REPORT

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

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

Date: November 20, 2024

Re: FY 2024 Report from the Committee as Required by Health Occupations Article, Title 8, Section 8-6C-12(a)(10), Annotated Code of Maryland

---

The Committee respectfully submits this Report to the Board in accordance with the Maryland Nurse Practice Act, Md. Code Ann., Health Occupations Article ("Health Occ.") § 8-6C-12(a)(10). This Report provides a summary of the information reported to the Committee by licensed direct-entry midwives ("DEMs") in accordance with Health Occ. § 8-6C-10 and the Committee's recommendations regarding: (1) the continuation and improvement of licensure of DEMs in Maryland; (2) expanding the scope of practice of licensed DEMs; and (3) scope of practice of licensed DEMS to include vaginal birth after cesarean.

I. Summary of Data Collected Annually from DEMs

Pursuant to Health Occ. § 8-6C-10(a), each licensed DEM shall report annually to the Committee, in a form specified by the Board (the "Data Collection Form"), the following 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[1]:

(1) The total number of patients served as primary caregiver at the onset of care;
(2) The number, by county, of live births attended as primary caregiver;
(3) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death;
(4) The number of women whose primary care was transferred to another health care practitioner during the antepartum period and the reason for transfer;
(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period;

(6) The number, reason for, and outcome of each urgent or emergency transport of an expectant mother in the antepartum period;
(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) 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;
(9) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and
(10) Any other information required by the Board in regulations.

Pursuant to Health Occ. § 8-6C-12(a)(10), below please find the Committee's summary of the above-listed information that was provided by 34 DEMs in the Data Collection Forms received by the Committee. This data is for the period from July 1, 2023, to June 30, 2024, fiscal year (FY) 2024. During the reporting period, there were 38 DEMs licensed to practice in Maryland. Four licensed DEMs did not submit the required data collection form. Each of the four licensees were sent certified letters with notification that the Board did not receive an annual data collection form as of October 21, 2024. Accordingly, this Report does not include reportable information for one licensee.

(1) The total number of patients served as primary caregiver at the onset of care[1]:

Total Number = 613

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

Total Number: 394

Allegany County	2	Harford County	13
Anne Arundel County	23	Howard County	8
Baltimore City	28	Kent County	0
Baltimore County	38	Montgomery County	45
Calvert County	2	Prince George's County	16
Caroline County	3	Queen Anne's County	5
Carroll County	27	St. Mary's County	49
Cecil County	29	Somerset County	4
Charles County	26	Talbot County	20
Dorchester County	1	Washington County	2
Frederick County	44	Wicomico County	9
Garrett County	0	Worcester County	0

[1]The Data Collection Form notes: "For purposes of completion of this Form, "Onset of Care" means any initial intake or care of a client during pregnancy, regardless of when in the pregnancy, or the outcome of the pregnancy."

(3) The number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended as primary caregiver at the discovery of the demise or death: 0

Total Number: 0

Allegany County	0	Harford County	0
Anne Arundel County	0	Howard County	0
Baltimore City	0	Kent County	0
Baltimore County	0	Montgomery County	0
Calvert County	0	Prince George's County	0
Caroline County	0	Queen Anne's County	0
Carroll County	0	St. Mary's County	0
Cecil County	0	Somerset County	0
Charles County	0	Talbot County	0
Dorchester County	0	Washington County	0
Frederick County	0	Wicomico County	0
Garrett County	0	Worcester County	0

(4) The number of women whose primary care was transferred to another health care practitioner during the antepartum period and the reason for transfer:[2]

Total Number: 50

Code	Reason for Transfer	Total Number of Transfers
301	Medical or mental health conditions *unrelated* to pregnancy	4
302	Hypertension developed in pregnancy	13
303	Blood coagulation disorders, including phlebitis	0
304	Anemia	1
305	Persistent vomiting with dehydration	0
309	Suspected or known placental anomalies or implantation abnormalities	3 (1 placenta previa)
310	Loss of pregnancy (includes spontaneous and elective abortion) *when a transfer took place*	6
312	Suspected intrauterine growth restriction, suspected macrosomia	1
313	Fetal anomalies	1

[2] One LDEM listed the same client transferred twice for 310 Loss of Pregnancy.

