ioprinzi	kk, HI	enough...midwives can govern themselves
1,035. Ocea Austin	Palmer, AK	
1,036. Mieko Aoki	Kapaa, HI	Oppose and kill bill SB2569 & SB2569, SD1. Women want Midwives for many reasons. Midwives are skilled, trained, experienced, observant, understanding, caring and intuitive, carrying a long line of ancestral knowledge and wisdom that is passed down from their Midwives. There is no need to regulate Midwives from obstetrical/medical model of care/perspective because Midwives have a different approach, the midwifery model of care with their own circle of trust & mentors. If the OBs and MDs would like to participate in the Midwifery model of care, they can ask how and open themselves up to learn.
1,037. jade mcgaff	kamuella, HI	every woman has the RIGHT to birth where, how, and with whom she chooses. OUR RITES!!
1,038. Suzi Nutkins	taupo, New Zealand	
1,039. Mahealani Maioho	Kailua-Kona, HI	
1,040. Sayaka Blakeney	Honolulu, HI	
1,041. Ann Eu	Kilauea, HI	i have had a wonderful homebirth as well as a hospital birth, and both pregnancies had prenatal care from midwives. It was a much more holistic and comprehensive experience for me than what is offered at hospitals and from ob gyn's.
1,042. Amy Rudometkin	paia, HI	I choose midwives!!!
1,043. Chloe Fulton	Seattle, WA	
1,044. Erin Huffman	Haiku, HI	
1,045. Kim Luchau	Kilauea, HI	
1,046. Jessica Lin	Kailua kona, HI	
1,047. Caitlin Odom	Kilauea, HI	

Name	From	Comments
1,048. Jeffie Harris	Haiku, HI	
1,049. Nanea Marston	Hanalei, HI	
1,050. Krista Dawn	Paia, HI	
1,051. Vonnie Carter	Kahului, HI	32 years ago I had a home birth. It was one of the best decisions I made in life. It was a happy and safe birth. We were all prepared and trained for the ultimate experience.
1,052. Chyong Shan Lin	Cypress, CA	
1,053. Jennifer Martinez	Honolulu, HI	
1,054. Sasa Eva marston	Hanalei, HI	
1,055. Carrie Hodder	Kapaa, HI	This bill is clearly attempting to take away our rights.
1,056. Rebekah Anderson	kilauea, HI	
1,057. Barbara Barry	Kirkland, WA	Keep Home Births Safe and Legal. Midwives save lives and keep Childbirth Costs down!
1,058. ilima smallwood	haiku, HI	
1,059. Leslie Larsen	Anahola, HI	
1,060. Cynthia Ah Yat	Honolulu, HI	
1,061. Brady Stewart	Kapaa, HI	
1,062. Brent Purdue	Waimanalo, HI	
1,063. Heather Korotie	Captain cook, HI	
1,064. Megan Deets	Lihu, HI	
1,065. Dorthe Jensen	Kapaa, HI	
1,066. Napua Hayward	Naniville, HI	
1,067. Nicolette Aguinardo	Kapaa, HI	I genuinely feel that based on the Mana Statistics that home birth is safe for mothers to be who get routine up to date care by their Certified and educated midwives. I am a home birthed my self and was also born at home so this is very important to me that I have a choice in where I birth my baby. I encourage those who are in favor of this bill to reach out to the midwifery community and use age old communication and even attend a Home Birth before approving this bill.
1,068. Debralee Kailiwai-Ray	Kailua Kona, HI	
1,069. Maisie Ramage	Makawao, HI	
1,070. Megan Irizarry	beaufort, SC	
1,071. Brittney Pascua	Lihue, HI	
1,072. Bonnie Sharkey	Hendersonville, NC	
1,073. Dan Macdonell	Kihej, HI	
1,075. Douglas Ray	Kailua Kona, HI	

Name	From	Comments
1,076. Kari Soares	Kapaa, HI	
1,077. Rose Powers	Randolph, MA	
1,078. Alyssa Hudson	Kihei, HI	
1,079. Arnel Medina	lihue, HI	
1,080. meghan leialoha au	Waimanalo, HI	
1,081. Carlene Allen	Gray, GA	
1,082. Mónica Akamu	kailua, HI	
1,083. Rebekah Fayette	Pinckney, MI	
1,084. Tracy Mullineaux	Lihue, HI	
1,085. Tina McGinnis	Grand Blanc, MI	
1,086. miriam abrin	petaluma, CA	
1,087. joyce ricker	Concord, MA	
1,088. Kelly Lo Cicero	Portland, TX	
1,089. Neely Shasheen Cane	Kauai, United States Minor Outlying Islands	
1,090. Malissia Walker	Lihue, HI	
1,091. Cassandra Brownell	Hanalei, HI	
1,092. Carrie Frank	Portland, OR	
1,093. Priscilla Soule	Kealia, HI	I am currently pregnant with our 2nd child and refuse to have our baby anywhere but in our home under the care of our loving, experienced, and professional midwife. If this bill passes my right to choose where and how I bring my baby into this world has been stripped from me and our family will seriously consider moving elsewhere.
1,094. Kerryann Goodnight	Kapaa, HI	
1,095. kathy freire	lihue, HI	
1,096. Sean St Louis	Kailua Kona, HI	
1,097. Alicia Kam	Kailua-Kona, HI	
1,098. Teagan Bruce	waianae, HI	
1,099. Anastasia Estep	Koloa, HI	
1,100. Kary Medina	Kailua Kona, HI	
1,101. JoAnne Pinney	Princeville, HI	
1,102. Andrea Kaleiohi	Kilauea, HI	
1,103. Missy Foley	Koloa, HI	
1,104. Alexandria Genovia	El Dorado Hills, CA	

Name	From	Comments
1,105. Amanda Cabebe	Koloa, HI	Please listen to the voices of women, babies, and families! Do Not Pass this bill...for the love of tradition, comfort, and tranquility.
1,106. Cambria Wilber	Kalaheo, HI	
1,107. Marisol Carranza	Kapaa, HI	
1,108. Victoria Aoki	Capt cook, HI	
1,109. Erika Empey	Captain Cook, HI	
1,110. Bonnie Elledge	Kapaa, HI	
1,111. Jon Medeiros	Kapaa, HI	
1,112. elissa wood	Lihue, HI	home birth, all the way! it's a woman's right to choose how and where she wants to labor and give birth. Childbirth is a healthy, beautiful, and natural process.
1,113. Sharon Offley	Kapaa, HI	The bill will not achieve stated purpose of 'making home birth safer'. It does not respect or honor women and family's right to choose birth location and attendant. It is based on limited, flawed and controversial data. It is paternalistic and biased regarding the superiority of medical model/hospital based care. Finally, It offers nothing that would genuinely enhance home birth outcomes such as increased communication and collaboration between home and hospital based providers.
1,114. Haley Ferguson	Paia, HI	
1,115. Rebekah Botello	Kaneohe, HI	I have prepared a testimony about my own 2 homebirths and about the 3rd homebirth I am about to embark on. The Senate has NO BUSINESS trying to legislate how a woman chooses to birth her children. I have a right to protect my own body!
1,116. Kimberly Kirk	Princeville, HI	
1,117. Manda McPhee	Kapaa, HI	I oppose this bill because I believe that women should have the right to choose the location and care provider for the birthing of their children. Pregnancy and labor are not illnesses, but are sacred experiences that should not be forced to be held in a hospital, if a woman so chooses.
1,118. Jodee Burris	Koloa, HI	I am strongly opposed to SB 2569. This bill is unnecessary and would limit the choices that women have when it comes to childbirth in Hawaii. Lawmakers should not be regulating a natural process that has occurred since the beginning of time.
1,119. Carleah Fayen	Kalaheo, HI	
1,120. Cyrus Johnsen	Hilo, HI	Me and my wife are yet to birth, but feel as if we have no control these days. Births are a natural process which need not require a hospital or or doctor. As class mamailia we have been birthing naturally from the dawn of time. To take away this right is true example of mental and physical human slavery.

Name	From	Comments
1,121. Jacqueline Lopez	Kapaa, HI	I've had my 2 beautiful and HEALTHY kids at home with mid-wives and cannot imagine having my future kids any other way. It is the woman's and family's right to choose where and how they want to give birth.
1,122. Renee Roquet	San Francisco, CA	
1,123. Deanna Castro	Kamuela, HI	
1,124. Kaleo-o-Kalani Lopez	Kapaa, HI	
1,125. Shannel Ramirez	Kailua-Kona, HI	I am 37 weeks pregnant and will be giving birth to my first child with a midwife at home. I have had a healthy and perfectly sound pregnancy; my boyfriend, family and I couldn't be more excited! Taking away a mothers right to birth her child, one of the most natural and beautiful things a human being can do feels like a complete insult to our natural and civil rights.
1,126. Rebecca Gorsline	Kapaa, HI	
1,127. Tammie Lee Rabara	Kealakekua, HI	
1,128. Katy Rosenbloom	Kapaa, HI	
1,129. Jasmine Stevenson	Redondo beach, CA	
1,131. Jenni BatAlucco	Koloa, HI	
1,132. Amalia Gray	Kapaa, HI	
1,133. Beth Stanek	Kailua kona, HI	
1,134. Jesse Peters	Honolulu, HI	
1,135. Diana Singh	kalaheo, HI	
1,136. chanel leebrun	hanamaulu, HI	
1,137. Sue Saldana	Hanalei, HI	
1,138. Meinda Kolozsi	Győrújbarát, Hungary	Two of my grandchildren were born at home and are healthy and happy.
1,139. Joseph Burris	Kapaa, HI	I am an emergency physician on Kauai, and I do not support this bill.
1,140. Denise hallmeyer	Cayucos, CA	
1,141. Iwalani McCalla	Kailua-Kona, HI	
1,142. Lana Olson	Princeville, HI	
1,143. Yael Claussen	Koloa, HI	
1,144. Alison Thalmann	Princeville, HI	
1,145. Samantha Norton	kapaa, HI	
1,146. Erica Taniguchi	Anahola, HI	
1,147. Chenta Laury	Haiku, HI	
1,148. Aaron Y Takiguchi	Kapaa, HI	

Name	From	Comments
1,149. Kuulei Vickery	Kurtistown, HI	
1,150. Erica Pittullo	Hilo, HI	
1,151. amy woodruff	kilauea, HI	
1,152. Leslie Henricks	Hilo, HI	
1,153. Alicia Hubbell	Chula Vista, CA	
1,154. Kellen Ferguson	Kihei, HI	
1,155. devera montfort	dallas, TX	
1,156. Gabriela N	Kekaha, HI	
1,157. Diane Gunder	Riverhead, NY	
1,158. Lisa Alberts	Danville, IA	
1,159. Andrea Meyer	Encinitas, CA	
1,160. dawn zornes	sebastopol, CA	my child was born at home with strong and capable midwives, it was the easiest and safest method. Please don't ban this basic human right!!!!
1,161. Desiree McGuire	Wailuku, HI	
1,162. Jennifer Hotopp	Prarieville, LA	
1,163. carly arace	templeton, CA	
1,164. Gina Vogel	Princeville, HI	
1,165. eleanor crane	tarpon springs, FL	MOVE FORWARD not BACKWARDS !!!
1,167. Heidi Illustre-Boatright	Honolulu, HI	
1,168. Ahonui Bowman	Anatolia, HI	
1,169. Nimue Robinson	Comptche, CA	Almost every baby I know was birthed with a midwife.
1,170. Terri Ewton	Kilauea, HI	
1,171. Sarah Kruse	Kilauea, HI	My daughter was born at home very safely and I know countless other families who have given birth at home with positive outcomes. We have many skilled midwives in Hawaii who should be allowed to continue practicing as they are now. I oppose Bill 2569!!!
1,172. Cathryn Jensen	Kamuela, HI	
1,173. Victoria Chesney	Yreka, CA	
1,174. Maraya Ben-Joseph	honaunua, HI	please dont take away my rights as a mother.
1,175. Justin Keka	Keaau, HI	
1,176. cathy moore	Ashland, OR	
1,177. Jacqueline Medford	portland, OR	This bill is an injustice to families rights to give birth with integrity where they want to! To nearly make home birth illegal in the state of Hawaii, would be forcing mothers who choose to home birth to potentially go underground in <i>(continues on next page)</i>

Name	From	Comments
1,177. Jacqueline Medford	portland, OR	<i>(continued from previous page)</i> finding illegal care providers which may pose a risk to herself and her baby.
1,178. Leslie Wingate	Pahoa, HI	
1,179. Christopher Gautrau	New Milford, CT	
1,180. Josiah Edlund	Pompano Beach, FL	
1,181. Taylor Tengwall	Duluth, MN	
1,182. Marcos Juarez-Gosselin	Woodbury, MN	Its just deosnt seem rational.
1,183. Hildegard D'Alessio	Makawao, HI	
1,184. Pearl Meeko	Pahoa, HI	
1,185. Emma Gay	Captain Cook, HI	
1,186. Jessica Crane	Kalaheo, HI	
1,187. Hui-Yong Kim	portland, OR	
1,188. Nana Williams	Kapaa, United States Minor Outlying Islands	
1,189. Ashley Homan	Lawai, HI	
1,190. Wendi Mayhugh	Honolulu, HI	
1,191. Yasuko Schlather	Makawao, HI	
1,192. mary ramirez	santa clara, NM	
1,193. Chanel Baran	Kewarra Beach, Australia	
1,194. Hillary Kusko	Kailua, HI	Women have a right to give birth in their own homes and lawmakers should not try to tell us otherwise.
1,195. Eliana Sattler	Holualoa, HI	
1,196. Irene Asing	Waimanalo, HI	
1,197. walter ritte	Kaunakakai, HI	
1,198. Laura Beland	Kapaa, HI	
1,199. Robin Rose	Kaunakakai, HI	
1,200. Vivian Lee	Honolulu, HI	
1,201. todd hammond	Kaneohe, HI	
1,202. Barry Levine	Kealakekua, HI	
1,204. jesse remer	Portland, OR	
1,205. eder velasco	honolulu, HI	
1,206. Yayoi Hara	Lahaina, HI	Trust us to make decision for ourselves. Why keep taking away people's freedom to choose? What is the point of being American?

