Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

November 25, 2020

The Honorable Paul G. Pinsky
Chairman, Education, Health, and Environmental Affairs Committee
Maryland Senate
Miller Senate Office Building, 2 West Wing
11 Bladen St.
Annapolis, MD 21401

The Honorable Shane E. Pendergrass
Chairman, Health and Government Operations Committee
Maryland House of Delegates
House Office Building, Room 241
6 Bladen St.
Annapolis, MD 21401

Re: Report required by Health Occupations Article § 8-6C-12(c) (MSAR # 10523)

Dear Senator Pinsky and Delegate Pendergrass,

The Maryland Board of Nursing (the "Board") submits this report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee as required by the Annotated Code of Maryland, Health Occupations Article ("Health Occ.") § 8-6C-12(c), which provides:

> Beginning December 1, 2016, and on each December 1, thereafter, the Board shall submit to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article:
>
> (1) The report submitted to the Board [by the Direct-Entry Midwifery Advisory Committee] under subsection (a)(10) of this section;
>
> (2) In Consultation with the [Direct-Entry Midwifery Advisory] Committee, any recommendations regarding the continuation and improvement of the licensure of licensed direct-entry midwives in the State;

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(3) Any recommendations regarding expanding the scope of practice of licensed direct-entry midwives; and

(4) Any recommendations, including recommendations for legislation, regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean.

Attached please find a copy of the Direct-Entry Midwifery Advisory Committee's Annual Report to the Board required by Health Occ. § 8-6C-12(a)(10). The Board received and reviewed the Direct-Entry Midwifery Advisory Committee's Annual Report during the open session of the November 18, 2020 Board meeting. Following review, the Board voted to adopt the Direct-Entry Midwifery Advisory Committee's Annual Report subject to the changes outlined below:

- The Board declined to adopt the Committee's recommendation regarding item (3) above. **The Board has no recommendations regarding expanding the scope of practice of licensed direct-entry midwives in the State at this time. The Board concluded that there was insufficient information and documentation included in the Committee's report to support the Committee's recommendation regarding item (3).**

- The Board declined to adopt the Committee's recommendation regarding item (4) above. **The Board has no recommendations, including recommendations for legislation, regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean at this time. The Board concluded that there was insufficient information and documentation included in the Committee's report to support the Committee's recommendation regarding item (4).**

If there are any questions related to this correspondence, the Board's recommendations, or the attached 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,

Gary Hicks, RN, CEN, CNE
President, Maryland Board of Nursing
-and-
Members of the Maryland Board of Nursing

Cc: The Honorable William C. Ferguson, President of the Senate
The Honorable Adrienne A. Jones, Speaker of the House
Sarah Albert, Department of Legislative Services (5 copies)

Enclosure: Direct-Entry Midwifery Advisory Committee's "FY 2020 Report for Licensed Direct-Entry Midwives as Required by Health Occupations Article, Title 8, Section 8-6C-12(a)(10), Annotated Code of Maryland"

To: Maryland Board of Nursing (the "Board")

From: Direct-Entry Midwifery Advisory Committee (the "Committee")
Monica Mentzer, Manager of Practice

Date: November 18, 2020

Re: FY 2020 Report for the Licensed Direct-Entry Midwives ("DEMs")
Required by Health Occupations Article, Title 8,
Section 8-6C-12(a)(10), Annotated Code of Maryland

Pursuant to Md. Code Ann., Health Occupations Article ("Health Occ.) § 8-6C-10(a), each DEM shall report annually to the Committee, in a form specified by the Board (the "Data Collection Form"), certain information regarding cases in which the DEM assisted during the previous fiscal year when the intended place of birth at the onset of care was an out-of-hospital setting. Pursuant to Health Occ. § 8-6C-12(a)(10), the Committee shall submit a report to the Board that includes a summary of the information included in the Data Collection Forms (the "Report").

Below please find the Report completed by the Committee pursuant to Health Occ. § 8-6C-12(a)(10). For purposes of the Report, the data provided is for the period from July 1, 2019 to June 30, 2020. During the reporting period, there were 24 DEMs licensed to practice in Maryland.[1]

(1) The total number of clients served as primary caregiver at onset of care: 315[2]

[1] The Committee did not receive a Data Collection Form from one (1) DEM licensed to practice in Maryland during the reporting period. Upon information and belief, this individual is deceased. Therefore, this Report reflects the data collected from twenty-three (23) DEMs.

[2] The Committee notes they received feedback from some DEMs (after the Data Collection Forms had been submitted) that there was some confusion as to how to correctly answer question #1. In light of this, the Committee believes that the total number of clients served as primary caregiver at onset of care may be higher than what is reflected in this report.

