

Direct-Entry Midwifery Advisory Committee
Maryland Board of Nursing
4140 Patterson Avenue, Baltimore, MD 21215
Open Session Committee Meeting Minutes
August 20, 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 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	
Iman Farid	Health Policy Analyst	X	
Guests:			
Lindsay Rowe	Committee Analyst	X	
Delegate Bonnie Cullison	Bill Sponsor	X	
Caitlyn McDonough	Association of Independent Midwives of MD (AIMM) and the MD Families for Safe Birth	X	
Paige Barocca, LDEM	Licensed Direct-Entry Midwife, President of AIMM	X	
Pam Kasemeyer	ACOG, Maryland Section and American Academy of Pediatrics, Med-Chi (The Maryland State Medical Society)	X	
Jennifer Witten	Vice President, Government Policy, Maryland Hospital Association	X	
Jane Krienke	Legislative Analyst, Maryland Hospital Association	X	
Tracey LaValle	Senior Vice-President, Maryland Hospital Association	X	
Dr. Megan Rao, MD	Practicing OB/GYN Physician at Upper Chesapeake, Shady Grove JHH at Bayview, and St. Agnes Hospitals	X	
Dr. Blair Eig, MD	Maryland Patient Safety Center, President and CEO	X	

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 follow-up to the August 8, 2021, 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. At the request of Ms. Reiner, Ms. Jan Kriebs will lead the open session Committee meeting today.</p>
<p>2. Review and Approval of the July 2, 2021, July 23, 2021, and August 6, 2021 open session meeting minutes</p>	<p>Jan Kriebs, CNM, Committee member</p> <p>Monica Mentzer, Board staff member</p>	<p>The Committee members were provided with the documents (word documents and scanned documents) for their review of the July 2, 2021, July 23, 2021, and August 6, 2021 open session minutes for review. In discussion, Committee members reviewed the August 6, 2021, open session minutes with one correction requested the name of the physician is Dr. Rafi.</p>	<p>Only the August 6, 2021, minutes were reviewed with one correction to the name of physician Dr. Rafi. Monica Mentzer will make the correction to the August 6, 2021 open session minutes. The approval of the minutes did not occur and will be added to the September 3, 2021 agenda.</p>
<p>3. Review and Discuss HB 1032 (2021 Legislative Session) and request for the Committee to submit a report with recommendations</p>	<p>Jan Kriebs, CNM, Committee 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'</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>

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<p>to the Maryland General Assembly by September 30, 2021</p>	<p>Dr. Rao, OB/GYN practicing physician</p>	<p>(LDEMs”) scope of practice to include vaginal birth after Cesarean delivery (“VBAC”). The request from the Maryland General Assembly asked that the Committee study this question and provide a report to the General Assembly by September 2021.</p> <p>Dr. Rao spoke to the safety concerns of home births, including the ACOG Guidelines for a trial of labor after Cesarean section (TOLAC). ACOG recommends TOLAC do not occur at home. Dr. Rao noted from a national perspective a death rate of 2.9 per 1,000 in the intrapartum period as compared to 0.13 per 1,000 (a 22 fold increase). Dr. Rao noted the importance of continuous electric fetal monitoring, as recommended in ACOG guidelines, and that 70% of the time, fetal heart rate monitoring is able to detect if a baby is showing signs of distress and this would be difficult to do at a homebirth. Dr. Rao provided two examples, from her personal experience, of life threatening situations (uterine rupture) requiring immediate Cesarean section surgery,</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> <p>A TOLAC refers to a planned attempt to deliver vaginally by a woman who has had a previous cesarean delivery, regardless of outcome. This method provides women who desire a vaginal delivery the possibility of achieving that goal – a vaginal birth after cesarean delivery (VBAC).</p>

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	<p>Delegate Bonnie Cullison</p> <p>Jan Kriebs, CNM, Committee member</p> <p>Elizabeth Reiner, LDEM, Committee</p>	<p>noting that when it happens it happens quickly.</p> <p>Delegate Cullison noted that there would need to be several restrictions in place as to when a Direct-Entry Midwife would be able to provide for TOLAC as a precursor to a VBAC.</p> <p>Ms. Kriebs noted that it is within the scope of both the Certified Nurse Midwives (“CNM”) and Certified Professional Midwives (“CPMs”) - to monitor the patient for any warning signs and necessary precautions and that this is part of their training. Ms. Kriebs, respectful of Dr. Rao, notes that it is horrific when a traumatic rupture occurs, and that any changes in fetal heart rate are preceded by the patient having severe abdominal discomfort. The relative risks and the mother’s autonomy are considerations for (a patient) choosing the home birth setting. The law that is proposed in Maryland is specific to clients/patients with only one prior Cesarean section and additional criteria are met.</p> <p>Ms. Reiner expressed the concern that this is already happening and that it is important to give people who want to make this choice to have a Home Birth After a</p>	