Name	From	Comments
1,207. Debbie LaMacchia	Miami, FL	
1,208. Johanna Mandt	Seattle, WA	
1,209. Jennifer Eng	Hilo, HI	
1,210. Sunday Hanchett	Hilo, HI	
1,211. Jaclyn Albright	waiialua, HI	I oppose this bill because I believe that women should have the right to choose the location and care provider for the birthing of their children. Pregnancy and labor are not illnesses, but are sacred experiences that should not be forced to be held in a hospital, if a woman so chooses.
1,212. Courtney Cabral-Thompson	Lawai, HI	
1,213. Jessica Scarlett	Gresham, OR	
1,214. Lindsay Nollsch	Narr, RI	
1,215. Whitby Bierwolf	truckee, CA	
1,216. Frances Feeter	Kaunakakai, HI	
1,217. Meleana Judd-cox	Haleiwa, HI	
1,218. Mishi Clauberg	Honokaa, HI	
1,219. emma stephens	worcs, United Kingdom	
1,220. Matt Blais	Keaau, HI	
1,221. Brenna Stratton	San anselmo, CA	
1,222. Angela Cruz	Keaau, HI	
1,223. Stephanie Ortega	Aspen, CO	I am a woman and I deserve to have my own rights when deciding whether to have a baby at home.
1,224. Mindy Mcpeek	kaneohe, HI	
1,225. Autumn Sims	Junction city, OH	
1,226. Nicole Izak	Kaneohe, HI	
1,227. Elizabeth Weltin	Bend, OR	
1,228. Meagan McGinity	Paia, HI	
1,229. Jon Ciser	Haiku, HI	
1,230. Julia Koetter	Dortmund, Germany	
1,231. Megan Moniz	Honolulu, HI	
1,232. Allyson Franco	Kailua, HI	
1,233. Rebecca Buehler	Saint Paul, MN	
1,234. Golie Keovan	Chicago, IL	
1,235. Ian McPhee	Kapaa, HI	

Name	From	Comments
1,236. Maria Guerriero	Punaluu, HI	Giving birth is a natural and healthy part of life. Women need options to find the best fit for them and their delivery care needs. Home births have been a safe and effective way to for women to have their children up until the trend brought the into the hospital setting. This may be very costly and women often feel pressured to have medical procedures that may not be warranted or wanted. There is a place for hospitals and the main stream medical delivery of care however it is not the only way and not right for all people. Please give families the choice to do what is right for them.
1,237. Laura Dvorak	Pahoa, HI	
1,238. amandine murphy	201, HI	please do not take our god given rights
1,239. kirsten chase	Kilauea, HI	
1,240. Sally French	Kalaheo, HI	
1,241. Patricia Gray	Asheville, NC	
1,242. Daisy Finch	Kula, HI	
1,243. Skylar Mallas	Kapaa, HI	
1,244. bryan brey	pahoa, HI	
1,245. Kathy Fleming	Keahou, HI	
1,246. Daniel Darby	Kapaa, HI	
1,247. Emily Presley	Hanalei, HI	As a woman preparing for childbearing, I seek to give birth at home, like the billions of women who have done so throughout history. Home birth is a safe option for normal births--safer than hospitals, in many cases. The study upon which this bill was created has been widely discredited due to its gross methodological errors. If you truly care about maternal and neonatal health, kill this bill and do more research.
1,248. Kiah Zupke	Minneapolis, MN	
1,249. Savannah Rubino	Saint Augustine, FL	
1,250. Naia Leigh	kilauea, HI	
1,251. Charlene samuelson	pahoa, HI	
1,252. Bonnie Rasmussen	Kalaheo, HI	
1,253. Rachel West	Haiku, HI	
1,254. Vincent Coco	Rio Grande, NJ	
1,255. Albert lopez	kapaa, HI	
1,256. Kanoa Mayer	Kapaa, GU	
1,257. Jillian Seals	Kilauea, HI	
1,258. Dominik Walczuk	Hilo, HI	

Name	From	Comments
1,259. Lisa Martin	Honolulu, HI	
1,260. Claude Hutchins	Las Vegas, NV	
1,261. molly jewell	honolulu, HI	
1,262. Shea Petty	Honolulu, HI	
1,263. Sheldon Haupu	Wailuku,, HI	
1,264. marian tiemann	san jose, CA	
1,265. Ashley Johnson	Kapaa, HI	
1,266. Jennifer Dant	Kailua Kona, HI	
1,267. Eileen Irvine	Kapaa, HI	
1,268. Allison Vincent	Honolulu, HI	
1,269. Lori Kimata	Hon, HI	
1,270. tomas del amo	kailua, HI	
1,271. Melina Castro	Pahoa, HI	
1,272. lauren achitoff	kaaawa, HI	
1,273. Kyah Hamilton	princeville, HI	
1,274. Bridget Mowat	Kaunakakai, HI	
1,275. Alfred Ikeler	Honolulu, HI	
1,276. Malia Locey	anahola, HI	
1,277. Aimee Sharp	Kilauea, HI	
1,278. Brittani Zarnay	Mililani, HI	
1,279. Amanda Thomas	Sebastopol, CA	
1,280. Tiana Rey	Honolulu, HI	
1,281. Darrell Parfitt	Kahuluu, HI	
1,282. Dan Kelly	Hakalau, HI	it ain't broke. don't fix it.
1,283. Serena Lynch	Portland, OR	
1,284. ingrid Webb	pahoa, HI	
1,285. Kira Souza	Honokaa, HI	
1,286. Sheila Moss	Chico, CA	
1,287. Paolo Morgan	kailua kona, HI	I was born at home in 1979. My wife gave birth to our 4 children at home. This is a human rights issue. It is a woman's right to choose where she births!
1,288. Shayne Fillmore	Honaunau, HI	I am the first born of five all successful home births. My last two children were born at home by my wife who was considered a high risk pregnancy. She was a double VBAC (vaginal birth after two c-sections). Our midwife assisted her in two natural home births with out complications and successfully. The power of choice and the freedom to do what we desire especially when it comes to our body, life, and faith should never be in the state and or governments <i>(continues on next page)</i>

Name	From	Comments
1,288. Shayne Fillmore	Honaunau, HI	<i>(continued from previous page)</i> hands. This measure is violating our human rights. I strongly oppose this measure. Thank you in advance, Shayne Fillmore
1,289. Brianna Kleinhans	Mililani, HI	
1,290. Michelle McNeal	Shreveport, LA	
1,291. jana livingston	rainier, OR	i am not for monsanto and gmo -
1,292. Rebecca Fong	Kailua Kona, HI	My daughter gave birth to my 4 grandchildren at home in Hawaii with a traditionally trained midwife. This issue falls under a women's right to choose. Giving birth in a place of your choice, with a midwife of your choice is a basic human right!
1,293. megan serhan	seven Hills, OH	
1,294. nancy kowardy	papaaloo, HI	
1,295. Robert Siles	Conifer, CO	
1,296. Kaiulani Cook	Aiea, HI	
1,297. Julie Ahl	ahoa, HI	
1,298. Kadie Barber	Estacada, OR	
1,300. LARINA HAWKINS	HONOLULU, HI	
1,301. Julia Rizzo	Nashville, TN	
1,302. Bethany Brown	Kailua, HI	
1,303. Becca Zollinger	gig harbor, WA	
1,304. Leasi Andrews	Los Angeles, CA	
1,305. Kelley Rizzo	Redwood, NY	
1,306. Karen Lin	New York, NY	
1,307. Rod Miller	Pahoa, HI	
1,308. Stephanie Nichols	Chico, CA	
1,309. Jessica Arnett	Papa'aloa, HI	
1,310. Kimberly Rose	San Diego, CA	As a Labor & Delivery nurse, I understand the risks of child birth in the home and in the hospital (where we often intervene unnecessarily). How one chooses to have a baby is a very personal choice and a basic human right. All expectant mothers should educate themselves thoroughly prior to deciding which setting is best for them and their baby.
1,311. Ebony Benzie	Donnybrook, Australia	
1,312. Dan Knudsen	Kapaa, HI	
1,313. bobbie ann werre	Lanai city, HI	

	Name	From	Comments
1,314.	Jeremiah Oldfather	Honokaa, HI	
1,315.	dolores burke	castro valley, CA	
1,316.	Nikiya White	Pāhoa, HI	
1,317.	Blaze Strickland	Fairfield, IA	
1,318.	JAMES RIDINGS	KAPAA, HI	Protect our Religious Freedoms and the Mother's Right to Choose Home Births.
1,319.	Shaye Smallwood	San Rafael, CA	
1,320.	Tara Bowman	Kailua, HI	
1,321.	Nia Fitzpatrick	Aptos, CA	
1,322.	Yee Chiew Chan	Keauhou, HI	
1,323.	Yael Werber	Somerville, MA	
1,324.	Christine Merritt	Hilo, HI	
1,325.	Meghan van Bergeijk	Kailua, HI	
1,326.	miki hirakawa	key west, FL	
1,327.	Kelsey Fagan	Juneau, AK	
1,328.	Leanne Boyd	Kailua, HI	
1,330.	Claire McGuire	Pahoa, HI	home birth is vital to women's ability to make choices...
1,331.	Anon Shine	Pahoa, HI	
1,332.	Lisa DelViscovo	Kapaa, HI	Having birthed in both hospital and at home, I can honestly say that home birth was by far a better experience. Don't let Hawaii go into a dark age. Let women choose what's best for them.
1,333.	Kilin Reece	Kailua, HI	
1,334.	Brian Tucker	Keaau, HI	
1,335.	Kalalaniamakalii Joao	Wailuku, HI	
1,336.	Susan Shehata	minneapolis, MN	
1,337.	Sarah Kihoi-Low	Honaunau, HI	
1,338.	Aliza Milette-Winfree	Honolulu, HI	
1,339.	rachelle anderson	Wisconsin rapids, WI	
1,340.	Anna Wehl	mt view, HI	
1,341.	Barry Gallafent	Lahaina, HI	
1,342.	Landon Labrador	koloa, HI	
1,343.	Melanie Andes	Kailua, HI	
1,344.	James Lake	Winnipeg, Canada	
1,345.	Kathleen Barks	Pahoa, HI	

Name	From	Comments
1,346. Terrance Planty	Sebastopol, CA	
1,347. Steven Oshiro	Mililani, HI	A woman has the right to choose where she will give birth, Don't make things difficult
1,348. Lisa Oyama	Mililani, HI	
1,349. Crystal Homcy	Haleiwa, HI	
1,350. Kim Rinaldo	Halifax, Canada	
1,351. summer greenhalgh	haiku, HI	
1,352. Sarah Daigle	Honolulu, HI	
1,353. Norman Miyasato	Kaneohe, HI	
1,354. Lauren Zarnay	Altus, OK	
1,355. Melanie Reed	Boston, MA	
1,356. Krystina Thomas	Milwaukie, OR	
1,357. Olivia Wilson	Hilo, HI	
1,358. Brie McFarland	La Costa, CA	
1,359. cheryl greenwood	Kailua-kona, HI	
1,360. Keenan Cheney	Waialua, HI	
1,361. Katie Guidotti	Medford, OR	
1,362. Hallelujah Duncan	Haiku, HI	
1,363. Isabel Marquez	Pahoa, HI	
1,364. Molly Center	Elgin, IL	
1,365. Faye Hoek	Captian cook, HI	
1,366. Mary Remer	Naalehu, HI	
1,367. Kristy Newell	Williams, OR	
1,368. Kendra Schneider	Kailua, HI	
1,369. paul mallen	Duncan, Canada	
1,370. Sarah Schrodetz	Santa Cruz, CA	
1,371. Alicia Yang	Honolulu, HI	
1,372. Danielle Reghi	Portland, OR	Home birth creates as safe atmosphere for a woman to labor in a low stress and comfortable environment. It should be a womans right to labor where she wants. This bill infringes on civil liberties and I find it to be inhumane honestly.
1,373. Megan Kirkpatrick	Princeville, HI	
1,375. Taryn Silva	Waialua, HI	
1,376. Maren Anka	Makawao, HI	Safe and legal access to homebirth needs to be an option in Hawaii! There are international studies, showing how midwives reduce medical interventions and consistently deliver healthy babies, in a safe and loving way. Limiting a <i>(continues on next page)</i>

Name	From	Comments
1,376. Maren Anka	Makawao, HI	<i>(continued from previous page)</i> woman's right to choose and reducing access to birthing options is morally reprehensible. Please kill this bill and protect midwifery!
1,377. Michael Tada	Honolulu, HI	
1,378. MJ Remer	Portland, OR	
1,379. Christine Scarlett	New Port Richey, FL	
1,380. jen richmond	hilo, HI	I was appalled to see a notice on the wall of my Ob-Gyn stating they would not participate in any kind of home birth. What is wrong with you folks? Who would want to be in a hospital for a naturally occurring event? If the mom and keiki are low-risk, there is NO REASON to subject them to a stressful, expensive hospital stay. It's a birth, not heart surgery. Midwives have been doing this for hundreds (maybe thousands) of years. Let's take back our right to choose.
1,381. Melekai Jenson	paia, HI	
1,382. Lindsay Matthews	Kapaa, GU	
1,383. Allison Murphy	Spring valley, CA	
1,384. Usha Kotner	Kealakekua, HI	
1,385. Lauren Ramskov	San diego, CA	
1,386. yun yi	honolulu, HI	
1,387. Jocelyn Dugan	Coarsegold, CA	
1,388. David Oana	Pukalani, HI	
1,389. Jasmine Thomas	Los Angeles, CA	
1,390. Andrea Bertoli	Honolulu, HI	
1,391. Robin Knox	Kihe'i, HI	
1,392. Melissa Gutierrez	Pahoa, HI	
1,393. Gloria Baraquio	Inglewood, CA	Women need options in how they can bring their sacred child onto this earth. There's nothing illegal about one of the most natural practices of the animal kingdom.
1,394. Mariya Gold	Kailua, HI	
1,395. Aurelia Kinslow	Honokaa, HI	
1,396. Sara Tekula	Makawao, HI	
1,397. Sumi Hisahara	Anahola, HI	
1,398. Dawn Kanoho	Waipahu, HI	
1,399. Robert Stewart	hilo, HI	
1,400. Kat Tracy	Kahului, HI	
1,401. Julie Bana	kilauea, HI	
1,402. Sara Roth	Novato, CA	

