

STATE OF MARYLAND



MARYLAND BOARD OF NURSING
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December 31, 2019

The Honorable Paul G. Pinsky, Chair
Education, Health, and Environmental Affairs Committee
Maryland Senate

The Honorable Shane E. Pendergrass, Chair
Health and Government Operations Committee
Maryland House of Delegates

Re: Annual Report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee Pursuant to Maryland Annotated Code of Maryland, Health Occupations Article § 8-6C-12(c)

Dear Senator Pinsky and Delegate Pendergrass,

Enclosed please find the annual report of the Maryland Board of Nursing (the "Board") to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee (the "Committees") regarding Direct-Entry Midwifery as required by the Annotated Code of Maryland, Health Occupations Article ("Health Occ.") § 8-6C-12(c). The Board reviewed and approved the enclosed report at its November 13, 2019 Board meeting. Unfortunately, the report was not transmitted to the Committees by December 1, 2019 as required. On behalf of the Board, I sincerely apologize for the delay in the submission of this report.

In addition, please note that, in the enclosed report, the Board documented in a footnote that two of the twenty licensed direct-entry midwives failed to submit their required reports to the Direct-Entry Midwifery Advisory Committee. Those two licensees have since submitted their reports, and both licensees indicated that they did not treat any clients during the reporting period.

If there are any questions related to this letter, the report, or the Direct-Entry Midwifery Advisory Committee's annual report, please feel free to contact me at mdbon.hicks@maryland.gov or the Board's executive director, Karen E.B. Evans, at karene.evans@maryland.gov or by telephone at 410-585-1914.

Sincerely,

A handwritten signature in black ink that reads "Karen E.B. Evans".

Karen E.B. Evans, MSN, RN-BC, SD-CLTC, CLC
Executive Director, Maryland Board of Nursing

**Cc: The Honorable Thomas V. Mike Miller, Jr., President of the Senate
The Honorable Adrienne A. Jones, Speaker of the House
Sarah T. Albert, Department of Legislative Services**

Enclosure: Direct-Entry Midwifery Advisory Committee's "FY 2019 Report for Licensed Direct-Entry Midwives as Required by Health Occupations Article, Title 8, Section 8-6C-12(a)(10), Annotated Code of Maryland"

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To: Board of Nursing
From: Direct-Entry Midwifery Advisory Committee (the "Committee")
Ann Tyminski, Administrator
Date: October 23, 2019
Re: FY 2019 Report for Licensed Direct-Entry Midwives as Required by Health Occupations
Article, Title 8, Section 8-6C-12(a)(10), Annotated Code of Maryland

The Maryland Board of Nursing began licensing direct-entry midwives (DEMs) in January of 2017. Every October 1st, licensed DEMs are required to report information regarding cases in which the licensed DEM assisted during the prior fiscal year to the Committee in accordance with § 8-6C-10(a) of the Health Occupations Article. Every November 1st, the Committee is then required to submit a report to the Board that includes a summary of the information included in the reports submitted to the Committee by licensed DEMs as well as any other information identified by the Board in accordance with § 8-6C-12(a)(10) of the Health Occupations Article.

In accordance with § 8-6C-12(a)(10) of the Health Occupations Article, the Committee hereby submits this report summarizing the information submitted by licensed DEMs for the prior fiscal year (July 1, 2018 to June 30, 2019). During the reporting period, 20 DEMs were licensed to practice in Maryland. This report summarizes the information submitted by 18 licensed DEMs..1

Summary of Reported Information Required Under § 8-6C-12(a)(10) of the Health Occupations Article:

(1) The total number of clients served as primary caregiver at onset of care: 188

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

Table with 2 columns: County Name and Number. Rows include Allegany County (3), Anne Arundel County (3), Baltimore City (15), Baltimore County (21), Calvert County (1), Caroline County (0), Harford County (12), Howard County (5), Kent County (0), Montgomery County (13), Prince George's County (11), and Queen Anne's County (2).

1 Of the 20 licensed DEMs, two failed to submit their report to the Committee. One individual was licensed in September 2019 after the reporting period. As of the date of this report, there are 21 licensed DEMs in the State of Maryland.

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Carroll County	<u>10</u>	St. Mary's County	<u>7</u>
Cecil County	<u>10</u>	Somerset County	<u>1</u>
Charles County	<u>3</u>	Talbot County	<u>0</u>
Dorchester County	<u>0</u>	Washington County	<u>15</u>
Frederick County	<u>18</u>	Wicomico County	<u>0</u>
Garrett County	<u>0</u>	Worcester County	<u>9</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: 0

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

# of women	Reason for transfer
0	Medical or mental health conditions <i>unrelated</i> to pregnancy
3	Hypertension developed in pregnancy
1	Blood coagulation disorders, including phlebitis
0	Anemia
0	Persistent vomiting with dehydration
0	Nutritional and weight loss issues, failure to gain weight
0	Gestational diabetes
0	Vaginal bleeding
1	Suspected or known placental anomalies or implantation abnormalities
4	Loss of pregnancy (includes spontaneous and elective abortion) <i>when a transfer took place</i>
0	HIV test positive
0	Suspected intrauterine growth restriction, suspected macrosomia
1	Fetal anomalies
0	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios
0	Fetal heart irregularities
2	Non-vertex lie at term
2	Multiple gestation
2	Clinical judgement of the direct-entry midwife (when a single other condition above does not apply)
4	Client choice/ non-medical

