



Illinois Council of Certified Professional Midwives 2320 41st Street, Rock Island, IL 61201

Testimony by Star August before the Senate Licensure Work Group – May 6, 2020

Greetings to all, let me first start off by introducing myself and thanking all of those who organized this discussion around the need to license CPMs in Illinois on an emergency basis and for you taking the time to hear me bring into this discussion, the state of emergency that the black maternal community is facing. This is a critical period in time, which we will all reflect back on as time continues to pass.

My name Star August, I am a student midwife and representative for The Illinois Council of Certified Professional Midwives also known as ICCPM. Furthermore, I am a black student midwife, doula, childbirth educator and active advocate for women of color in my community. As a mother of 4, I have the lived experience of giving birth in America's Maternal health care system with my first child, a very unpleasant and traumatic experience to say the least. This experience was one that inspired me to look for other options outside of the hospital setting for my following births, which led me into the care of community midwives who offered care that was culturally competent and individualized to address education, counseling, prenatal care, labor, delivery and postpartum support.

I'm here to tell you why licensing Certified Professional Midwives in Illinois is needed and how these midwives will make a crucial difference for the black childbearing community. First, some troubling statistics. Pregnancy-related complications kill more mothers in the [United States than in any other developed country](#), and African-American mothers [die at three to four times](#) the rate of white mothers. Here in Illinois, African American women are DYING from pregnancy and childbirth at SIX TIMES the rate of white women. This racial disparity transcends education and income levels. Also alarming is the fact that roughly 3 in 5 pregnancy-related deaths are preventable.

Furthermore a [2018 New York Times Magazine article](#) detailed that, in the U.S., African-American infants were more than twice as likely to die than white infants, at 11.3 deaths per 1,000 babies and 4.9 deaths per 1,000 babies, respectively.

While infant deaths have decreased to 30 times less than what they were in 1850 for African-American babies, the number decreased by 44 times for white babies, making the disparity between the races even larger today than it was during that pre-Civil War era. That was more than a decade before the abolishment of slavery.

Studies have shown that these statistics apply to black mothers and babies regardless of the mother's socioeconomic status or educational background. Some of this can be attributed to Intergenerational trauma, which must be taken into consideration when caring for black people. When earlier generations have struggled with a traumatic experience, their responses seem to have an effect on their genetic structure, making us more susceptible to future stressors or trauma. This affects health from a physical and physiological perspective. Many people of color suffer from depression and post traumatic stress. This can have profound effects when viewed in the context of birth. The high deaths of black mothers and babies stems from this trauma. This can happen because people experiencing or re-experiencing trauma may have labors that do not progress normally due to the high levels of stress hormones. With slower labors more interventions may occur. These interventions have risks of their own and a domino effect can occur.

Racial discrimination is the other primary reason for the disparity amongst black women and black babies. Systematic racism and constant oppression puts people of color in extremely vulnerable positions, especially during pregnancy. Whether direct bias or unintentional bias, the results can be devastating. Black women report being mistreated, disbelieved, and not heeded when communicating important aspects of their situation. An example you may all know, tennis star Serena Williams nearly died after giving birth when hospital staff initially ignored her warnings that she had a history of blood clots and was experiencing symptoms of the same again. It took extra effort to get her providers to listen to her and order the needed testing. When they finally did the CT scan she had been begging for, they found blood clots in her lungs, a condition that could have killed her at any moment. This was a near miss. Unfortunately, many black mothers do not have the pull of a tennis star and are not listened to, and they die.

Because of the many horrors both past and present as I've just described, Many women of color are seeking an alternative to giving birth in Americas maternal system, and are now demanding homebirths at astounding rates. Now we have one more reason to seek home birth – Covid 19.

Covid-19 is indeed a global public health crisis, but it presents even more devastation within the black community. Here in Illinois as of April black people represent 14 percent of the population but account for over 41% of fatalities due to COVID. So, it's no coincidence that communities hit hardest by COVID 19 also face systematic reproductive health barriers. These barriers are rapidly turning into a maternal and infant health catastrophe. Because of Covid19 guidelines, laboring women they are unable to bring their advocates with them to their births. Some facilities allow no one to accompany the laboring woman. Most facilities allow just one person. This is usually the partner but this leaves doulas and the maternal grandmother – often the best health advocates for the laboring woman – outside of the room. This is hard on all women but can be deadly for black mothers who are already suffering from generational stress and experiencing racially biased care. Because of this, black women across the country are desperately seeking doulas and midwives for home births. Some are even planning to travel across state lines where there may be more birthing options or available home birth midwives.