Name	From	Comments
1,403. Kathleen Viernes	Hanamaualu, HI	
1,404. Aesha Shapiro	Kailua-Kona, HI	
1,405. Lanae Anakalea	Hanalei, HI	women should be free to select their birthing options without government/business restraint or interference as in inherent human right. i am a mother of two
1,406. Makana Green	Hanalei, HI	
1,407. J Chin	Pukalani, HI	
1,408. Melissa Wickey	Waialua, HI	
1,409. christy vail	Makawao, HI	I know many women who've given birth at home and many children who were born at home. I don't believe it's inherently dangerous and I think it should be a choice.
1,410. Alekona Surento	Brooklyn, NY	
1,411. Melissa Rosen	Honolulu, HI	
1,412. uma Miller	Aptos, CA	
1,413. Amal Hadari	Honolulu, HI	
1,414. Ben Kinsey	Honolulu, HI	
1,415. Sue Kinsey	Honolulu, HI	
1,416. Paul Gregory	Palm Springs, CA	PROTECTION!!
1,417. natalie norberg	Paia, HI	
1,418. Jennifer Bonifacio	Kapolei, HI	Do not take away a mother to be's right to choose where she wants to give birth.
1,419. Preston Palmer	Kihei, HI	
1,420. Pomai Weigert	Kihei, HI	
1,421. Daniqua Hall	Kapaa, HI	
1,422. Lisa Villiarimo	Puunene, HI	
1,423. Riand Souther	Kailua kona, HI	
1,424. Karen Dizney	Mililani, HI	
1,425. Angela Hoover	Kapaa, HI	
1,426. Sara Saylor	Kapaa, HI	
1,427. Aren Thompson	Kailua Kona, HI	
1,428. Anthony Ahkoi	hayward, CA	Don't force participation in State and city run institutions. We gave birth LONG before they came
1,429. Norio Narui	Honokaa, HI	
1,430. Shauna Burton	Fridley, MN	

TESTIMONY of
KIM KU'ULEI BIRNIE
Before
SENATE COMMITTEES ON HEALTH,
COMMERCE & CONSUMER PROTECTION and JUDICIARY & LABOR
Monday, February 10, 2014, 1:30 PM, Senate conference room 229

SB 2569 & SB 2569 SD1: RELATING TO HOME BIRTH

In Opposition

Greetings to Dr. Green, Senator Baker & Senator Taniguchi, Senator Hee & Senator Shimabukuro, members of the committees,

I work for an Hawaiian health organization, and help to manage the hui of Hawaiian physicians. Today, I am here as a mother, a Hawaiian, a grandmother whose 3 mo'opuna were born at home, as planned. I strongly oppose SB 2569 and its SD1.

Please know that I am encouraged by this public discussion of home birth and its practitioners. I am encouraged, because in 1981-82, I was only able to find three midwives in Hawai'i, and now there's a whole community with a broad range of diverse birth practitioners that women can more easily access.

I am encouraged, because when I was the placement director for the federally funded Native Hawaiian Health Scholarship Program from 1997-2002, I had the responsibility of placing into the community the only masters level certified nurse midwife. She had more than 100 deliveries under her belt; however, when she returned home to Hawai'i, we both learned that she would have few opportunities to deliver babies, as she was trained. I am encouraged because the tight network of obstetricians that has long created barriers preventing other birth practitioners from delivering babies is now compelled to learn more about home birth and home birth practitioners, their training, standards of care, and community demand.

I am encouraged because when my daughter chose home birth in 2005, the entire family became more educated, and with each birth, more competent and aware of the resources and options available. I am encouraged because the opportunity to share information with those unfamiliar with home birth and midwifery is ripe. I can tell you that three babies have been born in my home between 2006 and 2013 with the assistance of two doulas and 4 different midwives, two of them naturopaths. Prior to one birth, the midwife requested a blood panel; in late stages of another, the mother was prepped for the possibility of going to the nearby medical center. In all cases, oxygen was on hand in the house. In all births, the Apgar scores were high, and the babies bonded with the mother and other family members right away.

I am encouraged because Senator Green's recent news release reflects a greater understanding of home birth as a woman's freedom of choice. However, it appears the news release and SB 2569 have different writers, because the proposals in the bill and its SD1 do not reflect the issues that have been brought to member in recent weeks.

And that is why I cannot support SB 2569 in any form.

The proposed HOME BIRTH BOARD is based on a medical model of birth, not a midwifery model. It doesn't include all types of practitioners. Those that are excluded may be criminalized, should this bill pass in to law. By not enveloping all practitioners and settings of birth, families' personal choices are restricted.

Although it presents as a medical model, it imposes requirements on midwives that do not exist for medical and allied health professionals. Particularly offensive is § -2 (b)(3) requiring three obstetricians with hospital privileges to oversee midwives assisting homebirths. Not only does it reinforce a medical model of birth, but it perpetuates the ob-gyn status quo as the exclusive group with hospital privileges.

Birthing is a universal practice. Traditions vary from community to community and nowhere is this especially true but here in Hawai'i.

There is a growing community of educated Hawaiian women and their families who are choosing home birth. As in most Hawaiian traditions, there is a spiritual element to hapai (pregnancy), hanau (childbirth) and raising children. We are looking at the model of kupuna councils to shape a Home Birth Council.

One of the best things about pregnancy is the 9 month gestation period. In my family, it gave us time to learn the statistics on and resources available for home birth, as well as to understand what the safety concerns are, and to plan for all scenarios.

We ask this legislature for 9 months so that Hawai'i's birthing community can accomplish two things that will benefit us all:

- Home Birth Council. We have already begun to form a council that reflects the variety of practices, mothers and advocates. This Council, modeled after kupuna councils of traditional healers, shall be self-defined and self-regulated. Dialogue will generate definitions, criteria, standards of care, education & training, genealogy, and other factors appropriate for Hawai'i.
- Snapshot of Midwifery and Homebirth in Hawai'i. We request the opportunity to gather data, standards of care, and wise practices to present before the legislature in the Fall of 2014. A legislative informational hearing will provide the opportunity to present information about the status of homebirth in Hawai'i, the spectrum of home birth practitioners, their education and training, and existing standards of care.

An informational hearing in the Fall will better prepare all of us to create a position about home birth and midwifery that is inclusive of mothers and all practitioners, honors women; reproductive rights and freedom to choose the setting and individual she wishes to attend her in childbirth.

Mahalo for the opportunity to OPPOSE SB 2569.

O wau no me ka ha'aha'a,

/s/ Kim Ku'uilei Birnie
Honolulu 96822 & Kailua 96734
Phone: (808) 383-1651 E-mail: kkb@aloha.net

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

Hearing Date: 2/10/2014 1:30pm Room229

RE: SB2569 AND SB2569 SD1 Relating to Home birth

I oppose these bills because they minimize the large body of knowledge that has been held and shared by women for generations. It seeks to take power away from women to make the choices that are most appropriate for them, and will limit women's options so that otherwise low-risk women have no choice but to see a surgeon for their primary pregnancy care (as obstetricians are trained surgeons). Numerous studies have examined the safety of homebirth and have found it to be a safe option, including two that were published within the past week.

We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Midwifery fits very well within the broader medical community and should be embraced and integrated into Hawaii's childbirth system, not shunned as some radical practice. This bill will restrict the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose.

If the legislators are truly interested in learning about home birth as Senator Green's press release indicates, then adequate time should be taken by the legislature to learn about the differences between the midwifery model of care vs. the medical model of care. It is my hope that this bill does not pass in its current form as I find it insults the body of knowledge women have shared for centuries as well as women's rights to select their own pregnancy providers. But I hope the dialogue that has begun with the introduction of this bill will ultimately lead to the acceptance of and integration of midwifery into Hawaii's medical community.

Sincerely,

Shanna Grafeld

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lauranjb@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 2:49:09 AM
Attachments: [US Homebirth Study 2005.pdf](#)

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lauran Chapple	Individual	Comments Only	No

Comments: Every research article I can find on home births in the United States presents a positive case for home births. Perinatal and neonatal mortalities are similar in both cases, but with home births, less interventions are necessary, including a drastically reduced C-section rate (see study attached). Perhaps instead of this knee-jerk reaction to make home births illegal, to ensure safety of all those involved (if that is the goal here), we could instead make certain safety measures mandatory such as ensuring midwives bring oxygen, Pitocin, Misoprostol, fluid IVs, etc to home births. I myself had a home birth in Madison Wisconsin and was very happy my midwife carried these interventions with her in case I needed them. Baby and I are happy and healthy. This law would set Hawai'i behind states like Indiana where only Certified Nurse Midwives can attend home births. It is not a research-based. Nor does it seem to be in the best interest of moms and babes. I'm curious where this proposed law is coming from.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Outcomes of planned home births with certified professional midwives: large prospective study in North America

Kenneth C Johnson, Betty-Anne Daviss

Abstract

Objective To evaluate the safety of home births in North America involving direct entry midwives, in jurisdictions where the practice is not well integrated into the healthcare system.

Design Prospective cohort study.

Setting All home births involving certified professional midwives across the United States (98% of cohort) and Canada, 2000.

Participants All 5418 women expecting to deliver in 2000 supported by midwives with a common certification and who planned to deliver at home when labour began.

Main outcome measures Intrapartum and neonatal mortality, perinatal transfer to hospital care, medical intervention during labour, breast feeding, and maternal satisfaction.

Results 655 (12.1%) women who intended to deliver at home when labour began were transferred to hospital. Medical intervention rates included epidural (4.7%), episiotomy (2.1%), forceps (1.0%), vacuum extraction (0.6%), and caesarean section (3.7%); these rates were substantially lower than for low risk US women having hospital births. The intrapartum and neonatal mortality among women considered at low risk at start of labour, excluding deaths concerning life threatening congenital anomalies, was 1.7 deaths per 1000 planned home births, similar to risks in other studies of low risk home and hospital births in North America. No mothers died. No discrepancies were found for perinatal outcomes independently validated.

Conclusions Planned home birth for low risk women in North America using certified professional midwives was associated with lower rates of medical intervention but similar intrapartum and neonatal mortality to that of low risk hospital births in the United States.

Introduction

Despite a wealth of evidence supporting planned home birth as a safe option for women with low risk pregnancies,¹⁻⁴ the setting remains controversial in most high resource countries. Views are particularly polarised in the United States, with interventions and costs of hospital births escalating and midwives involved with home births being denied the ability to be lead professionals in hospital, with admitting and discharge privileges.⁵ Although several Canadian medical societies^{6,7} and the American Public Health Association⁸ have adopted policies promoting or acknowledging the viability of home births, the American College of Obstetricians and Gynecologists continues to oppose it.⁹ Studies on home birth have been criticised if they have been too small to accurately assess perinatal mortality, unable to distinguish planned from unplanned home births

accurately, or retrospective with the potential of bias from selective reporting. To tackle these issues we carried out a large prospective study of planned home births. The North American Registry of Midwives provided a rare opportunity to study the practice of a defined population of direct entry midwives involved with home birth across the continent. We compared perinatal outcomes with those of studies of low risk hospital births in the United States.

Methods

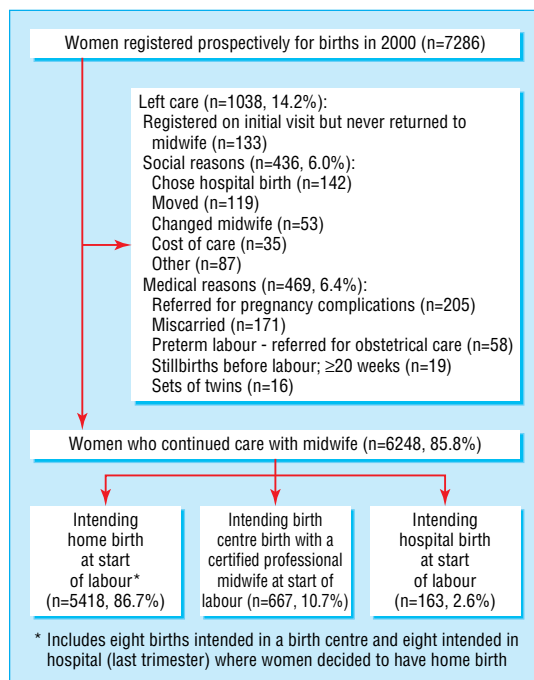
The competency based process of the North American Registry of Midwives provides a certified professional midwife credential, primarily for direct entry midwives who attend home births, including those educated through apprenticeship. Our target population was all women who engaged the services of a certified professional midwife in Canada or the United States as their primary caregiver for a birth with an expected date of delivery in 2000. In autumn 1999, the North American Registry of Midwives made participation in the study mandatory for recertification and provided an electronic database of the 534 certified professional midwives whose credentials were current. We contacted 502 of the midwives (94.0%); 32 (6.0%) could not be located through email, telephone, post, or local associations, 82 (15.4%) had stopped independent practice, and 11 (2.1%) had retired. We sent a binder with forms and instructions for the study to the 409 practising midwives who agreed to participate.

Data collection

For each new client, the midwife listed identifying information on the registration log form at the start of care; obtained informed consent, including permission for the client to be contacted for verification of information after care was complete; and filled out a detailed data form on the course of care. Every three months the midwife was required to send a copy of the updated registration log, consent forms for new clients, and completed data forms for women at least six weeks post partum. To confirm that forms had been received for each registered client, we linked the entered data to the registration database. We reviewed the clinical details and circumstances of stillbirths and intrapartum and neonatal deaths and telephoned the midwives for confirmation and clarification. To verify this information we obtained reports from coroners, autopsies, or hospitals on all but four deaths. For these four, we obtained peer reviews.

Validation and satisfaction

We contacted a stratified, random 10% sample, of over 500 mothers, including at least one client for every midwife in the study. The mothers were asked about the date and place of birth,



Flow chart for mothers using certified professional midwives, 2000

any required hospital care, any problems with care, the health status of themselves and their baby, and 11 questions on level of satisfaction with their midwifery care.