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	<p>member, Co-Chairperson</p> <p>Tracey Lavelle, Senior Vice-President, Maryland Hospital Association</p> <p>Dr. Rao, OB/GYN practicing physician</p> <p>Roxann Gordon, CNM,</p>	<p>Cesarean (HBAC) knowing that this risk does exist even for people planning a hospital birth. Ms. Reiner noted that we find people who are unable to find a provider and wait at home until the last minute to deliver and are really looking to expand the number of providers who are able to provide care for the people (choosing HBAC) throughout the state.</p> <p>Ms. Lavelle requested the reference materials Ms. Kriebs has be shared with the stakeholders and asked if a woman having a trial of labor after Cesarean (TOLAC) at home is within the practice of the CNM and if the licensed midwife bill to provide for VBAC performed by LDEMs would have the same level of training. Ms. Lavelle mentioned that some CPMs and CNMs may have privileges at a hospital working with the surgeons and that there is already a relationship in place with the doctors and surgeons.</p> <p>Dr. Rao commented that the hospital doctors are serving as a back-up and are available if something more is needed.</p> <p>Ms. Gordon, CNM, commented on her experience employed by the hospitals including Johns Hopkins, Sinai, and Life Bridge Health, and in 2015, at Special</p>	

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	<p>Committee member</p> <p>Delegate Bonnie Cullison</p> <p>Dr. Blair Eig, MD, Maryland Safety Center</p>	<p>Beginnings (Birthing Center), as a CNM where she did have a relationship with an OB/GYN provider at a hospital. Ms. Gordon noted that more (CNMs) do not have hospital privileges as CNMs are no longer required to have written agreements with a supervising physician for collaboration and consultation and currently practice autonomously. Home birth practices in other states may include requiring admitting privileges, and once admitted, the care would be transferred to a midwife or physician group. Ms. Gordon mentioned the video/movie "Birth me" as an available resource she would recommend to view.</p> <p>Delegate Cullison commented that it is important for a woman choosing a VBAC at home to understand the risk and if the woman makes the decision, it is the decision made to meet the woman's needs. It is important when looking at risk to compare apples to apples and asks: what are the ways we can make this as safe as possible for a home birth?</p> <p>Dr. Eig, identified himself as a pediatrician by practice, expressed concern that expanding the scope (of practice) to include VBACs or TOLAC at home is not a good idea because of the risks and from a safety concern. Although a uterine rupture is rare, it is a definable risk. If there is an avoidable</p>	

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	<p>Jan Kriebs, CNM, Committee member</p> <p>Dr. Blair Eig, MD, Maryland Safety Center</p>	<p>risk addressing uterine rupture within minutes is necessary or the baby and/or mother may die. The death may be avoidable if the birth occurs in the hospital.</p> <p>Ms. Krebs noted the CNMs are aware of women, who have had a prior experience with a hospital birth and Cesarean section, who do not want to have the same experience with another birth and that every mother seeking to have the option of a VBAC should be able to have the option to seek a supportive midwife as a provider of care and be informed of (potential) risks.</p> <p>Dr. Eig acknowledged the experience in the hospital may not be optimal for many women and believes the TOLAC is an available option in hospitals and that the work we've done (at the Maryland Safety Center) has led to a decrease in the number of C-sections and that we are trying to make that experience better. Dr. Eig noted it is his personal and passionate feeling if you can avoid a death that that is all he is concerned about. Dr. Eig commented that licensed Direct-Entry Midwives are not the same as CPMs the other branch of midwifery that includes certified midwives and CNMs.</p>	

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	<p>Caitlyn McDonough, AIMM, and Maryland Families for Safe Births</p> <p>Dr. Rao, OB/GYN practicing physician</p> <p>Elizabeth Reiner, LDEM, Committee member, Co-Chairperson</p> <p>Roxann Gordon, CNM, Committee member</p>	<p>Ms. McDonough reminded the Committee and attendees that the crux of the question is: will we be able to provide this service in Maryland to women seeking it as we do allow home births with some practitioners and are we able to use the time to build those relationships that should be in place? The setting (home) is already an established practice in Maryland.</p> <p>Dr. Rao commented it is not really relevant. I can get a baby out in minutes and the CMs, CPMs, CNM are perfectly capable of monitoring and attending a TOLAC and doesn't want any midwife to feel we are targeting one category (of midwife) over the other.</p> <p>Ms. Reiner commented we appreciate all that has been discussed and we have already established that Home Vaginal Birth After Cesarean (HVAC) and TOLAC is an option in Maryland and that as Dr. Blair pointed out, there are families already choosing home births and that there is a risk associated with birth in any setting.</p> <p>Ms. Gordon noted that she has had 21 years of experience, with 16 years as a CNM and understands the difficulty of 50% of her clients in home birth practice (over the past 3 years) are seeking TOLAC. Ms. Gordon referenced that she noted at the</p>	

