Birthing Center Comments 10.05.02

	Date and Time Submitted	Name of Submitter and Organization	Comment(s)	OHCQ Response
1	03/01/24 3:35 PM	Caitlin McDonough, Licensed Direct Entry Midwives	Under section Personnel 10.05.02.05 (d) (2) This section states that two licensed staff individuals, one of whom should be a certified nurse midwife, or a certified midwife shall attend each birth. We would propose listing out in addition a license direct entry midwife or alternatively a midwife. Under an LDM's current scope they do not have to attend a birth alongside another midwife so if they were in a home, an arguably less regulated setting they would have to have a second individual, but they would be the midwife and the primary attending midwife. As I read the regulations, they would have to be alongside a nurse midwife to attend any births in a birthing center. The proposed change aligns with their scope in other settings. I would note that their scope limitations would still apply.	Language about a non-licensed assistant serving as the second individual attending a birth will not be included in the regulations at this time.
2	03/01/24 3:45 PM	Jan Kriebs, American College of Nurse Midwives	Definitions Freestanding birth centers – Given that we are acknowledging that any midwife who is legal in Maryland could provide services there regardless of whether a nurse midwife was there or not, and a physician can provide services there, I am not quite sure how to recommend changing that but I want to note that doesn't seem to be quite accurate with the current definitions. Nurse midwife services - Regardless of the license that a person holds, whether a physician, a CM, CNM, LDEM, that definition of services provided does not feel accurate. I would propose that since you have normal maternity defined above, that those services could be provided that meet the definition of normal maternity. Normal maternity – Are you talking about a term pregnancy which is 36 or more weeks of pregnancy or are you opening this to a late preterm pregnancy. I cannot tell from this definition because certainly in a hospital setting if one of my practice's clients went into labor at 36 weeks, we would not transfer their care. But do you mean that those clients are also acceptable to deliver in the birthing center?	OHCQ is responsible for licensing and oversight of facilities operating in Maryland, including birth centers. The Health Occupation Boards are responsible for licensing and oversight of the individual providing health care services. The CNM, CM, and LDEM definitions in the regulations will refer back to the appropriate section of COMAR and the law as per Division of State Document rules. The Maryland Department of Health has included in the definition of Normal Maternity, the Commission for the Accreditation of Birth Center's (CABC) recommended definition of gestational age and will include in the regulations that Normal Maternity does not include births less than 36 weeks or more than 42 weeks gestation.
3	03/01/24 3:50 PM	Pam Metz Kasemyer, American College of OB GYNs	Section .01 - The definition of nurse midwives services needs to be modified or you could not even necessarily require that definition. Section .06 – Director of Nurse Midwifery should really be Director of Midwifery based on the language earlier in the redrafted regs.	The Maryland Department of Health agrees and this change has been made to the regulations by removing the definition of nurse midwives services. The Maryland Department of Health agrees and this change has been made to the regulations by removing the term nurse.
4	03/07/24 11:46 AM	Jan Kriebs, information from CABC (Commission on Accreditation of Birth Centers)	CABC standards: pg 45 states, at birth there shall be two staff currently trained in 1) adult cardiopulmonary resuscitation equivalent to AHA Class C BLS and 2) neonatal resuscitation endorsed by the American Academy of Pediatrics / AHA	A new requirement was added for certain staff to be trained in Basic Life Support and a Neonatal Resuscitation Program.
5	03/07/24 12:47 PM	Jan Kriebs, information from CABC	CABC standards, Under Quality Improvement section, 7.A.4 (pg 92) states birth center conducts simulation drills to evaluate staff competency and appropriateness of policies and identifies areas for improvement.	OHCQ agrees that the consideration of evidence based standards is important. A new requirements was added to conduct an annual emergency drill to simulate evacuation (power outages, weather emergencies or other mini disasters). Also, a requirement to conduct an annual transfer drill for staff involved with transferring patients.
6	03/11/24 2:21 PM	Jan Kriebs, ACNM	ACNM would like to propose an addition to .06 Clinical Practice Guidelines (pg 5 on the draft I have) procedures for the: Assessment of maternal and fetal wellbeing prior to an during labor, including documentation of fetal heart rate using a non-recording device. Use of electronic fetal monitoring only for non-stress testing prior to labor. (italics- mine, placed on only) Thank you for the opportunity to make this suggestion.	The proposed COMAR 10.05.02.07A(2) requires that the use of ultrasound imaging be consistent with the current standards of care and within the scope of practice for a physician, certified nurse midwife, or certified midwife.