Data analysis

Our analysis focused on personal details of the clients, reasons for leaving care prenatally, the rates and reasons for transfer to hospital during labour and post partum, medical interventions, health and admission to hospital of the newborn or mother from birth up to six weeks post partum, intrapartum and neonatal mortality, and breast feeding. We compared medical intervention rates for the planned home births with data from birth certificates for all 3 360 868 singleton, vertex births at 37 weeks or more gestation in the United States in 2000, as reported by the National Center for Health Statistics,¹⁰ which acted as a proxy for a comparable low risk group. We also compared medical intervention rates with the listening to mothers survey,⁵ a national survey weighted to be representative of the US birthing population aged 18-44. Intrapartum and neonatal death rates were compared with those in other North American studies of at least 500 births that were either planned out of hospital or comparable studies of low risk hospital births.

Results

A total of 409 certified professional midwives from across the United States and two Canadian provinces registered 7623 women whose expected date of delivery was in 2000. Eighteen of the 409 midwives (4.4%) and their clients were excluded from the study because they failed to actively participate and had decided not to recertify or left practice. Sixty mothers (0.8%) declined participation. The figure provides an overview of why women left care before labour and their intended place of birth at the start of labour.

Characteristics of the mothers

We focused on the 5418 women who intended to deliver at home at the start of labour. Table 1 compares them with all women who

gave birth to singleton, vertex babies of at least 37 weeks or more gestation in the United States in 2000 according to 13 personal and behavioural variables associated with perinatal risk. Women who started birth at home were on average older, of a lower socioeconomic status and higher educational achievement, and less likely to be African-American or Hispanic than women having full gestation, vertex, singleton hospital births in the United States in 2000.

Transfers to hospital

Of the 5418 women, 655 (12.1%) were transferred to hospital intrapartum or post partum. Table 2 describes the transfers according to timing, urgency, and reasons for transfer. Five out of every six women transferred (83.4%) were transferred before delivery, half (51.2%) for failure to progress, pain relief, or exhaustion. After delivery, 1.3% of mothers and 0.7% of newborns were transferred to hospital, most commonly for maternal haemorrhage (0.6% of total births), retained placenta (0.5%), or respiratory problems in the newborn (0.6%). The midwife considered the transfer urgent in 3.4% of intended home births. Transfers were four times as common among primiparous women (25.1%) as among multiparous women (6.3%), but urgent transfers were only twice as common among primiparous women (5.1%) as among multiparous women (2.6%).

Medical interventions

Individual rates of medical intervention for home births were consistently less than half those in hospital, whether compared with a relatively low risk group (singleton, vertex, 37 weeks or more gestation) that will have a small percentage of higher risk births or the general population having hospital births (table 3). Compared with the relatively low risk hospital group, intended home births were associated with lower rates of electronic fetal monitoring (9.6% versus 84.3%), episiotomy (2.1% versus 33.0%), caesarean section (3.7% versus 19.0%), and vacuum extraction (0.6% versus 5.5%). The caesarean rate for intended home births was 8.3% among primiparous women and 1.6% among multiparous women.

Outcomes

No maternal deaths occurred. After we excluded four stillborns who died before labour but whose mothers still chose home birth, and three babies with fatal birth defects, five deaths were intrapartum and six occurred during the neonatal period (see box). This was a rate of 2.0 deaths per 1000 intended home births. The intrapartum and neonatal mortality was 1.7 deaths per 1000 low risk intended home births after planned breeches and twins (not considered low risk) were excluded. The results for intrapartum and neonatal mortality are consistent with most North American studies of intended births out of hospital¹¹⁻²⁴ and low risk hospital births (table 4).^{14 21 22 24-30}

Breech and multiple births at home are controversial among home birth practitioners. Among the 80 planned breeches at home there were two deaths and none among the 13 sets of twins. In the 694 births (12.8%) in which the baby was born under water, there was one intrapartum death (birth at 41 weeks, five days) and one fatal birth defect death.

Apgar scores were reported for 94.5% of babies; 1.3% had Apgar scores below 7 at five minutes. Immediate neonatal complications were reported for 226 newborns (4.2% of intended home births). Half the immediate neonatal complications concerned respiratory problems, and 130 babies (2.4%) were placed in the neonatal intensive care unit.

Table 1 Characteristics of 5418 women planning home births with certified professional midwives in the United States, 2000, compared with all singleton, vertex births at ≥ 37 weeks' gestation in the United States, 2000. Values are percentages unless stated otherwise

Characteristics	No (%) of women planning home birth*(n=5418)	All singleton, vertex births at ≥ 37 weeks gestation in USA, 2000† (n=3 360 86)
Mother's age:		
≤ 19	130 (2.4)	11.6
20-24	930 (17.2)	25.3
25-29	1554 (28.7)	27.1
30-34	1423 (26.3)	22.9
35-39	969 (17.9)	10.9
≥ 40	327 (6.0)	2.1
Parity:		
0	1690 (31.2)	40.2
1	1295 (23.9)	32.8
≥ 2	2415 (44.6)	27
Mother's formal education:		
High school or less	2152 (39.2)	52.4
Any college	1272 (23.2)	21.6
College graduate	1169 (21.3)	22.7
Postgraduate	692 (12.7)	6.0
Partner status at time of birth:		
Has partner	5169 (95.4)	NA
No partner	164 (3.1)	NA
Ethnicity:		
White	4846 (89.4)	58.2
Hispanic	216 (4.0)	20.2
African-American	70 (1.3)	14.1
Other	140 (2.6)	5.8
Other special groups:		
Amish	467 (8.7)	NA
Mennonite	194 (3.6)	NA
Socioeconomic status‡:		
Low	1256 (23.2)	19
Middle	3244 (59.9)	44
Upper	664 (12.3)	21
Location:		
City	1891 (34.9)	NA
Small town	1506 (27.9)	NA
Rural	1734 (32.0)	NA
Time (trimester) prenatal care began:		
1st	2483 (45.8)	81.8
2nd	2075 (38.2)	12.6
3rd	803 (14.8)	2.7
Smoked during pregnancy:		
No	5099 (94.1)	76.2
Yes:	164 (3.0)	8.9
1-9 cigarettes/day	86 (1.6)	6.4
≥ 10 cigarettes/day	78 (1.4)	2.5
Unknown or not stated	155 (2.9)	14.9
Alcohol intake (drinks/week) during pregnancy:		
None	5162 (95.3)	85.7
Yes:	136 (2.5)	0.8
< 2	113 (2.1)	NA
≥ 2	23 (0.4)	NA
Unknown or not stated	120 (2.2)	13.6
Gestational age of infants (weeks):		
< 37	77 (1.4)	—
37-41	4834 (89.2)	91.7
≥ 42	361 (6.7)	8.3
Birthweight (g):		
< 2501	60 (1.1)	2.4
2501-3999	3787 (69.8)	86.5
≥ 4000	1319 (24.3)	11.1

NA=Not available.

*Percentages do not always add up to 100 owing to missing values.

†Based on data from birth certificates for all 3 360 868 such births. Data reported by National Center for Health Statistics.¹⁰

‡Based on midwife's evaluation.

Health in first six weeks post partum

Health problems in the six weeks post partum were reported for 7% of newborns. Among the 5200 (96%) mothers who returned for the six week postnatal visit, 98.3% of babies and 98.4% of mothers reported good health, with no residual health problems. At six weeks post partum, 95.8% of these women were still breast feeding their babies, 89.7% exclusively.

Outcome validation and client satisfaction

Among the stratified, random 10% sample of women contacted directly by study staff to validate birth outcomes, no new transfers to hospital during or after the birth were reported and no new stillbirths or neonatal deaths were uncovered. Mothers' satisfaction with care was high for all 11 measures, with over 97% reporting that they were extremely or very satisfied. For a subsequent birth, 89.6% said they would choose the same midwife,

Table 2 Transfers to hospital among 5418 women intending home births with a certified professional midwife in the United States, 2000, according to timing, urgency, and reasons

Variable	No (%) needing urgent transfer	No (%) needing transfer
Timing of transfers		
Stage before delivery:		
1st*	62 (1.1)	380 (7.0)
2nd*	51 (0.9)	134 (2.5)
Not specified	4 (0.1)	32 (0.6)
After delivery:		
Maternal transfers	43 (0.8)	72 (1.3)
Newborn transfers	25 (0.5)	37 (0.7)
All	185 (3.4)	655 (12.1)
Reasons for transfer†		
During labour:		
Failure to progress in 1st stage	4 (0.1)	227 (4.2)
Failure to progress in 2nd stage	12 (0.2)	80 (1.5)
Pain relief	4 (0.1)	119 (2.2)
Maternal exhaustion	1 (<0.1)	112 (2.1)
Malpresentation	20 (0.4)	94 (1.7)
Thick meconium	13 (0.2)	49 (0.9)
Sustained fetal distress	31 (0.6)	49 (0.9)
Baby's condition	5 (0.1)	21 (0.4)
Prolonged or premature rupture of membranes	0	19 (0.4)
Placenta abruptio or placenta previa	5 (0.1)	10 (0.2)
Haemorrhage	5 (0.1)	7 (0.1)
Pre-eclampsia or hypertension	5 (0.1)	13 (0.2)
Cord prolapse	3 (0.1)	6 (0.1)
Breech	1 (<0.1)	3 (0.1)
Other	9 (0.2)	17 (0.3)
Post partum:		
Newborn transfers:		
Respiratory problems	14 (0.3)	33 (0.6)
Evaluation of anomalies	2 (<0.1)	8 (0.1)
Other reasons	9 (0.2)	17 (0.3)
Maternal transfers:		
Haemorrhage	21 (0.4)	34 (0.6)
Retained placenta	14 (0.3)	28 (0.5)
Suturing or repair of tears	1 (<0.1)	14 (0.2)
Maternal exhaustion	2 (<0.1)	4 (0.1)
Other reasons	5 (0.1)	8 (0.1)

*104 of these women were transferred to hospital after midwives' first assessment of labour (1.9% of labours), 38 of which were considered urgent.

†Totals for urgent transfers are based on primary reason for transport only, but column for all transfers adds up to more than number transported as both primary and secondary reason (if reported) for transport to hospital are presented.

Table 3 Intervention rates for 5418 planned home births attended by certified professional midwives and hospital births in the United States

Intervention	No (%) of intended home births with certified professional midwives in US, 2000 (n=5418)	Singleton, vertex births at ≥37 weeks gestation in US, 2000* (n=3 360 868) (%)	Survey of singleton births in all risk categories in US, 2000-1† (n=1583) (%)
Electronic fetal monitoring	520 (9.6)	84.3	93
Intravenous	454 (8.4)	NR	85
Artificial rupture of membranes	272 (5.0)	NR	67
Epidural	254 (4.7)	NR	63
Induction of labour‡	519 (9.6)	21.0	44
Stimulation of labour	498 (9.2)	18.9	53
Episiotomy	116 (2.1)	33.0	35
Forceps	57 (1.0)	2.2	3
Vacuum extraction	32 (0.6)	5.2	7
Caesarean section	200 (3.7)	19.0	24

NR=not reported on birth certificate.

*Based on data from birth certificates for all 3 360 868 such births in United States in 2000. Data reported by National Center for Health Statistics.¹⁰ This subset of birthing women would generally be low risk, but would include a small percentage of higher risk women who would likely require more medical intervention.

†Results from listening to mothers survey, October 2002. Percentages weighted to reflect US population of birthing women, aged 18-44.⁵ Includes about 20% of women not at low risk who may experience higher intervention rates.

‡For certified professional midwives 2000 study and listening to mothers survey, both attempted and successful inductions were reported; for US birth certificate data only successful inductions are reported.

9.1% another certified professional midwife, and 1.7% another type of caregiver.

Discussion

Women who intended at the start of labour to have a home birth with a certified professional midwife had a low rate of intrapartum and neonatal mortality, similar to that in most studies of low risk hospital births in North America. A high degree of safety and maternal satisfaction were reported, and over 87% of mothers and neonates did not require transfer to hospital.

A randomised controlled trial would be the best way to tackle selection bias of mothers who plan a home birth, but a randomised controlled trial in North America is unfeasible given that even in Britain, where home birth has been an incorporated part of the healthcare system for some time, and where cooperation is more feasible, a pilot study failed.³¹ Prospective cohort studies remain the most comprehensive instruments available.

