

Direct-Entry Midwifery Advisory Committee
Maryland Board of Nursing
4140 Patterson Avenue, Baltimore, MD 21215
Open Session Committee Meeting Minutes
August 6, 2021

NAME	TITLE	PRESENT	ABSENT
Committee Members			
Elizabeth Reiner	Committee member (LDEM) Reappointment ends 12/31/2021	X	
Jessica Watkins	Committee member(consumer)Appointment ends 12/31/2021	X	
Karen Webster	Committee member (LDEM) Appointment ends 12/31/2023	X	
Dr. Kai Parker	Chairperson (LDEM) Reappointment ends 12/31/2021		X
Jan Kriebs	Committee member (CNM) Reappointment ends 12/31/2022	X	
Roxann Gordon	Committee member (CNM) Appointment ends 12/31/2024	X	
Dr. Harold Fox	Committee member (Maryland Hospital Association Representative) Reappointment ends 12/31/2021		X
Board Staff			
Michael Conti, AAG	Board Counsel	X	
Margaret Lankford, AAG	Board Counsel	X	
Monica Mentzer	Manager of Practice, Board Staff	X	
Rhonda Scott	Deputy Director, Maryland Board of Nursing, Board Staff	X	
Guests:			
Lindsay Rowe	Committee Analyst	X	
Delegate Bonnie Cullison	Bill Sponsor		
Caitlyn McDonough	Association of Independent Midwives of MD and the MD Families for Safe Birth	X	
Paige Barocca	Licensed Direct-Entry Midwife	X	
Karen Carr	Licensed Direct-Entry Midwife	X	
Jennifer Witten	Vice President, Government Policy, Maryland Hospital Association		
Jane Krienke	Legislative Analyst, Maryland Hospital Association		
Pam Kasemyer	ACOG, Maryland Section and American Academy of Pediatrics		
Catherine Salam	American College of Nurse-Midwives, Maryland Affiliate		

Subject	Responsible Party	Action Item/Discussion	Results
<p>1. Call to Order</p>	<p>Elizabeth Reiner, Committee member, Co-Chairperson</p> <p>Monica Mentzer, Board staff member</p>	<p>There were 5 Committee members present meeting the requirement for a quorum. The meeting was held by conference call and the call-in information and agenda were posted on the Board’s website.</p> <p>Ms. Mentzer received the email addresses from Ms. Caitlyn McDonough and sent an email notification and invitation to each of identified stakeholders who may be interested in attendance at today’s open session meeting.</p>	<p>At 10:05 A.M. a motion was made by Elizabeth Reiner, Co-chair, to call the meeting to order. The motion was seconded by Roxann Gordon. The motion carried; there were none opposed and no abstentions.</p>
<p>2. Review and Approval of the July 2, 2021 and July 23, 2021 open session meeting minutes</p>	<p>Monica Mentzer, Board staff member</p>	<p>The Committee members were provided with a copy of the July 2, 2021 and July 23, 2021 open session minutes for review. In discussion, Committee members indicated technical difficulty accessing and viewing the minutes.</p>	<p>A motion was made to table the review and approval of the open session minutes from July 2, 2021 and July 23, 2021 by Jan Kriebs. The motion was seconded by Roxann Gordon. The motion carried; there were none opposed and no abstentions.</p>
<p>3. Review and Discuss HB 1032 (2021 Legislative Session) and request for the Committee to submit a report with recommendations to the Maryland General Assembly by September 30, 2021</p>	<p>Monica Mentzer, Board staff member</p>	<p>Pursuant to a written request form delegates of the Maryland General Assembly, the Committee members and stakeholders engaged in review and discussion regarding HB 1032 (2021 Legislative Session), which proposed expanding licensed direct-entry midwives’ (LDEMs”) scope of practice to include vaginal birth after Cesarean delivery (“VBAC”). The request from the Maryland General Assembly asked that the</p>	

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	<p>Caitlyn McDonough, AIMM and Maryland Families for Safe Birth</p> <p>Delegate Bonnie Cullison</p>	<p>Committee study this question and provide a report to the General Assembly by September 2021.</p> <p>Ms. Caitlyn McDonough provided an overview of the HB 1032 Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section noting HB 1032 did not pass in the 2021 Legislative Session, and the request from the Maryland General Assembly to seek more information to be able to make an informed decision regarding such matters as: what is the experience in other states for direct-entry midwives to assist patients with a vaginal birth after a caesarean – section and what information the Committee, as subject experts on the matter, may be able to provide to assist the legislators to learn more regarding safety considerations to lowering the risk (to patient/client and baby) and finding a balance for a limited number of women seeking a VBAC.</p> <p>Delegate Cullison noted the driving force for her is creating as many possible and safe access opportunities for women to have their babies.</p>	<p>The Committee provided an opportunity for a conversation regarding the primary topic of discussion at today’s meeting from both the Committee members and interested stakeholders.</p> <p>The Committee chairperson or chairperson’s designee will identify a point person who will be able to present the results and recommendations of the Committee (as subject matter experts) to the Maryland Board of Nursing for review (to include a disclaimer the document does not represent an official position of the Board).</p>