With hundreds of thousands of women going into birth alone or with minimal support within an overstretched medical system, that has often failed to honor the bodily autonomy of women, is beyond troubling. That leads to no surprise that Obstetric violence is on the rise. A recent study by the Birthplace Lab found that one in six women, regardless of race or experience, have experienced mistreatment by healthcare providers during birth. Black and Native women stand to lose the most by this unprecedented and perhaps unnecessary suppression of birthing rights. “Among mothers with low socioeconomic status, 18.7 per cent of white women reported mistreatment compared to 27.2 per cent of women of color. Indigenous women were the most likely to report experiencing at least one form of mistreatment by health-care providers during birth, followed by Black and Hispanic women. Now with Covid 19 we have fewer witnesses in the birth room and more violence may occur.

America’s Maternal healthcare system is part of a bigger network that has systematically oppressed and violated the human rights of those who are labeled as a persons of color. How is racism embedded within our maternal health care system you may wonder, well In an article entitled, *Doulas and Midwives of Color Are The Key to Reproductive and Birth Justice*, the author states, “The United States has a history of trying to dwindle the number of people of color at all costs, and one way to do this is by preventing us from having and raising our children. White doctors, most notably Dr. J. Marion Sims, known as “the father of gynecology,” [used Black enslaved women as their test subjects](#). To this day [Black women suffer from the highest maternal mortality rates](#) in the United States, and Black patients, both [adults](#) and [children](#), are offered less pain medication in hospitals. The practice of treating women of color as test subjects with no agency has not stopped. As late as the 1970s, and possibly much longer, [Native American](#) and [Latinx](#) women were forcibly sterilized in hospitals across the United States. [Controlling “undesirable populations”](#) via various eugenics programs which has been part of our American history from the beginning” (Valoy, 2018). Because of the many horrors both past and present as I’ve just described, Many women of color are seeking an alternative to giving birth in Americas maternal system, and are now demanding homebirths at astounding rates.

With the information that I have just presented we now should be collectively focused on a solution. The solution to reducing the high disproportionate rate of mortality amongst black women and black babies is open access to quality maternity care offered by black midwives outside of the hospital setting. I specifically say in an out of hospital setting because once admitted to a hospital a patient is subservient to the laws that govern that institution. Most institutions within these states have deep embedded institutionalized racism.

Certified Professional Midwives (CPM) working in community are a experts in out-of-hospital birth and are a viable solution to this problem. CPMs have the freedom to offer midwifery care from a more holistic approach. This model of care recognizes that if there is an ailment within an individual, that it stems from an imbalance within the whole body including the mind and body. Therefore, care must reflect treatment of all components, which make up the one. Furthermore, the relationship between the client and the practitioner is one of shared cooperation, an egalitarian relationship. Holistic care is centered around individualized care.

This form of care does not just focus on the healing in the moment but actualizing long-term health. This involves supporting the woman to make lifestyle and changes that really set the course for good long-term health. Profit is not the aim of the practitioner within the holistic midwifery model of care. Instead healing is the focus and the drive from which midwifery care stems. Midwives view their relationship with their clients as a true partnership, in which both are invested. This holistic form of care is extremely important when it comes to caring for black people, the descendants of slaves, who have been born into an oppressive system

The midwifery model of care includes:

- monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle
- providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- minimizing technological interventions and
- identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce to incidence of birth injury, trauma, and cesarean section.

This model should be available to everyone however, Due to the current scarcity of legal home birth providers, approximately 40% of the babies born at home in Illinois are born either with no skilled assistance at all (unassisted home birth) or they are born into the hands of underground community midwives.

With Covid 19 threatening the health of all pregnant mothers and their newborns but ESPECIALLY black mothers and their newborns, Illinois legislators should do what they should have done long ago – provide a safe alternative for those who wish to give birth outside of a hospital – a safe alternative in addition to the existing 11 nurse-midwife practices covering only 9 out of 102 counties in this state. .