Our results for intrapartum and neonatal mortality are consistent with most other North American studies of intended births out of hospital and studies of low risk hospital birth (table 4). A meta-analysis² and the latest research in Britain,^{3 4 32} Switzerland,³³ and the Netherlands³⁴ have reinforced support of home birth. Researchers reported high overall perinatal mortality in a study of home birth in Australia,³⁵ qualifying that low risk home births in Australia had good outcomes but that high risk births gave rise to a high rate of avoidable death at home.³⁶ Two prospective studies in North America found positive outcomes for home birth,^{23 24} but the studies were not of sufficient size to provide relatively stable perinatal death rates. None of this evidence, including ours, is consistent with a study in Washington State based on birth certificates.²¹ That study reported an increased risk with home birth but lacked an explicit indication of planned place of birth, creating the potential inclusion of high risk unplanned, unattended home births.^{28 37}

Our study has several strengths. Internationally it is one of the few, and the largest, prospective studies of home birth, allow-

Table 4 Combined intrapartum and neonatal mortality in studies of planned out of hospital births or low risk hospital births in North America (at least 500 births)

Type of studies and references	Location, period	No of births	Combined intrapartum and neonatal mortality (per 1000)*
Low risk out of hospital births attended by midwives:			
Burnett et al ¹¹	North Carolina, 1974-6	934	3.0†
Mehl et al ¹²	United States, 1977	1146	3.5
Schramm et al ¹³	Missouri, 1978-84	1770	2.8
Janssen et al ¹⁴	Washington State, 1981-90	6944	1.7†
Sullivan and Beeman ¹⁵	Arizona, 1983	1243	2.4
Tyson ¹⁶	Canada, Toronto, 1983-8	1001	2.0†
Hinds et al ¹⁷	Kentucky, 1985	575	3.5†
Durand ¹⁸	Farm, Tennessee, 1972-92	1707	2.3
Rooks et al ¹⁹	84 birth centres across United States, 1985-7	11 814	0.6
Anderson et al ²⁰	90 home birth practices across United States, 1987-91	11 081	0.9
Pang et al ²¹	Washington State, 1989-96	6133	2.0†
Schlenzka ²²	California, 1989-90	3385	2.4
Murphy et al ²³	United States, 1993-5	1350	2.5
Janssen et al ²⁴	Canada, British Columbia, 1998-9	862	2.3
Johnson and Daviss ³⁷	United States and Canada, 2000	5418	1.7
Low risk births attended by physicians or obstetricians in hospitals:			
Neutra et al ²⁵	One academic hospital in Boston (lowest risk women), 1969-75	12 055	0.5-1.1†
Amato ²⁶	One community hospital, 1974-5	4144	3.4†
Adams ²⁷	15 hospitals	10 521	1.7
Rooks et al ²⁸	National natality survey, 1980	2935	2.5†
Janssen et al ¹⁴	Washington, 1981-90	23 596	1.7†
Leveno et al ²⁹	One academic hospital in Dallas, 1982-5	14 618	1.0
Eden et al ³⁰	Twelve hospitals Illinois, 1982-5	8135	1.9
Pang et al ²¹	Washington State, 1989-96	10 593	0.7†
Schlenzka ²²	California 1989-90	806 402	1.9
Janssen et al ²⁴	Canada, British Columbia, 1998-9	733	1.4

Table is presented for general comparison only. Direct comparison of relative mortality between individual studies is ill advised, as many rates are unstable because of small numbers of deaths, study designs may differ (retrospective versus prospective, assessment and definition of low risk, etc.), the ability to capture and extract late neonatal mortality differs between studies, and significant differences may exist in populations studied with respect to factors such as socioeconomic status, distribution of parity, and risk screening criteria used. For example, see the study by Schlenzka. Although the crude mortality for low risk babies weighing over 2500 g intended at home was 2.4 per 1000 and intended in hospital was 1.9 per 1000, when standard methods were employed to adjust for differences in risk profiles of the two groups (indirect standardisation and logistic regression), both methods showed slightly lower risk for intended home births.

*Excludes lethal congenital anomalies.

†Neonatal mortality only, intrapartum mortality unreported.

ing for relatively stable estimates of risk from intrapartum and neonatal mortality. We accurately identified births planned at home at the start of labour and included independent verification of birth outcomes for a sample of 534 planned home births. We obtained data from almost 400 midwives from across the continent.

Regardless of methodology, residual confounding of comparisons between home and hospital births will always be a possibility. Women choosing home birth (or who would be willing to be randomised to birth site in a randomised trial) may differ for unmeasured variables from women choosing hospital birth. For example, women choosing home birth may have an advantageous enhanced belief in their ability to give birth safely with little medical intervention. On the other hand, women who choose hospital birth may have a psychological advantage in North America associated with not having to deal with the social pressure and fears of spouses, relatives, or friends from their choice of birth place.

Our results may be generalisable to a larger community of direct entry midwives. The North American Registry of Midwives was created in 1987 to develop the certified professional midwife credential—a route for formal certification for midwives involved in home birth who were not nurse midwives and who came from diverse educational backgrounds. Thus the women who chose to become certified professional midwives were a subset of the larger community of direct entry midwives in North America

whose diverse educational backgrounds and midwifery practice were similar to certified professional midwives. From 1993 to 1999, using an earlier iteration of the data form, we collected largely retrospective data on a voluntary basis mainly from direct entry midwives involved with home births approached through the Midwives Alliance of North America Statistics and Research Committee and the Canadian Midwives Statistics' Collaboration. This earlier unpublished data of over 11 000 planned home births showed similar demographics, rates of intervention, transfers to hospital, and adverse outcomes.

As with the prospective US national birth centre study¹⁹ and the prospective US home birth study,²³ the main study limitation was the inability to develop a workable design from which to collect a national prospective low risk group of hospital births to compare morbidity and mortality directly. Forms for vital statistics do not reliably collect the information on medical risk factors required to create a retrospective hospital birth group of precisely comparable low risk,³⁸⁻⁴⁰ and hospital discharge summary records for all births are not nationally accessible for sampling and have some limitations, being primarily administrative records.

One exception, and an important adjunct to our study, was Schlenzka's study in California.²² In this PhD thesis, Schlenzka was able to establish a large defined retrospective cohort of planned home and hospital births with similar low risk profiles, because birth and death certificates in California include

intended place of birth and these had been linked to hospital discharge abstracts for 1989-90 for a caesarean section study. When the author compared 3385 planned home births with 806 402 low risk hospital births, he consistently found a non-significantly lower perinatal mortality in the home birth group. The results were consistent regardless of liberal or more restrictive criteria to define low risk, and whether or not the analysis involved simple standardisation of rates or extensive adjustment for all potential risk variables collected.²²

An economic analysis found that an uncomplicated vaginal birth in hospital in the United States cost on average three times as much as a similar birth at home with a midwife⁴¹ in an environment where management of birth has become an economic, medical, and industrial enterprise.⁴² Our study of certified professional midwives suggests that they achieve good outcomes among low risk women without routine use of expensive hospital interventions. Our results are consistent with the weight

Categories of intrapartum and postpartum deaths (n=14) among 5418 women intending at start of labour to deliver at home

Intrapartum deaths (n=5)

Term pregnancy, transferred in first stage, cord prolapse discovered with artificial rupture of membranes in hospital

Term pregnancy, breech transported in second stage because of decelerations, delivered during transport

Term pregnancy, breech, transport after birth at home

Term pregnancy, 41 weeks five days. Subgaleal, subdural, subarachnoid haemorrhage. No fetal heart irregularities detected with routine monitoring. Apgar scores 1 and 0

Post-term pregnancy at 42 weeks three days, nuchal cord 6X and a true knot

Neonatal deaths (n=9)

Lethal congenital anomalies (n=3):

Dwarf and related anomalies

Acrocallosal syndrome

Trisomy 13

Other causes (n=6):

Term pregnancy, average labour. Apgar scores 6/2.

Transported immediately, died at 1½ hours of age in hospital.

Autopsy said "mild medial hypertrophy of the pulmonary arterioles which suggest possible persistent pulmonary hypertension of a newborn or persistent fetal circulation . . . some authorities would argue this is a SIDS and others disagree based on the age. Regardless, infant suffered hypoxia and cardiopulmonary arrest"

Term pregnancy, Apgar scores 9/10. Suddenly stopped breathing at 15 hours of age. Died at five days in hospital, sudden infant death syndrome

Term pregnancy, transport at first assessment because of decelerations, rupture of vasa previa before membranes ruptured, caesarean section, died in hospital two days after birth

Term pregnancy, Apgar scores 9/10. Baby died at 26 hours. Sudden infant death syndrome

Post-term pregnancy, 42 weeks two days age based on clinical data as mother not aware of last menstrual period and refused ultrasonography. One deceleration during second stage, which resolved with position change. Apgar scores 3/2. Brain damage associated with anoxia, baby died at 16 days

Term pregnancy. Mother and baby transported to hospital because mother, not baby, seemed ill, but both discharged within 24 hours. Mother, not baby, given antibiotics by physician a few days after the birth for general sickness. Baby readmitted from home at 16 days because of nursing problems, died at 19 days of previously undetected Group B streptococcus

What is already known on this topic

Planned home births for low risk women in high resource countries where midwifery is well integrated into the healthcare system are associated with similar safety to low risk hospital births

Midwives involved with home births are not well integrated into the healthcare system in the United States

Evidence on safety of such home births is limited

What this study adds

Planned home births with certified professional midwives in the United States had similar rates of intrapartum and neonatal mortality to those of low risk hospital births

Medical intervention rates for planned home births were lower than for planned low risk hospital births

of previous research on safety of home birth with midwives internationally. This evidence supports the American Public Health Association's recommendation⁸ to increase access to out of hospital maternity care services with direct entry midwives in the United States. We recommend that these findings be taken into account when insurers and governing bodies make decisions about home birth and hospital privileges with respect to certified professional midwives.

We thank the North American Registry of Midwives Board for helping facilitate the study; Tim Putt for help with layout of the data forms; Jenness Oakhurst, Shannon Salisbury, and a team of five others for data entry; Adam Slade for computer programming support; Amelia Johnson, Phaedra Muirhead, Shannon Salisbury, Tanya Stotsky, Carrie Whelan, and Kim Yates for office support; Kelly Klick and Sheena Jardin for the satisfaction survey; members of our advisory council (Eugene Declercq (Boston University School of Public Health), Susan Hodges (Citizens for Midwifery and consumer panel of the Cochrane Collaboration's Pregnancy and Childbirth Group), Jonathan Kotch (University of North Carolina Department of Maternal and Child Health), Patricia Aikins Murphy (University of Utah College of Nursing), and Lawrence Oppenheimer (University of Ottawa Division of Maternal Fetal Medicine); and the midwives and mothers who agreed to participate in the study.

Contributors: KCJ and B-AD designed the study, collected and analysed the data, and prepared the manuscript. KCJ is guarantor for the paper.

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Competing interests: None declared.

Ethical approval: Ethical approval was obtained from an ethics committee created for the North American Registry of Midwives to review epidemiological research involving certified professional midwives.

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Surveillance and Risk Assessment Division, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, PL 6702A, Ottawa, ON, Canada K1A 0K9

Kenneth C. Johnson *senior epidemiologist*

Safe Motherhood/Newborn Initiative, International Federation of Gynecology and Obstetrics, Ottawa, Canada

Betty-Anne Daviss *project manager*

Correspondence to: K C. Johnson ken_lcdc_johnson@phac-aspc.gc.ca

REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members,
Hearing: February 10, 2014, 1:30 p.m. Rm 229

RE: **SB 2569 Relating to Home Birth – IN OPPOSITION**

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

My name is Lani Lee, and I am a mother of two children, whom I gave birth to at home with my midwife/naturopathic physician. My husband (who has also submitted testimony in opposition to these Bills) and doula were also a large part of my birth experiences, which I believe were possible because I chose to give birth at home. Whenever I reflect upon the significant and amazing events of my children's births, I am all the more grateful and resolute about my decision to have had a home birth. On a very personal level, delivering at home made the experience all the more special and memorable. On a medical level, utilizing natural methods of pain management, comfort, and treatment practiced by a skilled and trained midwife allowed me to successfully give birth to my babies with minimal-to-no interventions and drugs.

Just as there is the theory and practice of medicine – or in this case, midwifery – there is also the theory and practice of law. As laws are created to protect consumers and ensure safety, lawmakers also have the obligation to consider and protect the balance of law and humanity. Legislation cannot simply be a litany of burdensome or unrealistic rules and regulation. Bills SB2569 and SB2569 SD1 propose to heavily regulate the practice of midwifery in Hawaii, and as it is currently written, will make it virtually impossible for midwives to practice, or continue practicing this time-honored tradition.

**For the aforementioned reasons, and the following below, I respectfully oppose SB2569
AND SB2569 SD1:**

These Bills suggest home birth is dangerous and unsafe. I join other home birth practitioners, mothers and advocates to correct this misconception. While home birth is not for everyone, it is also not necessarily true that home birth is less safe than a hospital birth. We realize there is a responsibility to provide data, education, and information about home birth practices, training, and experiences to the legislature and community-at-large to bring awareness of the fact that home birth can be a safe, natural,

and completely viable choice. It is essential that the home birthing community be given the opportunity to present these facts and information to support and validate its practices.

As written, this bill would essentially eliminate the option of finding a legal home birth attendant. It is the rite/right of every birthing mother to choose where, with whom, and how she feels best to birth her child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. Furthermore, this bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose.

I do thank the Honorable Senator Josh Green, the Honorable Senator Rosalyn H. Baker, and all the Committee members for their concern in this matter and for the time that was put into drafting these Bills. However, I feel it is important to conduct further research and establish more dialogue with the home birth professionals and community before voting in any legislation about midwifery in Hawaii. I respectfully request that the evaluating Committees of SB2569 and SB2569 SD1 provide an opportunity to work **with** the home birth professionals and community and work **together** to create fair and sound regulation as necessary rather than simply signing the Bills as they are currently written into law.

Sincerely,

Lani Lee

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: yorkcarlton@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 4:06:18 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carlton York	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: paikoman@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 4:29:09 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Hallett	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Hawaii Senate Committees on Judiciary and Labor, Health, and Consumer Protection and Commerce

From: Karen Worthington, JD
66 Puakea Place
Kula, Hawaii 96790
Karen@karenworthington.com
808-214-9336

Submission date: February 9, 2014
Hearing date: 1:30pm HST, February 10, 2014
RE: Written testimony **opposing SB 2569**

Dear Committee members:

I strongly urge you to vote against the current version of Senate Bill 2569, relating to home birth. As currently written (the revised draft, not the original proposed bill or the compromise mark-up of that bill), SB 2569 places the state of Hawaii in charge of a pregnant woman's medical decisions about her pregnancy and the birth of her baby. It removes the choice from her, her partner, and her health care provider about what provider will care for them during pregnancy and birth, and the environment into which the baby will be born.

The law as written, when applied on Maui, will actually require families to be separated during the first 24 hours of the baby's life. This is because Maui Memorial Medical Center (MMMC), a wonderful facility that provides excellent health care, is located in an outdated facility that is not equipped to allow fathers to remain with their babies beyond prescribed visiting hours; fathers cannot remain with the baby overnight. Therefore, when a baby is born outside the visiting hours, after the mother and baby are moved to a regular room, the father has to leave. During a 24-hour hospital stay, the father will be denied 8-12 hours of bonding time with his newborn baby. In addition, mothers from Lana'i, Moloka'i, and Hana will be forced to be separated from their other children if they are denied the right to have a safe home birth with a licensed midwife of their choice.

SB2569 forces families into this separation because if the mother is not considered "low-risk" during her pregnancy, regardless of the present medical risk to her and her unborn baby as determined on an individualized basis with her health care provider, she will be forced to have either a home birth unattended by a professional or a birth at MMMC.

