

STATE OF MARYLAND



MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX  
(410) 585-1978 AUTOMATED VERIFICATION  
1-888-202-9861 TOLL FREE

---

---

November 14, 2018

The Honorable Shane Pendergrass, Chair  
House health and Government Operations Committee  
241 House Office Building  
Annapolis, MD 21401

In Re: Report on Licensed Direct-Entry Midwives as required by Health Occupations  
Article, §8-6C-10(a), Annotated Code of Maryland, FY 2018

Dear Chair Pendergrass:

At its regular meeting on November 14, 2018, the Maryland Board of Nursing approved  
the attached report and recommendations from the Direct-Entry Midwifery Advisory Committee.

Should you have any questions please feel free to contact the Board's legislative liaison,  
Shirley A Devaris, at 410-585-1902.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Karen E. B. Evans".

Karen E. B. Evans, MSN, RN-BC  
Executive Director

cc: President Thomas V. Mike Miller, Jr.  
Speaker Michael E. Busch  
The Honorable Joan Carter-Conway, Chair  
Governor Lawrence Hogan  
Secretary Robert R. Neall

STATE OF MARYLAND

MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE  
BALTIMORE, MARYLAND 21215-2254



(410) 585-1900 (410) 358-3530 FAX  
(410) 585-1978 AUTOMATED VERIFICATION  
1-888-202-9861 TOLL FREE

Date: November 14, 2018

Re: FY 2018 report for the Licensed Direct-Entry Midwives  
Required by Health Occupations Article, Title 8,  
Section 8-6C-12(a)(10), Annotated Code of Maryland

The Maryland Board of Nursing commenced licensing direct-entry midwives (DEMs) in January of 2017. For purposes of this report, the data collection required under § 8-6C-10(a) of the Health Occupations Article is for the period from July 1, 2017 to June 30, 2018. During the reporting period, there were 15 DEMs that were licensed to practice in Maryland.<sup>1</sup>

(1) The total number of clients served as primary caregiver at onset of care: 165<sup>2</sup>

(2) The number by county of live births attended as primary caregivers:

Allegany County	<u>0</u>	Harford County	<u>8</u>
Anne Arundel County	<u>4</u>	Howard County	<u>5</u>
Baltimore City	<u>22</u>	Kent County	<u>1</u>
Baltimore County	<u>14</u>	Montgomery County	<u>3</u>
Calvert County	<u>0</u>	Prince George's County	<u>9</u>
Caroline County	<u>3</u>	Queen Anne's County	<u>3</u>
Carroll County	<u>4</u>	St. Mary's County	<u>8</u>
Cecil County	<u>16</u>	Somerset County	<u>0</u>
Charles County	<u>2</u>	Talbot County	<u>0</u>
Dorchester County	<u>0</u>	Washington County	<u>5</u>
Frederick County	<u>12</u>	Wicomico County	<u>3</u>
Garrett County	<u>0</u>	Worcester County	<u>2</u>

(3) The number by county of fetal demise of infant deaths and maternal deaths attended as primary caregiver at the discovery of the demise or death: 1; Talbot County<sup>3</sup>

<sup>1</sup> Data is included in this report for all 15 DEMs licensed to practice in Maryland from July 1, 2017 to June 30, 2018. To date, there are 18 licensed DEMs practicing in Maryland. Of the 18 licensed DEMs, three became licensed after June 30, 2018. Data is not included in this report for the three DEMs licensed after June 30, 2018.

<sup>2</sup> Please note that, as of the time of reporting, some clients for which the licensed DEM served as primary caregiver at onset of care had not yet delivered.

<sup>3</sup> Fetal demise case two ("Case #2")

Maryland Board of Nursing  
 Direct Entry Midwifery Advisory Committee 2018 Annual Report  
 November 14, 2018

**(4) The number of women whose primary care was transferred to another health care practitioner, during the antepartum period and the reason for transfers: 20**

# of women	Reason for transfer
3	Preterm labor or preterm rupture of membranes
1	Anemia
1	Multiple gestation
4	Hypertension developed in pregnancy
1	Non-vertex lie at term
1	Medical or mental health conditions unrelated to pregnancy
5	Client choice/ non-medical
3	Loss of pregnancy (includes spontaneous and elective abortion) when a transfer took place
1	Loss of pregnancy- no transfer required