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	<p>Pam Kasemeyer, American College of Obstetricians and Gynecologist, Maryland Section and American Academy of Pediatrics, Maryland Chapter</p>	<p>Ms. Kasemeyer noted we appreciate your interest and intent for safe options as possible and we do not see sufficient evidence (clinical data) to support VBAC in the home setting. There is the uncertainty and risks of what can happen and how quickly the change may occur and, when it happens, there are poor outcomes. Ms. Kasemeyer noted in Oregon a law was passed permitting LDEMs to perform VBACs that was changed 4-5 years later because the outcome data was so poor.</p>	
	<p>Caitlin McDonough, AIMM and Maryland Family for Safe Births</p>	<p>Ms. McDonough has looked at other states and how their statutes are written, including significant restrictions, to narrow the group to safe clients only.</p>	
	<p>Karen Webster, Committee member</p>	<p>Ms. Webster has provided the Committee members information regarding the laws pertaining to direct-entry midwives in other states, noting that since 2015 there are additional states that have passed laws related to direct-entry midwives and VBACs. This information may be shared with interested stakeholders.</p>	

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	<p>Pam Kasemeyer, ACOG, Maryland Section and the American Academy of Pediatrics, Maryland Chapter</p> <p>Jennifer Witten, V.P Government Affairs, Maryland Hospital Association</p> <p>Pam Kasemeyer, ACOG, Maryland Section and the American Academy of Pediatrics, Maryland Chapter</p>	<p>In bills passed by other states, clinicians are required to provide more information regarding what are the risks that increase with VBAC and limiting who can perform it to make the risk the same as a normal birth. The patient chooses their provider and the birth setting, having a written care plan and additional informed consent for the choice of VBAC.</p> <p>Ms. Witten noted that Dr. Fox was unable to attend today's meeting and was not in support of this bill moving forward and that the Board of Nursing had a similar position.</p> <p>Ms. Kasemeyer noted the importance to study this topic carefully and the data to support and to not support exists (e.g., JAMA notes 10 times higher adverse outcomes). The MHA was very prescriptive regarding concerns related to understanding of when there is an immediate need to transport to the hospital and the significance of a high risk delivery (e.g., scope of practice and increased liability for hospitals in assuming care). It is important to have clinician input on both</p>	

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	<p>Jan Kriebs, Committee member</p> <p>Karen Carr, LDEM</p> <p>Monica Mentzer,</p>	<p>sides of the issue and that more information is needed.</p> <p>Ms. Kriebs has provided the Committee members with a selection of articles related to midwives providing midwife care to women seeking a VBAC that may be shared with interested stakeholders.</p> <p>Data has been submitted to the legislature as required by law.</p> <p>We know that there are good criteria for screening and support for women who want to do VBAC and that there are some hospitals that are not supportive of the choice. The home birth data (unattended vs. attended) and planned home birth vs. accidental home birth may provide quality data.</p> <p>The Annual Data Report for DEMS, submitted to the Maryland General Assembly and published on the Board's website, notes the reasons for transfer of care of a patient to the hospital and outcome data (when available).</p> <p>The Direct-Entry Midwives Advisory Committee is required by law to submit an Annual Data Report to the Maryland</p>	

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	<p>Board staff member</p> <p>Paige Barocca, LDEM</p> <p>Jane Krienke, Legislative Analyst, Maryland Hospital Association</p> <p>Elizabeth Reiner, LDEM,</p>	<p>General Assembly. The reports are due to the Board by October 1 of each calendar year and the data is summarized and included in an Annual Report to the Legislature by December 1 of each calendar year.</p> <p>The Annual Data for Direct-Entry Midwives is available to the public on the Maryland Board of Nursing website (In the search window enter Annual Reports).</p> <p>Ms. Paige Barocca explained how the process occurs for a transfer to the hospital and agrees with adding a consent form for VBAC to inform the client, and ensure the client is aware of, the risks associated with VBAC.</p> <p>Ms. Jane Krienke noted the Maryland Hospital Association (MHA) is able to share the data regarding hospitals that provide for VBACs and the number of hospitals in Maryland that have services for labor and delivery in Maryland, adding that the MHA will work collaboratively with the Committee.</p> <p>Ms. Elizabeth Reiner noted that VBACs at home are attended by CNMs and there are a very limited number of CNMs for a family</p>	