Although detrimental to family bonding, this forced separation is the least severe of the decisions the state of Hawai'i proposes to make for pregnant parents with SB 2569. Rather than allowing a pregnant woman and her chosen health care provider make individualized decisions about her health care, the state of Hawai'i will eliminate choices for the woman based on a predetermined statutory category into which she will be placed. This is completely contrary to individualized, patient-centered care that is designed around each patient's unique needs, risk factors, situation and preferences.

Choosing a licensed midwife for the care of herself and her baby is a safe, appropriate option for pregnant women. This option is safely used around the world with optimal health outcomes for mothers and babies, and reduces the risk of things such as secondary infections contracted during the hospital stay. If the state of Hawai'i is concerned about the safety of home births, rather than forcing women who choose not to give birth in a hospital to have an unattended birth, the state should focus on making the practice

of midwifery and home births a safer alternative. The state of New Mexico has an excellent statutory structure that would be a useful model for Hawai'i to follow. There are other examples of states that have chosen to allow pregnant women and their partners to make individual choices about health care with licensed midwives and home births one of those options.

Hawai'i is a culturally diverse state with limited healthcare resources outside Honolulu. I urge your committees to honor the diversity of our citizens and the range of maternity care decisions that diversity brings, to expand the health care options available to women and families, and to enhance the safety of home births and midwifery practices by adopting a statutory scheme modeled after New Mexico. I ask that you oppose SB2569 in its current form and in any form that will replace a woman's medical decisions with the decisions of the state of Hawai'i.

I am writing to you about this issue from my perspective as an attorney, a parent, and a member of the Maui community.

Sincerely,

A handwritten signature in cursive script that reads "Karen Worthington". The ink is dark and the handwriting is fluid and legible.

Karen Worthington

February 10, 2014
Monday
1:30 PM
Conference Room 229
State Capitol

To: Senator Josh Green, Chair - Committee on Health
Senator Rosalyn Baker, Chair - Committee on Commerce and Consumer
Protection
Senator Clayton Hee, Chair - Committee on Judiciary and Labor

From: Pai-Jong Stacy Tsai

Re: SB 2065/SB2065SD1, Relating to Health

Position: Strongly support licensure, patient safety rules/regulations, informed consent, data collection, and establishment of a board to ensure Home Birth Safety in Hawaii as per Hawaii ACOG testimony

Dear Senators Green, Baker, Hee and members of the Committees on Health, Commerce and Consumer Protection, and Judiciary and Labor:

I personally cared for a patient who attempted to deliver at home with a previous cesarean section. She was admitted to the hospital immediately after delivery due to postpartum hemorrhage (excessive bleeding immediately after delivery). We were worried that she may have ruptured her uterus, which is life-threatening complication in someone who had a previous cesarean scar. It is not standard of care to offer home delivery to someone who had a previous cesarean delivery due to the risk of uterine rupture that can quickly lead to maternal and neonatal mortality. This patient was fortunate that her bleeding stopped after administration of medications.

I am very concerned about the safety of our mothers and their babies who opt for a planned home birth. The most recent and largest study to date reveals that there is a four-fold increased risk of neonatal death associated with home birth. In addition, there is a seven-fold increased risk of neonatal death for first time mothers who deliver at home and a ten – fold increased risk for pregnancies more than 41 weeks gestation. [Grunebaum A, Chervenak F, etal. Society for Maternal Fetal Medicine Abstract. February 7, 2014.]

Currently, there is no licensure, and therefore no patient safety rules and regulations regarding home birth. There are many complications that can occur, particularly with high-risk pregnancies. However, even low-risk pregnancies can quickly, within a few minutes or even seconds, become high-risk during the labor and delivery process.

To ensure that all of Hawaii's mothers and babies have a safe and happy birth experience, I urge you to support the Home Birth Safety bill. This bill will ensure that home birth providers have had formal obstetrics education to care for mothers and infants, follow patient safety regulations such as no high-risk pregnancy deliveries at home, adequately inform their patients regarding their educational background and the possible risks of home birth, and require the timely completion of birth certificates and other data for all planned home births.

Thank you for the opportunity to submit this testimony on this very important Women's Health issue.

A handwritten signature in black ink, appearing to read 'Pai-Jong Stacy Tsai', written over a horizontal line.

Pai-Jong Stacy Tsai, MD, MPH

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: stewart.brady@ymail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 7:15:47 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
brady stewart	Individual	Oppose	No

Comments: Midwives have existed since before doctors. Women know best how to take care of themselves and it is not the place for doctors to try to regulate natural functions. This is the same issue as abortion. It is about a woman's right to choose. Doctors and hospitals have their place as last resorts in the case of emergencies. Otherwise, women should have the freedom to choose how and where they feel comfortable birthing. Lives are not commodities in a market and doctors need to accept their limited function rather than trying to pull everyone into a hospital setting where they can profit off of them. Please do not support this bill.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: KMurray.testimony@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 7:59:57 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Murray	Individual	Oppose	No

Comments: Our current medical system is not qualified to judge midwives. They do not have a deep enough respect for their knowledge. This bill also provides for an uneven representation of 2 midwives to 10 other doctors. Also I would not like the midwives to be subject to the same treatment as doctors are overridden by the insurance administrators.

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: mtex@hawaii.rr.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 8:15:04 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marlene	Individual	Support	No

Comments: I agree with Hawaii ACOG's written testimony

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ka2kaloko@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 8:23:33 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kelley Asbell	Individual	Oppose	No

Comments: This bill SB2569 is a clear case of bullying. I am not opposed to education and licensing for midwifery practice in Hawaii but attaching a requirement to be affiliated with a physician is where arrogance becomes a bully. The physician, clinic, hospital under this bill will now have access to insurance claims. The affordable care act requiring everyone to have insurance. Will the midwife also be compensated from an insurance claim?

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jareschan@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 8:31:18 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Reschan	Individual	Oppose	No

Comments:

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Hearing date 2-10-14 1:30pm rm 229
RE: SB2569 and SB2569 SD1 Relating to Home Birth

To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

I Sayaka Blakene, **oppose** this bill because it is based on the false presumption that home birth is unsafe. Home birth is very safe as shown in various studies, when attended by trained midwives.

I have just given birth to my fourth child at the comfort of my home with one of the leading midwife and I would have to say that it was the most comfortable and easy labor out of all four children and I would recommend it to future mothers. It would be so sad and heard breaking to see something wonderful I experienced to be so limited in the future because of this bill.

This bill does not take into consideration the various types of midwives and is trying to put a medical/hospital model in an out-of-hospital setting. This is unrealistic and will eliminate the option for families to choose to have a safe homebirth because there will not be anyone to attend these births legally.

I ask that the homebirth community is given the time to present you with current, factual information and come up with a bill that will include various homebirth providers as well as OBs and will serve and protect those families who choose homebirth.

Aloha and Mahalo

Sayaka Blakeney

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bford@co.hawaii.hi.us
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 8:42:40 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Brenda Ford	Individual	Oppose	No

Comments: I oppose SB 2569. Every woman should have a choice to use a midwife or deliver in a hospital. I've lost two ob-gyns who retired because their malpractice insurance premiums was so high that it drove them out of business. While high-risk pregnancies should be under a doctor's supervision, a caring, knowledgeable midwife can handle normal births. The insurance that may be required if this bill passes would be prohibitive to midwives. Pleas allow them to practice without the state's intervention. Mahalo.

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From: [morikawa2-Joanna](#) on behalf of [HLTtestimony](#)
To: [HTHTestimony](#)
Subject: FW: SB 2569
Date: Monday, February 10, 2014 8:50:35 AM

From: maile davis [mailto:mailedavis@hotmail.com]
Sent: Sunday, February 09, 2014 10:11 AM
To: HLTtestimony; CPCtestimony; JUDtestimony
Cc: Sen. Josh Green; Sen. Roz Baker; Sen. Brian Taniguchi; Sen. Clayton Hee; Sen. Maile Shimabukuro; Sen. J. Kalani English
Subject: SB 2569

[COMMITTEE ON HEALTH](#)

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

[COMMITTEE ON COMMERCE AND CONSUMER PROTECTION](#)

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

[COMMITTEE ON JUDICIARY AND LABOR](#)

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Testimony in Opposition of SB 2569

I am writing to you today with concerns and a strong opposition about SB 2569 on behalf of myself, husband and four daughters. I was born and raised in Haiku Maui and one of the reasons I chose to stay in Haiku and raise my family is because of the cultural aspects, it's diversity and feeling of aloha when considering all aspects of different ways to raise our own families. SB 2569 is a good idea in theory but there should be more discussion and better research to support the facts that are currently used in the bill. Hawaii has always been a leader in many ways and this is one example in which we will fall behind in the rest of the nation and world. We must seriously reconsider if this is something that we want to happen. As mentioned before, my husband who is employed by the Federal Government as a Air Traffic Controller and my self as a small business owner, we are raising four daughters between the ages of 11 to 2. We have one being home schooled, one attending Kamehameha school and another at our local public school. We are active in our community spending countless hours volunteer in all our their schools and many more hours for the many sports they are involved in, including soccer, dance, music, horses and polo. Three of them were lovingly brought into the world by Dr. Inoyne at Maui Memorial Hospital and our last was born in our home by a certified midwife (although under the current law that is being proposed she would not be 'certified' any longer). All my births were wonderful but having the choice to have them where I chose was key. I consider my self well educated, have a BA degree and am in touch with my own health. I did my research when pregnant and choosing how and where to have my children. I was very happy with my doctor and hospital experience but felt there was more to the birthing experience and chose to have my last at home. There is always a fear to the unknown but that does not make it wrong, as in the choice to having a child at home. It aligned with our families spiritual and cultural believes and as a woman I feel it is a personal choice that we should not be denied having. I chose to use a mid-wife who has a licensed in New Mexico but lives in Maui as well part-time and practices in a successful business which is legal and encouraged in New Mexico- but would not be here under the current bill. I hate to think of the options other women might have to go through if things

change with the SB 2569. I would like to also have all my daughters allowed the same choice. They deserve to be able to make an informed discussion and choose the birth choice that they want. I find it hard to believe that, in Hawaii, which prides ourselves to being so open- will not be closed off to what is allowed in virtually all other states. Why we would want to close ourselves off to that would be a mistake. Yes, there should be some allowance and accountability but we must reconsider what is being proposed today. I ask you for your support in doing so and to opposed the bill as it is written now.

Thank you for your time and consideration
Jonathand and Maile Davis
4483 Opana Place
Haiku Maui
96708

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: djsol808@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 8:59:31 AM
Attachments: [BirthingBill.pages](#)

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marisol Carranza	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kabvuk@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 9:16:56 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Vukovich	Individual	Oppose	No

Comments: I oppose bill SB2569 for the following reasons: SB2569 is modeled after some of the worst midwife laws in the country, including Virginia, the only other state that gives the Medical Board oversight over midwife practice, rules, and regulations, which is a clear conflict of interest, and is based in the state's paternalistic "doctor knows best" history of attempting to stamp out the profession of midwifery altogether, which traditionally had been practiced primarily by women of color. Hawaii should be leading the way in fostering diversity, collaboration, and culturally appropriate maternity care, not following the backward examples of states with a long history of denying women access to the care providers of their choice. If SB2569 becomes law, it will put Hawaii dead last on the list of states with family-centered midwife laws that respect the rights of pregnant women to make informed and evidence-based decisions about their personal maternity care choices. SB2569 is not based in evidence or best practices. It denies women who have had a previous cesarean delivery access to midwives and out-of-hospital care, forcing them to give birth in hospitals whose policies dictate surgical delivery for all women with a previous cesarean, whether it's medically indicated or not. When women are denied access to midwives and home birth, many will give birth with no trained attendant at all. By denying so many of Hawaii's families access to midwives and home birth, SB2569 strips citizens of the right to make personal medical decisions in consultation with the health care provider of their choice. I gave birth to my 3 daughters at home, here in Hawaii, and it was the best decision I've ever made. I want all women to have THE CHOICE to make such an important decision.

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REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members,

RE: **SB2569 AND SB2569 SD1 Relating to Home Birth - IN OPPOSITION**

To my Legislators: who represent the State of Hawaii:

I am writing in comment to S.B. No. 2569 and S.B. No. 2569 SD1 as a former and future Hawaii resident.

I was raised in a family that had little to no understanding natural childbirth. I was born planned cesarean birth because my brother born 4 years before me, was an 'emergency cesarean' because he had the cord wrapped around his neck.

My daughter was born 3 ½ years ago at our beautiful home in Hawaii above the Kaneohe Bay. We experience a smooth, intense, and very successful natural home birth. She also had the cord wrapped around her neck, but the midwife very easily pulled the wrap off her neck. To tell you the truth, I didn't even notice it happened or was a problem, because it was resolved so fast.

This made me see how easily what is called an "emergency" in the hospital is really an easily resolved common occurrence in birth. Knowing facts like this makes me question some of the stringent practices that don't need to occur. To each there own. However, having experienced how wonderful homebirth can be, and how much better for the baby and family it is, I avidly SUPPORT the practice of midwifery and homebirth.

Births like cesareans are documented to have life long psychological issues and challenges. I believe that if my brother and I were born at home with a midwife, he would not have had to be cesarean and neither would I. Now, knowing the challenges that I live with everyday that relate to my hospital birth, I strongly appose the Bill being proposed and plea for the freedom of Licensed Midwives to practice at home birth and the right for woman to choose their care providers.

These are several other reasons to oppose SB 2569 and 2569 SD1:

1. On its face, this bill is inaccurate. It cites a flawed study, and it suggests home birth is dangerous and unsafe. I join other home birth practitioners, mothers and advocates to correct that notion. We realize that we have a responsibility to provide data and information about our home birth practices, our training, and our experiences to the legislature and community-at-large.

2. This bill currently tries to define a scope of practice without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent different models of home birthing, each with unique traditions, scopes of practice, varying types of practitioners and their educational backgrounds, safety protocols and standards of care that are already in place.

3. The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. This bill assumes there is no oversight over home birth; in fact, midwives have the capacity to govern themselves.

4. As written, this bill would essentially eliminate the option of finding a legal home birth attendant. It is the rite/right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. Furthermore, this bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Requiring a registry of home birth mothers, for example, fosters stigma around home birth, a scarlet letter. Laws are created to protect consumers and ensure safety. But lawmakers also have the obligation to protect long standing cultural practices of birth.