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	Elizabeth Reiner, LDEM, Committee member, Co-Chairperson	<p>August 6 Committee meeting that she is not able to do surgery, administer blood products, or have a pediatric team when practicing as a CNM in the home setting, Ms. Gordon acknowledged that a baby can die at home or in the hospital, but the bottom line is we know the risks, and the definable risk (getting a baby out in 1 or 4 minutes) and that supporting women and honoring women facing a 2nd C-section is her daily goal and passion and that because she has a shared responsibility with her patients and an informed consent, she is willing to take that risk with her patients. Ms. Gordon commented that in few cases of catastrophic events, she is not aware of any issues because when there is that shared relationship (between the patient and health care provider) that the parents accepted the risk.</p> <p>Ms. Reiner noted that a situation of risk occurs when a woman staying at home with no provider present and asks: how to best minimize that risk? Ms. Reiner commented that the discussion of inherent risks occurs with multiple C-sections and when there is a lack of support (for VBACs) by hospital providers.</p>	

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	Caitlin McDonough, AIMM and Maryland Family for Safe Births	Ms. McDonough asked whether or not the licensed Direct-Entry midwives are required to have malpractice insurance?	
	Monica Mentzer, Board Staff	Ms. Mentzer reported the Informed Consent and Disclosure of a Birth with a Licensed Direct-Entry Midwife (LDEM) form is available on the Maryland Board of Nursing website and there is a place for the LDEM to check whether or not the LDEM carries liability (malpractice) insurance.	
	Tracey LaValle, Senior Vice-President, MHA	Ms. Lavalle commented in Maryland the liability climate has become more challenging for OB practitioners and that liability occurs with hospitals too and is extremely costly.	
	Elizabeth Reiner, LDEM, Committee Member, Co-Chairperson	Ms. Reiner explained that in the "Midwifery Model of Care" there is a shared responsibility and with the Informed Consent there is a relationship that exists with clients that they can live with and it is less likely that the clients are going to take action against the midwife; it is unlikely that the client would sue the midwife and this speaks to the midwifery model of care.	

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	<p data-bbox="583 224 747 358">Jan Kriebs, CNM, Committee member</p> <p data-bbox="583 1174 768 1386">Caitlyn McDonough, AIMM and Maryland Family for Safe Births</p>	<p data-bbox="812 224 1419 911">Ms. Kriebs noted that there is a small relative risk compared to a health outcome and that the cornerstone of the “Midwifery Model of Care” is providing care for normal healthy moms and their babies. Ms. Kriebs commented on a need to look at transport liability and consent and how might hospitals be aware of a transport for a VBAC and what can be done to strengthen the system. Ms. Kriebs reminded the attendees that this Committee and the Association of Independent Midwives of Maryland (AIMM) represent home births and midwives (in Maryland). Ms. Kriebs notes that she is willing to share the literature she pulled for the Committee members that is selective of the larger population and of licensed clinicians with the group.</p> <p data-bbox="812 954 1419 1130">Ms. Kriebs commented on what the next steps should include as some may disagree with the basic question: to extend the provision of VBACs at home by the care of the licensed Direct-Entry Midwife.</p> <p data-bbox="812 1174 1419 1424">Ms. McDonough noted that this (bill) is not going to provide VBAC to all women and that it is a tool for consumers and patient members, that depending on where they live, not all hospitals will do it. Ms. McDonough commented that the consumers are driving this option for</p>	