314	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	0
315	Fetal heart irregularities	0
316	Non vertex lie at term	3
318	Clinical judgement of the midwife (when a single other preceding condition listed on the Data Collection Form does not apply)	0
319	Client choice/non-medical [client moved, cost/insurance problem, client wanted another provider, midwife-initiated other than due to complications, client chose unassisted birth, midwife provided prenatal care for planned hospital birth, no reason given by client, etc.]	8
320	Other: S*pecified by DEM as follows*:	10
	"Non-reassuring BPP"	1
	"Post-term", "two weeks past dates", "42 weeks"	5
	"Past 41.6 weeks"	1
	"Pre-term birth"	1
	"Pre-term PROM"	1
	"Premature rupture of membranes"	1

(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period: Total Number: 37[3]

Reasons for Transfer (and number of transfers for this reason)	Outcomes for pregnant/birthing client if available (and number of clients with this outcome)	Outcomes for infants, if available (and number of infants with this outcome)
Reason for intrapartum elective or nonemergency transfers		
501: Persistent hypertension, severe or persistent headache (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
505: Prolonged rupture of membranes (3)	101: Healthy client, no serious pregnancy/birth related medical complications (3)	201: Health live born infant (3)
506: Lack of progress, client exhaustion, dehydration (13) (1 used 2 codes)	101: Healthy client, no serious pregnancy/birth related medical complications (11)	201: Healthy live born infant (13)

[3] The Data Collection Form notes: "For each transfer, please choose one (1) **primary** reason for transfer."

	102: With serious pregnancy/birth related medical complications resolved by 6 weeks (2)	
507: Thick meconium in the absence of fetal distress (1)	102: With serious pregnancy/birth related medical complications resolved by 6 weeks (1)	201: Healthy live born infant (1)
509: Unstable lie or malposition of the vertex (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
511: Clinical judgment of the midwife (when a single other preceding condition listed on Data Collection Form does not apply) (4)	101: Healthy client, no serious pregnancy/birth related medical complications (3) 706: Used code 706: Clinical judgement of midwife (Outcome unknown) (1)	201: Healthy live born infant (4)
512: Client request; request for methods of pain relief (8) (13 used two codes for the same client twice)	101: Healthy client, no serious pregnancy/birth related medical complications (6)	201: Healthy live born infant (6)
513: Other (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
Reasons for postpartum pregnant/birthing client elective or non-emergency transfers		
702: Repair of laceration beyond midwife's expertise (2)	101: Healthy client, no serious pregnancy/birth related medical complications (2)	201: Healthy live born infant (2)
Reasons for nonemergency infant transfers		
904: Poor transition to extrauterine life (2)	Outcome unknown (left blank) (2)	201: Healthy live born infant (1)
		202: With serious pregnancy/birth related medical complications resolved by 4 weeks (1)

905: Insufficient passage of urine or meconium (1)	Outcome unknown (left blank (1)	201: Healthy live born infant (1)
906: Parental request (1)	Outcome unknown (left blank (1)	201: Healthy live born infant (1)

(6) The number of urgent or emergency transport of an expectant client in the antepartum period:
Total Number: 8[4]

Reasons for Transfer (and number of transfers for this reason)	**Outcomes for pregnant/birthing client if available (and number of clients with this outcome)**	**Outcomes for infants, if available (and number of infants with this outcome)**
402: Severe or persistent headache, pregnancy-induced hypertension (PIH) or preeclampsia (1)	101: Healthy mother, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
406: Preterm labor or preterm rupture of membranes (7)	101: Healthy mother, no serious pregnancy/birth related medical complications (7)	201: Healthy live born infant (3)
		202: With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
		203: With serious pregnancy/birth related medical complications not resolved by 4 weeks (1)[5]
		209: Other (2) (not available)

[4]One LDEM left questions #6 and #7 blank on the 2024 data form; on 9.23.24 the LDEM clarified that the results were"0" for Question #6 and "0" for Question #7.

[5] LDEM reported that the baby was born at 23 weeks and stayed in NICU for 2 months.

(7) Total number of urgent or emergency transport of an infant or pregnant/birthing client during the intrapartum or immediate postpartum period: Total Number: 22

Reasons for Transfer (and number of transfers for this reason)	**Outcomes for pregnant/birthing client if available (and number of clients with this outcome)**	**Outcomes for infants, if available (and number of infants with this outcome)**
Reasons for urgent or emergency intrapartum transfers		
602: Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor (2)	101: Healthy client, no serious pregnancy/birth related medical complications (2)	201: Healthy live born infant (2)
605: Prolapsed umbilical cord (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
606: Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress (2)	101: Healthy client, no serious pregnancy/birth related medical complications (2)	201: Healthy live born infant (2)
607: Clinical judgement of the midwife (when a single other condition above does not apply) (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Health live born infant (1)
Reasons for immediate postpartum maternal urgent or emergency transfers		
803: Uncontrolled hemorrhage (1)	101: Healthy mother, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
808: Clinical judgment of the midwife (when a single other preceding condition listed in the Data Collection Form does not apply) (3)	101: Healthy mother, no serious pregnancy/birth related medical complications (3)	201: Healthy live born infant (3)
809:Other (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)