5. Home birth is a deeply cultural practice that is both respected and honored. We are all descended from an ancestor who gave birth at home. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

For all of these reasons and more, I strongly oppose this bill as it stands. The imposition of these state regulations simply does not take into account the important perspectives of the birth practitioners, the mothers, and advocates of home birth.

Yet, we recognize the need for more information and offer the following:

- We have already begun to form a Home Birth Council that reflects the variety of practices, mothers and advocates. This Council shall be self-defined and self-regulated.
- We request the opportunity to gather data, standards of care, and wise practices to present before the legislature at a later date.
- We request a legislative informational hearing that provides the opportunity to present information about the spectrum of home birth practitioners, their education and training, and existing standards of care.

Thank you for your attention to this vital matter for our future!

Evidence in support of point #1

1. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/MCDG/wp-content/uploads/2013/02/Medscape-Wax-Critique-Michal-Janssen-Vedam-Hutton-de-Jonge.pdf>)

2. Hawaii Health Data Warehouse - Vital Statistics Hawaii
(<http://www.hhdw.org/cms/index.php?page=vital-statistics>)
3. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America
4. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births
5. The Myth of a Safer Hospital Birth for Low Risk Pregnancies
(<http://www.greenmedinfo.com/blog/myth-safer-hospital-birth-low-risk-pregnancies>)
6. AND MORE – add your own strongest studies, there are many!

To the Honorable Chair and Committee members of
Health, Committee on Commerce and Consumer
Protection and Judiciary and Labor,
Hearing date 2-10-14 1:30pm rm 229
RE: SB2569 and SB2569 SD1 Relating to Home Birth

A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.

B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth.

C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.

D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

Mahalo for your time and thoughtful deliberation on this matter.

Casey Holaday

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: nneedle816@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 10:04:52 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Needle	Individual	Oppose	No

Comments:

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1. To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,
2. Hearing date 2-10-14 1:30pm rm 229
3. RE: SB2569 and SB2569 SD1 Relating to Home Birth
4. Oppose
5. Four main points:
 - A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.
 - B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth.
 - C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.
 - D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: roxannedarling@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 10:07:48 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Roxanne Darling	Individual	Oppose	No

Comments: I am a former health coach, scientist, and person very concerned with health and safety of our community. This bill does not provide safety. It does restrict well-tested, long-used methods of home birth and even criminalizes some behaviors! I have been a witness to several home births and hospital births. While your desire to save people from dangerous situations is admirable, this plan will not and cannot do that - instead it will only decrease choices and lead individuals to take possibly dangerous action in order to avoid the law. Please create a committee of experienced midwife practitioners and allow them to inform you before writing such a restrictive bill. Respectfully submitted, Roxanne Darling resident of Maui

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ninia@hawaii.rr.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 10:21:31 AM
Attachments: [Home Birth testimony](#)

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ninia Elsey	Individual	Oppose	Yes

Comments: I will be arriving at the hearing between 3:00 and 3:30 p.m. Hopefully the floor will still be open for testimony. Mahalo. Ninia Parks Elsey

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: deborah@imaginariums.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 10:27:56 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Davis	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: deborah@imaginariums.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 10:41:53 AM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Davis	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: triga64@yahoo.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 10:48:36 AM
Attachments: [Home Birthing ltr.doc](#)

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tricia Higa	Individual	Oppose	No

Comments:

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Edward A. Clark

OFFICE

Taonga Glass
905 Kalanianaʻole Hwy
Unit 18 Box 15A
Kailua Hawaii 96734
USA

PHONE

808-228-9575

EMAIL

edwardclark@taongaglass.com

WEB

www.taongaglass.com

Aloha,

As a father of two kids, and hearing this bill, I began to be very concerned about my future, and what will when I choose to have another kid if these types of laws are passed! There are several choices as a parent and citizen that are currently available, and with these terms in law making, become unavailable and a crime. Options for a safe and healthy baby become limited, and that is a major health and safety concern!

I chose to have a home birth with my two kids. Both were healthy and safely born in Kailua! I had spent several times in a hospital, and go there when I'm sick, but don't feel that it was the safest place to have my children. I chose to have home birth because statistically it is safer, and has been the standard way to have babies for thousands of years across cultures of our world. I also wanted doctors I knew the names of and are the same through my wife's prenatal thru birth and post pardon, which is not available in hospital settings on Oahu.

These proposed laws are to be about the safety of our people which is what law there for. Unfortunately they are not written in that fashion. Statistics shows the safety of home births, yet the alternate medicine found in hospitals is now trying to monopolize the business of being born! This is a policy move to acquire more patients by the hospitals and have insurance companies actually pay out with tandem care transitioning patients. It also requires a license certification from a monopoly, when there are currently places to gain licenses in US. It is obviously written for the profiteers of these corporations, and not the health and safety of our new born citizens and families.

This is a human rights issue! People should be free to birth the way they feel is appropriate, especially when its is proven to be safe! Not only should women have these writes, but fathers, families, all races! This bill as written would make our native Hawaiian birthing practices illegal as well, which is unconstitutional!

I agree that people should have some form of education, maybe even certification to deliver babies. But there are many ways to get that. I can't understand how a doctor who has delivered hundreds



Edward A. Clark

OFFICE

Taonga Glass
905 Kalaniana'ole Hwy
Unit 18 Box 15A
Kailua Hawaii 96734
USA

PHONE

808-228-9575

EMAIL

edwardclark@taongaglass.com

WEB

www.taongaglass.com

or thousands of babies for over 10-50 years would not be as qualified and need the additional paperwork. The way these laws are proposed, that helping hand would risk criminal charges for helping someone be born, which is quite ridiculous! And if there is a board to meet and oversee future midwifery, make it balanced and make it about the types of birthing they will be associated with!

Maybe the laws should be rewritten and require the hospitals to practice the way midwives at home births do, and have some birth centers funded here on Oahu by the government so we have another safe option to birth! There is a time and place where it is necessary to have the extra fancy tools to help with extreme situations for children that in history would not have survived. However for me, and my family, the safest place to have my kids is at home, and I am writing to retain that right as an American Citizen!

Enjoy the Day

Ted

Edward Clark

Testimony

Hearing date: 2-10-2014

RE: SB2569 & SB2569 SD1 Relating to Home birth

Room 229

To the Honorable Chair and Committee Members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,

The proposed bills do not make the birthing process safer for mothers or babies. There is a plethora of information demonstrating home births and natural births are safe and often safer than hospital births. Many women and families feel more comfortable in a home setting which translates into less stress, faster and easier birthing process, and less stress on the newborn. It is important to be educated on the many benefits of home births in comparison to the risks of hospital births.

The birthing process has tremendous influence on the bonding relationship between mother and child. Scientific studies clearly show the importance of touch and skin to skin contact immediately following birth. Many hospitals remove the newborn to weigh, measure and examine the baby. Newborns routinely receive sugar water and pacifiers to stop crying. This has an adverse effect on breastfeeding. Studies clearly show the many positive benefits of home births.

The proposed bills limit families rights to decide what kind of birth process families can choose. Limiting options is not the role of government particularly when evidence based research shows home births are options many families desire.

There are many different types of home births. We live in a multicultural society. It makes much more sense to hear from the home birth community, with its many different types of midwifery practices, as to what standardized practices they propose.

I oppose these bills and request an informed dialogue to continue giving the legislators time to hear all information and become educated on the differing practices before restricting peoples rights. We all desire safe and quality birthing practices resulting in healthy babies and mothers. Lets study the facts, include the many different practitioners, and provide a safe and healthy options for our community

I speak from personal experience, having had both hospital and home births. My home birth was by far the easiest, least stressful, and most inclusive for my family. My granddaughters were also born at home. Their mother chose a home birth with attending midwives though she is a RN at a birthing hospital. Although she had insurance coverage for hospital birth, she chose to pay out of pocket for a homebirth as she felt this was the best option for her family. All these children are healthy.

Thank you for the opportunity to share my views.

Charlene Casserley

676 Holopuni Rd

Kula, Hawaii 96790

To :Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,
Regarding: Hearing date 2-10-14 1:30pm rm 229
RE: SB2569 and SB2569 SD1 Relating to Home Birth

I Oppose

A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.

B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislature's right to decide how and where someone can birth.

C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.

D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

I have given birth to two of my children at home, with midwives, on the island of Kauai. I can testify that both of my home births were the most empowering experiences I have ever had in my life. Being in a comfortable space with a caring midwife can immensely help birth to go smoothly and naturally. Giving birth is a private and natural experience (similar to having intimate intercourse) and should not be treated as a medical procedure. No man will EVER understand giving birth. Being in the presence of a skilled midwife who teaches you to trust your body and your mind, gives a mother unconditional patience and loving energy to her life and to her baby, which in return creates peace. Peace begins in the womb. Being raised by a peaceful, patient mother creates a peaceful, patient child. Homebirth equals peace. Please consider my testimony and understand that giving birth is natural and not medical, after all... Where was Jesus born? That's right, a stable.

Mahalo for your time,

Emily

TESTIMONY FROM: Eomailani Kukahiko

ON: S.B. 2569 and S. B. 2569 SD1 Relating to Home Birth

BEFORE THE: Committee on Health, Committee on Commerce and Consumer Protection,
Committee on Judiciary and Labor

HEARING DATE: Monday, February 10, 2014

TIME: 1:30

LOCATION: State Capitol, Room 229

POSITION: OPPOSE

Aloha my name is Eōmailani Kukahiko and I am a teacher educator for both English language and Hawaiian Language Immersion teachers at the University of Hawai‘i at Mānoa and I oppose any legislation that will inhibit my right as a Native Hawaiian woman to practice my culture by restricting the birth of my choice.

I am a strong advocate for home birth as I believe that it provides the safe and culturally responsive environment for Hawaiian cultural practices which include but are not limited to, pain management, ‘iewe (placenta) care, and the kind of “treatments” that we would like for our newborn children. I see no indication on the proposed board requiring anyone with Hawaiian cultural knowledge of traditional birthing practice and do not feel that my Hawaiian worldview will be honored in this process.

I need to make it clear that I have had experience birth in both hospital and home settings and I choose to advocate for home birth. I too am concerned for the safety and quality of care that expectant mothers get but that is not what this bill will provide. It restricts my right as a mother to choose the care and the people that I need around to me to exercise this most basic maternal and cultural right of birth.

In November of 2008, my husband and I were driving to a hospital in town from Kaneohe shortly after I went into labor. Unfortunately, we didn’t quite make it to the hospital, and my son Kaipō was born in the parking lot, received by his father. Fortunately we had a blanket and my husband was able to waive down some staff to help us. This is where the story gets upsetting. Although my son was safe he was taken to the NICU and I was unable to see him for many hours, and then only when I was able to travel there during visiting hours. When I was able to visit, I saw 20-30 heel pricks, and was told after the fact that he was given antibiotics that could cause deafness. I was then discharged from the hospital, while my son was kept captive in the NICU, for observation, even though there was no indication of any kind of medical problems. My husband and I were sleeping in the car in that same parking lot to remain close to our son. This separation caused great stress on our family and we finally demanded to take our son home.

When we learned that we were having another baby in 2011, my husband and I sought more cultural path for the birth of our child, believing that by invoking spiritual and practical approaches, we could ensure a safe delivery for our youngest child. With the earlier experience of my husband having delivered our son, I was confident that he would be able to do it again, alone, instead this time at home. He encouraged me however to seek a professional with home birth experience. I am so grateful to Dr. Lori Kimata facilitated a safe home birth with minimal medical intervention. His safe arrival into this world through a home-birth, subsequent planting of his ‘iewe in his ancestral home reassure me that he too will be firmly planted in the ways of his kūpuna, and through faith in our Hawaiian traditions and knowledge we will always have the strength to survive and thrive.

From: [lady loveMore](#)
To: [HTHTestimony](#)
Subject: SB2569 Testimony
Date: Monday, February 10, 2014 11:58:28 AM

To:

The Honorable Josh Green, Chair Committee Members of Health

The Honorable Roz Baker, Chair Committee on Commerce and Consumer Protection

The Honorable Clayton Hee, Chair Committee on Judiciary and Labor

Members, Senate Committee on Health

Members, Senate Committee on Commerce and Consumer Protection

Members, Senate Committee on Judiciary and Labor

Hearing: February 10, 2014, 1:30 pm, Room 229

Re: SB 2569 and SB 2569 SD 1, Relating to Home Birth

{IN OPPOSITION}

Good Afternoon Senators,

Thank you for your time.

SB2569 portends to strive to ensure greater safety in out of hospital births. And yet, the means through which this objective is to be fulfilled unfortunately precludes its success. By infringing on a family's right to choose its own birth practitioner, you impose upon a fundamental freedom, you inject medical interest into a private family matter, and, most salient to your objective, you interrupt a bond of trust and confidence that greatly influences the physiological process of birth. This is a point of fact which may not initially resonate within the framework through which you view birth. Nonetheless it is an axiom well appreciated within the midwifery model of care. It is the reason why women will continue to choose this paradigm, despite efforts to malign it. It is the reason women will continue to feel compelled to provide care to one another, whether from light or shadow.

Women will have what they need. Please do not relegate women to secrecy.

History has many examples to offer relevant to the restriction of Women's Health choices; restricting access to care and services has been shown to increase risk, morbidity and mortality.

Rather than carelessly backsliding into a prohibitive and oppressive position against women, I, your female citizen and constituent, challenge you to instead seek an intelligent, enlightened approach toward honoring the needs of the parturient population. One that encourages cohesive, transparent, respectful care, one that trusts women to choose for themselves.

Thank You,

Piper Lovemore

--

p.s. loveMore

' we have a secret in our culture, and its not that birth can be painful, its that women are strong'

take a moment to be inspired:

watch the trailer...