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

Allegany County	2	Harford County	13
Anne Arundel County	13	Howard County	8
Baltimore City	17	Kent County	1
Baltimore County	27	Montgomery County	25
Calvert County	0	Prince George's County	16
Caroline County	3	Queen Anne's County	3
Carroll County	9	St. Mary's County	30
Cecil County	23	Somerset County	1
Charles County	4	Talbot County	1
Dorchester County	0	Washington County	16
Frederick County	24	Wicomico County	1
Garrett County	1	Worcester County	1

(3) The number, by county, of fetal demise or 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: 24

# of women	**Reason for transfer**
2	Medical or mental health conditions *unrelated* to pregnancy
4	Hypertension developed in pregnancy
1	Gestational diabetes
2	Loss of pregnancy (includes spontaneous and elective abortion) *when a transfer took place*
2	Fetal anomalies
1	Fetal heart irregularities
1	Non vertex lie at term
5	Clinical judgment of the midwife (when a single other condition above does not apply)
4	Client choice/non-medical
1	Other- Pre-term labor/placenta abruption
1	Other- Cholestasis of Pregnancy

(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period: 23

Reasons for transfers, and number of transfers for this reason	Outcomes for mothers, if available, and number of mothers with this outcome	Outcomes for infants, if available, and number of infants with this outcome
Intrapartum transfer- Signs of infection (2)	Healthy mother, no serious pregnancy/birth related medical complications (3)	Healthy live born infant (22)
Intrapartum transfer- Lack of progress, maternal exhaustion, dehydration (8)	With serious pregnancy/birth related medical complications resolved by 6 weeks (1)	With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
Intrapartum transfer- Client request; request for methods of pain relief (5)		
Intrapartum transfer- Non-vertex presentation (1)		
Intrapartum transfer- Clinical judgement of the midwife (2)		
Intrapartum transfer- Abnormal bleeding (1)		
Intrapartum transfer- Other (1)		
Postpartum maternal transfer- Clinical judgement of the midwife (1)		
Postpartum maternal transfer- Repair of laceration beyond midwife's expertise (1)		
Postpartum infant transfer- Congenital anomalies (1)		

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

Reasons for transfers, and number of transfers for this reason[3]	Outcomes for mothers, if available, and number of mothers with this outcome	Outcome for infants, if available, and number of infants with this outcome
Clinical judgement of the midwife/ Preterm labor or preterm rupture of membranes/ Other (1)	Healthy mother, no serious pregnancy/birth related medical complications (3)	Healthy live born infant (4)
Preterm labor or preterm rupture of membranes (1)	With serious pregnancy/birth related medical complications resolved by 6 weeks (1)	
Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia (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: 8

Reasons for transfers, and number of transfers for this reason	Outcomes for mothers, if available, and number of mothers with this outcome	Outcomes for infants, if available, and number of infants with this outcome
Maternal postpartum transfer-Adherent or retained placenta with significant bleeding (1)	Healthy mother, no serious pregnancy/birth related medical complications (8)	Healthy live born infant (5)
Infant postpartum transfer-congenital anomalies (2)		With serious pregnancy/birth related medical complications resolved by 4 weeks (2)
Maternal postpartum transfer-Adherent or retained placenta with significant bleeding (2)		Other (1)
Infant postpartum transfer - Abnormal vital signs or color, poor tone, lethargy, no interest in nursing (1)		
Intrapartum transfer-Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress (2)		

[3] One DEM reported a transfer code that does not exist, therefore, that transfer reason is not reflect in this Report.

(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: 258 clients went into labor intending to give birth at home/birth center, and 238 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. None reported.

Additionally, the Committee hereby provides the Board with the following information to assist the Board with providing the additional information[4] to the Legislature outlined in Health Occ. § 8-6C-12(c)(2-3):

1. **Any Committee recommendations regarding the continuation and improvement of the licensure of licensed direct-entry midwives in the State:**

   The Committee has no recommendations to the Board regarding the continuation and improvement of the licensure of licensed direct-entry midwives in the State at this time.

2. **Any recommendations regarding expanding the scope of practice of licensed direct-entry midwives:**

   Currently, a DEM may not assume responsibility for a patient's pregnancy and birth care if the patient has had a previous uterine surgery, including a cesarean section or myomectomy. *See* Health Occ. § 8-6C-03(11). After careful consideration, including consideration of the experiences of the DEMs on the Committee over the past two years in practice, the Committee recommends expansion of the scope of practice of DEMs to include vaginal birth after cesarean delivery (VBAC).

3. **Any recommendations, including recommendations for legislation, regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean delivery:**

   See response to #2 above.

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, 2020.

[4] The additional information includes: (1) In consultation with the Committee, any recommendations regarding the continuation and improvement of the licensure of DEMs in the State; (2) Any recommendations regarding expanding the scope of practice of DEMs; and (3) Any recommendations, including recommendations for legislation, regarding the scope of practice of DEMs to include vaginal birth after cesarean. Health Occ. § 8-6C-12(c).