Certified Professional Midwives can fill the gap in maternity care all over our state but especially in rural areas. As of April 2017, 55% of Illinois counties do not have ANY obstetricians or hospitals providing labor and delivery services. However, CPM's have the ability to reach many women who are in rural areas, by opening offices in the area or seeing women in their homes. This is important as many women don't have access to maternal healthcare. In 2017, the American College of Obstetrics and Gynecologist reported, "that half of U.S. counties lack a single obstetrician-gynecologist (OB-GYN). Those areas are home to more than 10 million women, many of whom may need OB-GYNs for primary care. And the problem is only going to worsen. By 2020, there will be up to 8,000 fewer OB-GYNs than needed, according to ACOG, and the number may rise to 22,000 by mid-century". Certified Professional Midwives can solve this problem as being able to serve rural families who don't have access to the limited OB-GYNS' in town. Often times these families are socially and economically disadvantaged people of color.

Even in urban settings it is hard for black families to find care that feels safe and respectful. For my third birth, I was living in an urban setting and because I could not find care that met that criteria, I chose to give birth unassisted. I am aware of the testimony given before the Home Birth Crisis Committee last autumn. Therefore I know that I am the second black woman to speak before some of you legislators telling you I had an unassisted birth because of not feeling safe within the maternity care system. That should make it clear how real this issue is.

Certainly during this pandemic mothers are making this choice. An informal poll of approximately 90 members of the Chicago area home birth community indicated that, of all respondents would choose home birth to avoid Covid 19, 100% of them would also consider an unassisted home birth if no midwife could be found. 100%. This is logical because during a pandemic, home birth reduces contact between infected individuals and pregnant/birthing/newly postpartum women and newborns. Just consider the rationalizing of our current shelter in place order and social distancing practice. Home Birth makes sense in this context. And CPMs are perfectly suited to the job. In fact, Certified Professional Midwives are the only U.S. birth providers who receive specialized clinical training in managing low-risk, out-of-hospital births as a condition of their national certification and with the onset of the COVID-19 pandemic, the need for trained professionals to attend births in home settings is imperative and immediate.

Among other benefits, when Certified Professional Midwives (CPMs) attend home births, hospitals can utilize their resources and staff for more seriously ill patients, while simultaneously protecting healthy mothers and babies from the risk of infection.

35 of the 50 United States and the District of Columbia protect their citizens by setting educational standards for licensing and regulating community midwives; including the surrounding and nearby states of: Minnesota, Wisconsin, Michigan, Indiana, and Kentucky; and research has shown that when States fully integrate midwives into their systems, families experience better outcomes, including more spontaneous vaginal deliveries, higher rates of breastfeeding, fewer preterm births, fewer underweight newborns and fewer surgical cesarean section deliveries.

Last year, as mandated by Senate Joint Resolution No. 14, the Home Birth Maternity Care Crisis Study Committee was created and met through the summer and fall; and

The Committee's UNANIMOUS recommendation is that the best solution to address this crisis is to license and regulate Certified Professional Midwives (CPMs).

In conclusion, this is a chance to do something about multiple problems. You can address the home birth provider shortage; address the need to have more out of hospital providers because of the current pandemic and the expected waves of covid19 over the next few years; and most important, you can advance policy grounded in the human rights framework that addresses Black maternal health inequity and improves Black maternal health outcomes

Understanding and eventually eliminating racial disparities in adverse birth outcomes is a major public health priority in the United States. The institutionalized racism woven into the fabric of our society, has played a major role in influencing and proliferating the negative reactions of “majority” members to the differences of people of color. Institutionalized racism is a major force that must be completely eradicated, because it has negatively affected people of color within our health care system, by limiting the quality of health care options.

Racism is not just a problem for the people who are negatively affected by its aims and purpose, but it is also a problem for those who benefit from it. By ignoring the huge imbalance in society that some may seemingly benefit from on the surface, if you plumb beneath, you will find that no one person can rise higher than the condition of the society they belong to. So, whether we directly benefit from institutional racism through the now popular terms such as “white privilege,” or we directly suffer from it through an array of unfair and biased laws and practices, we all must accept the truth that we have a social and moral responsibility. That responsibility, whether we are a single mother, a schoolteacher, or an elected official, is to do our part to stand against it, to make a positive difference while we have the chance. Complaining is not enough on our part and compassion is not enough on your part. We are being called in 2020 to Do More! To do something about it, and this is our chance. If we all do a little, then collectively we can accomplish a lot, and what may seem like a small manner could in fact have huge life changing implications for not only others, but for ourselves, our families and the future of our country.