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2	Other: "2 clients transferred out of care at 42 weeks as per Maryland law and regulation. Both ended with C-sections . . . Moms and babies were fine."
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(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
<i>Reasons for intrapartum elective or nonemergency transfers</i>		
0	Persistent hypertension, severe or persistent headache	N/A
0	Active herpes lesion	N/A
0	Abnormal bleeding	N/A
0	Signs of infection	N/A
0	Prolonged rupture of membranes	N/A
2	Lack of progress, maternal exhaustion, dehydration	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2)
		Infant: Healthy live born infant (2)
0	Thick meconium in the absence of fetal distress	N/A
2	Non-vertex presentation	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)
0	Multiple gestation	N/A
1	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	Mother: Healthy mother, no serious pregnancy/birth related medical complications (1)
		Infant: Healthy live born infant (1)

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4	Client request; request for methods of pain relief	Mother: Healthy mother, no serious pregnancy/birth related medical complications (4)
		Infant: Healthy live born infant (4)
0	Other	N/A
<i>Reasons for postpartum maternal elective or non-emergency transfers</i>		
0	Retained placenta without significant bleeding	N/A
2	Repair of laceration beyond licensed direct-entry midwife's expertise	Mother: Healthy mother, no serious pregnancy/birth related medical complications (2)
		Infant: Outcome not reported (1); Healthy live born infant (1)
0	Postpartum depression	N/A
0	Social, emotional, or physical conditions outside of scope of practice	N/A
0	Signs of infection	N/A
0	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	N/A
0	Client Request	N/A
0	Other	N/A
<i>Reasons for nonemergency infant transfers</i>		
0	Low birth weight	N/A
0	Congenital anomalies	N/A
0	Birth injury	N/A
1	Poor transition to extrauterine life	Mother: Outcome not reported (1)
		Infant: Other (1): "Oxygen treatment in NICU for @ 45 hours. Discharge of health baby."
0	Insufficient passage of urine or meconium	N/A
0	Parental request	N/A

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0	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	N/A
0	Other	N/A

(6) The number, reason for, and outcome of each urgent or emergency transport of an expectant mother in the antepartum period: 1

# of women	Reason for Transport	Outcomes for Mother/Infant
0	Non-pregnancy-related medical condition	N/A
0	Severe or persistent headache, pregnancy-induced hypotension (PIH), or preclampsia	N/A
0	Isoimmunization, severe anemia, or other blood-related issues	N/A
0	Significant infection	N/A
1	Significant vaginal bleeding	Mother: Other (1)
		Infant: Other (1)
0	Preterm labor or preterm rupture of membranes	N/A
0	Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST)	N/A
0	Fetal demise	N/A
0	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	N/A
0	Other	N/A

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(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: 1

# of women/infant	Reason for Transport	Outcomes for Mother/Infant
<i>Reasons for urgent or emergency intrapartum transfers</i>		
0	Suspected preclampsia, eclampsia, seizures	N/A
0	Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor	N/A
0	Suspected uterine rupture	N/A
0	Maternal shock, loss of consciousness	N/A
0	Prolapsed umbilical cord	N/A
0	Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress	N/A
0	Clinical judgment of the midwife (when a single other condition above does not apply)	N/A
0	Other life threatening conditions or symptoms	N/A
0	Multiple gestation (BIRTH IS IMMINENT OR AT LEAST ONE BABY HAS BEEN DELIVERED OUT-OF-HOSPITAL)	N/A
<i>Reasons for immediate postpartum maternal urgent or emergency transfers</i>		
0	Abnormal or unstable vital signs	N/A
0	Uterine inversion, rupture, or prolapse	N/A
0	Uncontrolled hemorrhage	N/A
0	Seizures or unconsciousness, shock	N/A
0	Adherent or retained placenta with significant bleeding	N/A
0	Suspended postpartum psychosis	N/A

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0	Signs of significant infection	N/A
0	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	N/A
0	Other	N/A
<i>Reasons for Urgent or Emergency Infant Transfers</i>		
0	Abnormal vital signs or color, poor tone, lethargy, no interest in nursing	N/A
0	Signs or symptoms of infection	N/A
0	Abnormal cry, seizures, or loss of consciousness	N/A
0	Significant jaundice at birth or within 30 hours	N/A
0	Evidence of clinically significant prematurity	N/A
0	Congenital anomalies	N/A
0	Birth injury	N/A
0	Significant dehydration or depression of fontanelles	N/A
0	Significant cardiac or respiratory issues	N/A
0	APGAR of less than seven at 5 minutes	N/A
0	Abnormal bulging of fontanelles	N/A
1	Clinical judgment of the direct-entry midwife (when a single other condition above does not apply)	Mother: Not Reported (1) Infant: With Serious pregnancy/birth related medical complications resolved by 4 weeks (1)
0	Other	N/A

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(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: 158 clients went into labor intending to give birth at home/birth center, and 148 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.

One miscarriage at 13 weeks gestation.

(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.

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, 2019.