

My name is Anna Barlow-Harris and I am a Certified Nurse Midwife and Women's Health Nurse Practitioner in Portland, OR. On October 19th, 2020, I gave birth to my first child in the comfort and safety of my home. It was the most empowering and transformational experience of my entire life. The decision to birth at home was made due to the best available evidence for low-risk birthing people, the COVID-19 pandemic, and my personal preference and comfortability. I knew this choice was the right one for me and my baby, but it meant that we had to pay out of pocket for our birth.

We began our care with a hospital-based clinic and made the pivotal decision to transfer to a Certified Professional Midwife at 26 weeks of pregnancy. It was very challenging for my partner and I to figure out how to get the \$5,000 it would take, but we were able to pull the funds together. This is simply not the case for most birthing people in Oregon who would benefit and desire a home or birth center birth. In order to keep this option accessible and sustainable, HB2388 needs to be passed. People are paying hundreds of dollars per month towards health insurance, and yet, insurance companies rarely will pay for an out of hospital birth, despite the high-quality evidence and data that exists to demonstrate excellent safety and satisfaction rates.

I received unparalleled support prenatally and postpartum with my midwife team. These hour-long visits helped me begin my parenting journey feeling supported and loved. Being a new parent in a pandemic was difficult and isolating, and I could not even imagine what would have happened to my mental or physical health if I did not have the frequent postpartum visits by my midwife team, or the extremely thorough and long visits during my pregnancy. This type of care is simply not possible in a hospital-based clinic. Midwifery care is the standard of care in other countries who have much better maternal and newborn outcomes than the United States. This type of care should be accessible to all those who qualify and who desire it. Above all else, this is an equity issue. The maternal mortality rate in this country is unacceptable, and one way to address this is to provide options (specifically for BIPOC birthing people) to birth out of the hospital setting, where they are disproportionately dying compared to other races.

I strongly encourage policymakers to vote YES on HB2388 to provide low-risk birthing people access to the type of health care they want and deserve. Giving birth at a birth center or at home is a safe, cost effective, and empowering way to begin the parenting journey. As a CNM, I make my health care decisions primarily based on the existing body of evidence, and I strongly believe this is a critical step towards providing equitable, safe, and supportive care to birthing people.