**(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period: 13**

# of women	Reason for Transfer	Outcomes for Mother/Infant
2	Lack of progress, maternal exhaustion, dehydration	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2)
		Infant: Healthy live born infant (2)
2	Prolonged rupture of membranes	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2)
		Infant: Healthy live born infant (2)
1	Unstable lie or malposition of the vertex	Mother: Healthy mother, no serious pregnancy/birth related medical complications (1)
		Infant: Healthy live born infant (1)
1	Lack of reassuring fetal movement in early labor	Mother: Healthy mother, no serious pregnancy/birth related medical complications (1)

Maryland Board of Nursing  
 Direct Entry Midwifery Advisory Committee 2018 Annual Report  
 November 14, 2018

		Infant: Healthy live born infant (1)
2	Repair of laceration beyond licensed direct-entry midwife's expertise	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2) Infant: Healthy live born infant (2)
2	Client request, request for methods of pain relief	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2) Infant: Healthy live born infant (2)
3	Clinical judgment of the licensed direct-entry midwife	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2); Information not obtainable (1) Infant: Healthy live born infant (1); Fetal demise diagnosed during delivery (2) <sup>4</sup>

**(6) The number, reason for, and outcome of each urgent or emergency transport of an expectant mother in the antepartum period: 4**

# of women	Reason for Transport	Outcomes for Mother/Infant
3	Pre-term labor or pre-term rupture of membranes	Mother: With serious pregnancy/ birth related medical complications resolved by 6 weeks (1); Healthy mother, no serious pregnancy/birth related medical complications (2) Infant: Healthy live born infant (2); With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
1	Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia	Mother: With serious pregnancy/ birth related medical complications resolved by 6 weeks (1) Infant: Healthy live born infant (1)

**(7) The number, reason for, and outcome of each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period: 4**

# of women	Reason for Transport	Outcomes for Mother/Infant
1	Significant vaginal bleeding; suspected placental abruption;	Mother: Healthy mother, no serious pregnancy/birth related medical complications (1)

<sup>4</sup> Fetal demise case one ("Case #1") and Case #2

	severe abdominal pain inconsistent with normal labor	Infant: Healthy live born infant (1)
2	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2)
		Infant: Healthy live born infant (2)
1	Clinical judgment of the licensed direct-entry midwife	Mother: Healthy mother, no serious pregnancy/birth related medical complications (1)
		Infant: Fetal demise diagnosed during labor or at delivery (1) <sup>5</sup>

**(8) The number of planned out of hospital births at the onset of labor and the number of births completed in an out-of-hospital setting:** 145 clients went into labor intending to give birth at home/birth center, and 127 home/birth center births were completed as planned.

**(9) A brief description of any complications resulting in the morbidity or mortality of a mother or neonate.**

**Case #1:**

- Labor onset at 41 weeks. Variable fetal heart rate decelerations during labor. Client transferred to hospital. Emergency cesarean section performed at hospital. Postpartum neonate with low heartbeat and no breathing. Postpartum neonate demise at hospital.

**Case #2:**

- Labor onset at 41+ weeks. Fetal demise at birth (stillborn). CPR initiated by provider and continued by EMS. Client transferred to hospital. Fetal demise confirmed at hospital.

**Case #3:**

- Extended labor lasting 24+ hours. Client transferred to hospital. Fetal demise at birth (stillborn). Evidence of fetal physical abnormalities not conducive with life.

**(10) Any other information required by the Board in regulations:**

The Committee continues to request that all certified professional midwives who are currently or will be practicing in Maryland immediately seek licensure.

The Committee has no recommendations regarding the continuation and improvement of the licensure of licensed DEMs in Maryland.

<sup>5</sup> Fetal demise case three (“Case #3”)

Maryland Board of Nursing  
Direct Entry Midwifery Advisory Committee 2018 Annual Report  
November 14, 2018

The Committee has no recommendation regarding expanding the scope of practice of licensed DEMs.

The Committee has no recommendations, including recommendations for legislation, regarding the scope of practice of licensed DEMs to include vaginal birth after cesarean.

Thank you for this opportunity to update the Board on the activities of the licensed DEMs and the Committee so that the Board can compile its required report to the Legislature by December 1, 2018.