ICAN supports efforts to increase availability of midwifery care for all, regardless of where they plan to give birth. The Midwifery Model of Care is associated with reduced rates of maternal mortality, cesarean birth, induction of labor, and other prophylactic interventions. The availability of highly trained and competent care providers, such as midwives, is a benefit to all birthing people, and will help reduce the strained maternity care system that is overloaded with a high patient to provider ratio. Restricting the ability of midwives to practice is harmful to pregnant people and families, and ICAN categorically opposes any proposed licensure or regulation of midwives that in any way restricts the access of anyone desiring midwifery support for a planned VBAC. We believe such restrictions are short-sighted and will ultimately restrain the trade of midwifery and increase the access to care gap that families with a prior cesarean already experience. Legislative VBAC restrictions consign a significant number of people to preventable repeat surgery, increasing maternal and fetal morbidity and mortality. Restrictions on VBAC are strictly the result of political maneuvering and conflicts of interest, and are not ethically enforceable. This abuse of power differentials violates the human rights of the constituents which legislators serve.

The reduction in cesarean and labor induction rates associated with midwifery care can in turn reduce the overall financial strain placed on health systems and communities. According to the World Health Organization, midwifery care is safe and cost effective and midwifery should be considered a core part of reproductive healthcare. Statistics show that midwifery without barriers leads to better outcomes. People who receive midwife-led continuity of care are:
- 7x more likely to be attended at birth by a known midwife
- 16% less likely to experience loss of their baby
- 19% less likely to experience loss of their baby before 24 weeks
- 15% less likely to receive regional anesthesia
- 24% less likely to experience preterm birth
- 16% less likely to have an episiotomy

People who receive midwife-led continuity of care have also reported higher satisfaction with information, birth location, labor and birth preparation, pain relief options, and feeling in control, which can increase the likelihood of seeking early medical care in the future.

There are risks and benefits to all options; it should be up to the family to make an informed decision, as no birth is risk free, and risk level does not change the human right of a decisionally capable adult to make their own healthcare choices. Midwives are trained to respond to rare, life-threatening complications. Without socio-cultural, economic, and professional barriers, midwives are able to provide excellent quality of care. For these reasons, ICAN endorses legislation for the advancement of midwifery care, and opposes legislation that restricts access to vaginal birth after cesarean (VBAC).

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