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	Committee member	<p>to choose from. There are families seeking access and options that are turned away on a weekly basis. The families have a right to choose and there is a need for VBAC to be accessible to people asking for it, reducing the limit of people being able to access it. It is important for the midwife to cooperate with local hospitals for making the transfer of care as seamless as possible.</p> <p>Ms. Elizabeth Reiner noted there are very specific restrictions in the bill (HB 1032) that would limit and lower the risk while still allowing people to choose. There are inherent risks in home birth and no situation in birth or life is without risk. We are lowering the risk by limiting it as it is in the bill. The direct-entry midwives are required to have the patient sign an informed consent noting the real risks.</p>	
	Catherine Salam, American College of Nurse-Midwives, Maryland Affiliate	<p>Ms. Catherine Salam noted the risks of repeat C-Section and hospital management and for the MHA to also be aware of the data for risks of hospital births for those who attempt an in-hospital (VBAC) birth.</p>	

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	Delegate Bonnie Cullison	Delegate Cullison noted there is a need to look at the risk in all settings and to gather good data on risks in general for VBACs and repeat C-Section, noting overall good outcomes and limited number of transfers and transfer responsibly with good outcomes for baby and mom. Delegate Cullison noted the importance for risk assessment and how do you manage that risk in real time?	
	Catherine Salam, American College of Nurse-Midwives, Maryland Affiliate	Inherent to all of our conversation is the availability of a seamless transfer, non-judgmental – every midwife and client deserves respectful care.	
	Jennifer Witten, V. P. Government Affairs, Maryland Hospital Association	Ms. Jennifer Witten identified herself as a non-clinician but noted the informed consent should note the increase risks associated with a birth with a licensed-direct entry midwife and identified potential legal concerns (e.g., immunity for hospitals).	

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	Michael Conti, AAG, Board Counsel	Mr. Conti advised Board Counsel is unable to comment nor advise on the issue of immunity for hospitals as this is outside of the regulatory process the Board may engage in.	
	Caitlyn McDonough, AIMM and Maryland Families for Safe Birth	Ms. Caitlyn McDonough noted it may be appropriate to have a consent form for a family who is interested in a VBAC home birth.	
	Roxann Gordon, CNM, Committee member	Ms. Roxann Gordon has 16 years of experience as a certified nurse midwife, advanced practice registered nurse, and noted that it does not matter if you are a CPM, LDEM, or CNM because we cannot perform surgery or administer blood in the home setting, and further noted the importance of consultation with other health care clinicians on the risk assessment to minimize the risks for the mother and baby associated with a birth.	
	Dr. Roskey	Dr. Roskey (physician) joined the meeting and noted the importance of using a standardized risk assessment and informed disclosure for OB doctors regarding assessment for VBACs. Dr. Roskey asked whether midwives use that same risk assessment and if it is part of the bill?	

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	<p>Catherine Salam, American College of Nurse-Midwives, Maryland Affiliate</p> <p>Roxann Gordon, CNM, Committee member</p> <p>Jessica Watkins, Committee Consumer member</p>	<p>The ACOG website has published recommendations for VBAC consent and information on incorporating risk assessment criteria.</p> <p>Ms. Salam noted the key areas for discussion as part of the Legislative Committees include the direct-entry midwives' scope of practice, provider education and training, and the safety and risk management and assessment criteria.</p> <p>Ms. Gordon noted there can be differences among midwives, just as there is with OB/GYN physicians regarding protocols, guidelines, and standards of practice. It is important for clinicians to work in consultation and collaboration with physicians and other clinicians in all settings.</p> <p>Ms. Jessica Watkins noted there is a demand for VBAC services and a low supply of providers who to provide VBAC care. There were a number of supporters (for Licensure for Direct-Entry Midwives in Maryland) that withdrew their support</p>	

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<p>4. Next Steps.</p>	<p>Delegate Bonnie Cullison</p>	<p>conceding on VBAC. We believe persons should have a choice regarding the circumstances around their first C-Section. Families withdrew their support knowing the licensed direct-entry midwives would not be able to provide for VBACs.</p> <p>Delegate Collison noted the importance of having a team approach of all providers working together with our facilities to provide best care to families.</p>	<p>Following today's meeting, Monica Mentzer will send out an email notification for the date of the next Committee meeting to be scheduled within the next two weeks.</p>
	<p>Monica Mentzer, Board Staff member</p>	<p>The Committee members agreed to meet again before their next scheduled meeting on September 3, 2021.</p>	
<p>5. Adjournment.</p>	<p>Jan Kriebs, CNM, Committee member</p>	<p>The Committee members and stakeholders found the opportunity for information sharing and good communication helpful to the attendees.</p> <p>The open session meeting ended at 11:41 a.m.</p>	<p>At 11:41 a.m. a motion was made by Jan Kriebs to close the open session meeting. The motion was seconded by Roxann Gordon. The motion carried; there were none opposed and no abstentions</p>

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