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1. To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor,
2. Hearing date 2-10-14 1:30pm rm 229
3. RE: SB2569 and SB2569 SD1 Relating to Home Birth
4. Oppose
5. Four main points:
 - A) Home birth is safe, as safe if not safer than hospital births. If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe? (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, If legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.
 - B) We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth.
 - C) This bill is divisive because some forms of midwifery/home birth practices would be excluded and criminalized in this bill. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.
 - D) Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: geesey@hawaii.edu
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 12:13:17 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Oppose	No

Comments: Aloha Committee Members; Hopefully someone else has mentioned that midwives are already licensed! By the Hawaii State Board of Nursing no less... This bill doesn't protect Moms or Babies but sure protects a guild and adds lots of unnecessary duplicative work to DCCA. Strongly oppose. Absolutely absurd. mahalo, Yvonne Geesey, JD, Advanced Practice Registered Nurse

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REGULAR SESSION OF 2014

For: Honorable Senate Committee Health Chair Green, Vice Chair Baker and Committee Members

Hearing on 2/10/14 in Room 229

RE: **SB 2569 Relating to Home Birth – IN OPPOSITION**

Aloha Senators,

My husband and I are strong advocates for home birth. We chose to have a home birth with our daughter who is nearly two now, and have also chosen to have a home birth with our second keiki due next month. This was not a decision we made lightly. In fact, it was quite the contrary. We did a lot of research, as the health and safety of our keiki as well as for me, the mother, are paramount. I would hope the same is true for all expectant parents bringing new life into this world. We found that the safest, most peaceful, most natural, and most culturally aligned birth practice for us would be to deliver our baby at our home on that aina that our ohana has lived on for generations.

I strongly oppose SB 2569 for the following reasons.

1. On its face, this bill is inaccurate. It cites a flawed study, and it suggests home birth is dangerous and unsafe. I join other home birth practitioners, mothers and advocates to correct that notion. We realize that we have a responsibility to provide data and information about our home birth practices, our training, and our experiences to the legislature and community-at-large.
2. This bill currently tries to define a scope of practice without an in depth understanding of the various practitioners, roles and responsibilities involved in home birth. The medical hospital-based model it imposes doesn't take into account the population it is regulating and doesn't accurately represent different models of home birthing, each with unique traditions, scopes of practice, varying types of practitioners and their educational backgrounds, safety protocols and standards of care that are already in place.

3. The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't even reflect the participants of home birth practice. This bill assumes there is no oversight over home birth; in fact, midwives have the capacity to govern themselves.

4. As written, this bill would essentially eliminate the option of finding a legal home birth attendant. It is the rite/right of every birthing mother to choose where, with whom, and how she feels best to birth their child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. Furthermore, this bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Requiring a registry of home birth mothers, for example, fosters stigma around home birth, a scarlet letter. Laws are created to protect consumers and ensure safety. But lawmakers also have the obligation to protect long standing cultural practices of birth.

5. Home birth is a deeply cultural practice that is both respected and honored. We are all descended from an ancestor who gave birth at home. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

For all of these reasons and more, I strongly oppose this bill as it stands. The imposition of these state regulations simply does not take into account the important perspectives of the birth practitioners, the mothers, and advocates of home birth.

Lets look out into the world and see how many other countries predominantly use a home birth model and have much lower incidences of infant and maternal mortality. Instead of fearing what may be different to you, lets learn from their success, as well as the very successful home birth track record we have here at home. I hope we can work together to make Hawaii a world leader in safe and healthy birth practices.

Me ke aloha,
Maile Maii

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kramerohana@gmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 1:25:26 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
RENEE KRAMER	Individual	Support	No

Comments:

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To: Honorable Chair and Committee members of Health, Committee on Commerce and Consumer Protection and Judiciary and Labor

Hearing date 2-10-14 1:30pm rm 229

RE: **SB2569 and SB2569 SD1** Relating to Home Birth

Home birth is safe, as safe if not safer than hospital births. **If safety is what the legislators are concerned about, let's study all birth options, home and hospital to discern what is safe?** (Rising c-sect rate, inductions, medications...safe?) Let's dialogue, if legislators are truly interested in learning about home birth as Green's press release indicates, then take this next year to learn about the differences between the midwifery model vs the medical model of birthing. Become educated.

We (the public, the home birth practitioners and community, and the legislators) are all interested in safety and quality care. Unfortunately, this is not what this bill will provide. Instead it restricts the rights of families to deliver their children in the settings they feel true to them and with the attendants they choose. It is not the legislatures right to decide how and where someone can birth.

This bill is divisive because some forms of **midwifery/home birth practices would be excluded and criminalized in this bill**. The home birth community is unifying, and wants to include all practitioners who can then provide support for all the different types of birth experiences the community is asking for.

Let the home birth community form their own advisory counsel with all birth practitioners represented - ND, CPM, CNM, Direct Entry, Traditional midwives, OB, Family Practitioners etc to gather data, dialogue and form appropriate standards acceptable to all birth practitioners and the community, and bring this back to the legislature next session.

To: The Honorable Josh Green, Chair, Committee on Health
The Honorable Rosalyn H. Baker, Vice Chair, Committee on Health

The Honorable Rosalyn H. Baker, Chair, Committee on Commerce and Consumer Protection
The Honorable Brian Taniguchi, Vice Chair, Committee on Commerce and Consumer Protection

The Honorable Clayton Hee, Chair, Committee on Judiciary and Labor
The Honorable Maile Shimabukuro, Vice Chair, Committee on Judiciary and Labor

Members, Senate Committee on Health
Members, Senate Committee on Commerce and Consumer
Members, Senate Committee on Judiciary and Labor

From: MAYLING CHUNG

Date: February 10th, 2014

Hrg: Senate Committee on Health/Senate Committee on Commerce and Consumer Protection/Senate Committee on Judiciary and Labor; Mon. February 10th 2014 at 1:30 p.m. in Rm 229

Re: SB 2569 and SB2569 SD1, Relating to Home Birth – In Opposition

Thank you for the opportunity to offer testimony in opposition of SB 2569 and SB 2569 SD1, both of which attempt to regulate midwifery in the State of Hawaii.

Here are some reasons why I OPPOSE SB2569 and SB2569 SD1:

- It is the right of every birthing mother to choose where, with whom, and how she feels best to birth her child, in accordance with self-determination and privacy and in the context of cultural, traditional, spiritual or personal beliefs. This bill currently proposes to violate a woman's bodily autonomy and a woman's right to choose. Both bills take away choices for women when it comes to their reproductive health.
- SB2569 threatens women's health and negatively limits midwifery and home birth in the state of Hawaii by creating a context in which mothers who choose to home birth may potentially find illegal care providers, which poses greater risk to herself and her baby. The bill also infringes on patients' rights and violates their right to medical privacy.
- Home birth with a trained midwife is not an issue of safety as presented by this bill, which uses incomplete data to support its claim. It refers to a two to three fold increase in neonatal mortality cited from a study that has been refuted. Here are studies addressing that particular study, along with others that support home birth with a trained midwife to be just as safe as a hospital birth. (see sources 1,2,3,4,5 below)
- These bills do NOT take into account cultural practices in home birth. It must be viewed in the context of a cultural, traditional, spiritual belief and practice, which is protected by law.

- The Home Birth Safety Board is also based on a medical model, and it does not reflect the culture and practice of home birth. It doesn't reflect the participants of home birth practice. The Home Birth Safety Board should be autonomous from the Hawaii Medical Board and comprised primarily of the home birth providers with some OB/MD representation but certainly not the majority or even half. There should be a Home Birth Providers Board overseen directly by the DCCA .

Suggestions: Write a new bill next legislative session that addresses the concerns stated above and include home birth providers and key stakeholders in the birthing community when drafting new legislation. Amending SB2569 OR SB2569 SD1 is NOT an option. Both bills are too flawed to correct given the time constraints of the legislature. A complete overhaul of these bills must ensue. There are many suggestions for a new bill, please let's work together to create it.

Thank you for your time. I appreciate the opportunity to testify.

Aloha,
MAYLING CHUNG

Sources: 1. "Home Birth versus Hospital Birth: Questioning the Quality of the Evidence on Safety" article published in Birth (Volume 30, Issue 1, pages 57-63, March 2003) "In contrast, the Midwives Association of Washington State press release stated that 'Childbearing women and health policy makers should be made aware that the study contains numerous flaws and limitations...this study alone should not be used to make decisions that could restrict women's choice of birth place or access to birth attendants with expertise in home birth'" (<http://onlinelibrary.wiley.com/.../j.1523-536X.../abstract>) 2. Planned Home vs Hospital Birth: A Meta-Analysis Gone Wrong, Medscape Ob/Gyn & Women's Health 4/1/2011 (<http://cfpcwp.com/.../Medscape-Wax-Critique-Michal...>) 3. Hawaii Health Data Warehouse - Vital Statistics Hawaii (<http://www.hhdw.org/cms/index.php?page=vital-statistics>) 4. BMJ 2005;330;1416 Outcomes of planned home birth with certified professional midwives; large prospective study in North America 5. BJOG, 2009 Aug; 116(9):1177-84 Perinatal mortality and morbidity in a nationwide cohort of 529,688 low risk planned home and hospital births 6. The Myth of a Safer Hospital Birth for Low Risk Pregnancies (<http://www.greenmedinfo.com/.../myth-safer-hospital-birth...>) "Study validity questioned" in The American Journal of Obstetrics & Gynecology (volume 204, Issue 4, page e14, April 2011) ([http://ajog.org/article/S0002-9378\(10\)01107-5/fulltext](http://ajog.org/article/S0002-9378(10)01107-5/fulltext)) 7. Home birth metaanalysis: does it meet AJOG's reporting requirements? ([http://ajog.org/article/S0002-9378\(11\)00074-3/fulltext](http://ajog.org/article/S0002-9378(11)00074-3/fulltext)) 8. International data demonstrate home birth safety. (<http://www.ncbi.nlm.nih.gov/pubmed/21458614>) 9. "Home birth triples the neonatal death rate": public communication of bad science? ([http://www.ajog.org/article/S0002-9378\(11\)00075-5/abstract](http://www.ajog.org/article/S0002-9378(11)00075-5/abstract)) 10. <http://www.ncbi.nlm.nih.gov/pubmed/23769011> 11. <http://www.bmj.com/content/330/7505/1416> 12. Outcomes of Care for 16,924

Planned Home Births in the United States: The Midwives Alliance of North America
Statistics Project, 2004 to 2009

<http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12172/pdf>

From: [Jared Miller](#)
To: [HTHTestimony](#)
Subject: Opposition to SB2569 and SB2569 SD1
Date: Monday, February 10, 2014 2:32:54 PM

I am writing in opposition to SB2569 and SB2569 SD1. My wife gave birth to our daughter at home under the care of a trained, licensed midwife. The control and privacy we had over the biggest event of our lives is something I will always cherish.

Having reviewed the bills in their entirety, I am concerned that this is simply an attempt by the American College of Obstetricians and Gynecologists (ACOG) to keep midwives from being able to carry on their practices here in Hawaii. Most telling is that while SB2569 mentions a study citing a 300% increase in infant mortality with home births, the study itself is not named. Nor does the Hawaii State Legislature webpage include a copy of the study, precluding voters' ability to read the study for themselves and draw their own conclusions.

Essentially what SB2569 and its sponsors are saying that is that voters must have blind faith that the Legislature is making the right call in this situation without bothering to provide the information behind the decision. What is even more suspect is that the bill is being pushed by ACOG who is certainly no friend to midwives or the women and families they serve.

While home birth is certainly not always the right call for every woman, every woman should have the freedom to decide for herself what type of birthing experience she wants for herself and her baby. This bill would take away that freedom and extend the nanny state into an intensely personal decision.

I humbly ask that the Legislature see these bills for what they are, an attack on the rights of women. Please vote no on SB2569 and SB2569 SD1.

Sincerely,

Jared Miller

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: allanreaves@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 2:48:46 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Allan Reaves	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jgelert@yahoo.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 3:15:55 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
John Gelert	Individual	Oppose	No

Comments:

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To: [HTHTestimony](#)
Cc: hello_karen@rocketmail.com
Subject: *Submitted testimony for SB2569 on Feb 10, 2014 13:30PM*
Date: Monday, February 10, 2014 3:37:42 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Martinez	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: renee.biesemeyer@gmail.com
Subject: Submitted testimony for SB2569 on Feb 10, 2014 13:30PM
Date: Monday, February 10, 2014 4:19:52 PM

SB2569

Submitted on: 2/10/2014

Testimony for HTH/CPN/JDL on Feb 10, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
renee gale	Individual	Comments Only	No

Comments: I am an expectant mother and support this measure because I believe that we should have access to choices regarding how our children are born. I believe this bill defines grey areas and legitimizes the practice of home births and using midwives which has been proven for centuries. I believe this bill makes provisions for safety while allowing for more freedom and choice. I want this for my family and therefore am asking that the state supports this bill. Thank you very much for your time

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From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: teresa.parsons@hawaii.edu
Subject: Submitted testimony for SB2569 on Feb 12, 2014 13:30PM
Date: Tuesday, February 11, 2014 11:29:45 AM

SB2569

Submitted on: 2/11/2014

Testimony for HTH/CPN/JDL on Feb 12, 2014 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Oppose	No

Comments: Senators, Thank you for this opportunity to provide testimony in STRONG OPPOSITION to SB 2569 and SB 2569, SD1. As a Women's Health Nurse Practitioner, I applaud the Committees' commitment to the address Hawai'i's health care issues. However, I cannot support the creation of a home birth safety board within the DCCA to "regulate" the number of practitioners, including Certified Nurse Midwives (CNM), who are already licensed by the DCCA and national certifying boards. Home birth is within the scope of the CNM practice and CNMs undergo significant initial and ongoing training to ensure the safety of mothers and infants. These measures create regulatory redundancy as well as an unfair cost barrier for health care professionals who are already under state and national regulation. I feel SB 2569 and SB 2569, SD1 are premature. I understand the intent of these measures is to create a safe environment for home birthing, but suggest convening a task force to research the need for and resources required to establish a home birth safety board, how peer review will be established for all practitioners, and how disciplinary action will be handled for health care professionals already regulated under the DCCA. I strongly oppose these measures and respectfully request your Committees hold SB 2569 and SB 2569, SD1 and create a task force to study the issues involved, including a cost analysis and regulatory redundancy. Mahalo for the opportunity to testify.

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