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	<p>Jessica Watkins, Committee member, Consumer member</p> <p>Jan Kriebs, CNM, Committee member</p>	<p>access (to care) and that it may be considered a step in the right direction, and not a silver bullet. Further, Ms. McDonough commented we love hospitals to be able to support VBACs too.</p> <p>Ms. Watkins expressed that consumers feel that they are intelligent in assessing the risk for their families and that some consumers may feel that their 1st C-section may not have been their need and that a TOLAC may end up not occurring. Ms. Watkins noted that a lot of people in this community have may children and that they know the risks subsequent with each C-section for themselves and their families, and that some will choose to have an unassisted VBAC at home instead of going to the hospital. Ms. Watkins expresses that these individuals and families should have an option of the ability to have a provider.</p> <p>Ms. Kriebs agreed to the magnitude of clients not being allowed to have a TOLAC after 1-2 C-sections and that CNMs receive phone calls where the client is notified by their doctor that they were promised a TOLAC and that now they are being asked to schedule another C-section. Ms. Kriebs noted that until we are able to collect that data from clinicians and hospitals we will not be able to know how many women with a previous C-section were informed of their</p>	

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	<p>Caitlyn McDonough, AIMM, and Maryland Families for Safe Births</p> <p>Delegate Bonnie Cullison</p> <p>Elizabeth Reiner, LDEM, Committee member, Co-Chairperson</p>	<p>options, the policy, and what to expect up front.</p> <p>Ms. McDonough noted that the HHC data looks at VBAC and TOLAC data and that Maryland does collect data from all prior C-sections and may be able to identify which counties have lower VBAC rates.</p> <p>Delegate Cullison commented that she would like that the Committee doesn't go down the path of prior experience but that the rationale behind the legislation is to have open access based on self-determination and family decisions. Delegate Cullison noted the law is already in place and all midwives agree that they want to see people be able to make choices for themselves with a preferred provider for their care and not people with an unassisted home birth without a provider to support them.</p> <p>Ms. Reiner shared that CNMs' numbers are flipped and indicate that 85-90% successfully have a VBAC or a hospital transfer and a hospital C-section. Ms. Reiner noted that the training for recognizing risks that may be associated with a catastrophic outcome, whether the client is already in a hospital or not, is</p>	

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<p>4. Next Steps</p>	<p>Jan Kriebs, CNM, Committee member</p>	<p>included with a midwife’s style of education and training.</p> <p>Ms. Kriebs was asked to explain if there is a difference in the training of a CNM or a CPM and noted that the only difference for the education of CNMs and Certified Professional Midwives is that a CNM obtained an RN education and license prior to attending midwifery school, as many CNMs get a nursing degree and then go straight to midwifery school and are able to seek licensure as a Certified Nurse Midwife.</p> <p>Ms. Kriebs noted first and foremost, patient safety and access to a provider for women wanting a TOLAC have been identified messages throughout the call.</p>	
	<p>Jan Kriebs, CNM, Committee member</p>	<p>Ms. Kriebs requested that anyone with concerns or wish to state what their position is regarding the topic discussed may send in additional information to the attention of Monica Mentzer, by direct email at: monicaj.mentzer@maryland.gov by September 3, 2021, the date of the next scheduled Committee meeting.</p> <p>Ms. Kriebs suggested the first hour of the next Committee meeting from 10:00 A.M. – 11:00 A.M. be for the Committee members to work on the report and recommendations</p>	

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<p>5. Review of an application for initial licensure to practice direct-entry midwifery</p>	<p>Jan Kriebs, CNM, Committee member</p> <p>Monica Mentzer, Board staff member</p>	<p>from this Committee to the Board to be presented by a Committee member assigned by the Committee Chairperson or Co-Chairperson at the September 22, 2021, open session Board meeting for approval before it is submitted to the Maryland General Assembly.</p> <p>The Committee members were provided with a copy of the Application for Initial Licensure to Practice Direct-Entry Midwifery in Maryland for applicant: Morgan A. Hughes. The Committee members utilized the Direct-Entry Midwifery Advisory Committee Checklist to determine if the applicant, Morgan A. Hughes, meets the minimum regulatory requirements for initial licensure as a direct entry midwife in the Code of Maryland Regulation, Title 10, Subtitle 64, Chapter 01, specifically, COMAR 10.64.01.15 and COMAR 10.64.01.16.</p>	<p>A motion was made by Jan Kriebs to accept the application for Morgan A. Hughes for initial licensure to practice Direct-Entry Midwifery in Maryland as complete to recommend to the Board to accept and approve Morgan A. Hughes for initial licensure as a Direct-Entry Midwife in Maryland. The motion was seconded by Jessica Watkins. The motion carried; there were none opposed and no abstentions.</p>
<p>6. Adjournment.</p>	<p>Jan Kriebs, CNM, Committee member</p>	<p>The next Committee meeting is scheduled for Friday, September 3, 2021.</p>	<p>At 12:05 p.m. a motion was made by Jan Kriebs to close the open session meeting. The motion was seconded by Elizabeth Reiner. The motion carried; there were none opposed and no abstentions.</p>