Reasons for immediate postpartum infant urgent or emergency infant transfers		
351: Abnormal vital signs or color, poor tone, lethargy, no interest in nursing (6)	101: Healthy client, no serious pregnancy/birth related medical complications (5) One LDEM left this response blank (not available) (1)	201: Healthy live born infant (3)
		202:With serious pregnancy/birth related medical complications resolved by 4 weeks (3)
352: Signs or symptoms of infection (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	202:With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
359: Significant cardiac or respiratory issues (3)	101: Healthy client, no serious pregnancy/birth related medical complications (3)	202:With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
		206:Live born infant who subsequently died (1)
		209: Other (1)[6]
355: Evidence of clinically significant prematurity (1)	100 One LDEM used a code not listed to be used for this item (1)	201: Healthy live born infant (1)

(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:

A. At the onset of labor: <u>433</u>
B. Completed in an out-of-hospital setting: <u>399</u>
C. Number of clients who have not yet given birth as of June 30th: <u>122</u>

(9) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate [7]

[6]Additional information provided by LDEM: Infant outcome 209. Infant was admitted to NICU for 3 days due to TTN from mec aspiration. Infant was discharged, all complications resolved by 3 days postpartum.

[7]The Committee has summarized the explanations given under Question 9 of the Data Collection Forms to maintain confidentiality of the patients' health information in accordance with applicable laws and regulations.

The one Data Collection Form, that identified complications resulting in the morbidity or mortality of a mother or a neonate brief description included additional information as follows:

(1) Infant transfer 1 – baby needed resuscitation. The baby was transferred by ambulance and was then transferred. It was determined that the baby has a genetic disorder. The first born baby of this couple also had this disorder and subsequently died. The disorder has not yet been identified and the only physical characteristic is a cerebellum 1/3 the size of normal identified by MRI scan after the birth.

II. Committee's Recommendations [10]

The Committee hereby provides the Board with the following information to assist the Board with providing additional information to the Maryland General Assembly, as 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:

First, the Committee recommends to the Board the elimination of the requirement for all licensed DEMS to submit Annual Data Collection forms to the Board. The Committee notes that the required data has been submitted for review and reported annually to the Board since 2017 demonstrating that the DEMS are practicing within the statutes and regulations as required. The Committee also is aware that this type of annual data is not required to be submitted by any other health occupation professions licensed by the Board and that similar data is already provided by all licensed health care providers that attend births, as required, on birth certificates and forms submitted to the Vital Statistics Administration.

Second, the Committee recommends amending Title 8, Subtitle 6c to offer DEMs a grace period for renewals. Such grace period already is available to licensed nurses and certified nursing assistants pursuant to Md. Code Ann., Health Occ. § 8-312(d) and § 8-6A-08(f), respectively, providing that the Board "may grant a 30-day extension," beyond the expiration date of the license or certificate so the licensee or certificate holder may renew the license or certificate before it expires.

Third, the Committee recommends that the Committee and Board re-examine the application fees set forth in COMAR 10.64.01.18 in accordance with Health Occ. § 8-6C-15. The Committee proposes that the

[10] The additional information includes: (1) In consultation with the Committee, any recommendations regarding the continuation and improvement of the licensure of the 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 vagina birth after cesarean. Health Occ. § 8-6C-12(c).

current fees be reasonably comparable to other licensed and certified professionals under the Board's jurisdiction to the extent that the fees cover the approximate cost of the Board providing licensure and other services to the DEMS.

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

The Committee recommends to the Board to support the ability of DEMS to practice to the full extent of their training and within the national credentialing of Certified Professional Midwives.

The scope of practice of certified professional midwives includes vaginal birth after cesarean at the national level, according to certification by NARM. The Committee continues to recommend the expansion of the scope of practice of DEMs in Maryland to include vaginal birth after cesarean delivery, in certain limited circumstances, as set forth in HB351 and SB376 of the Fiscal Year 2023, and HB355 and SB62 of the 2024 Legislative Sessions.

3. Any recommendations, including recommendations for legislation, regarding the scope of practice of license 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 licensed DEMS and the Committee so that the Board can compile its required report to the Maryland General Assembly by December 1, 2024.