Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

REPORT

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

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

Date: November 15, 2023

Re: FY 2023 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) 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 33 DEMs in the Data Collection Forms received by the Committee. This data is for the period from July 1, 2022, to June 30, 2023, fiscal year (FY) 2023. During the reporting period, there were 36 DEMs licensed to practice in Maryland. One licensed DEMs did not submit the required data collection form.[1] 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[2]:

Total Number: 661[3]

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

Total Number:

Allegany County	5	Harford County	21
Anne Arundel County	18	Howard County	9
Baltimore City	15	Kent County	1
Baltimore County	31	Montgomery County	37
Calvert County	5	Prince George's County	22
Caroline County	2	Queen Anne's County	4
Carroll County	27	St. Mary's County	45
Cecil County	27	Somerset County	2

[1] Each of the three licensees were sent certified letters with notification that the Board did not receive an annual data collection form as of October 6, 2023; two licensees have responded to the request and have submitted the annual data collection form as of October 27, 2023 and one licensee has not responded to the notification request.

[2]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] One LDEM left this question blank; however, this same LDEM answered Question No. 2 and stated that the LDEM attended "1" live births as primary caregiver.

Charles County	10	Talbot County	1
Dorchester County	1	Washington County	20
Frederick County	38	Wicomico County	16
Garrett County	0	Worcester County	6

(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:

Total Number: 3

Allegany County	0	Harford County	0
Anne Arundel County	0	Howard County	0
Baltimore City	1	Kent County	0
Baltimore County	0	Montgomery County	0
Calvert County	0	Prince George's County	1
Caroline County	0	Queen Anne's County	0
Carroll County	0	St. Mary's County	0
Cecil County	1	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:[4]

Total Number: 47

Code	Reason for Transfer	Total Number of Transfers
301	Medical or mental health conditions *unrelated* to pregnancy	1
302	Hypertension developed in pregnancy	6
303	Blood coagulation disorders, including phlebitis	1
304	Anemia	1
305	Persistent vomiting with dehydration	1
309	Suspected or known placental anomalies or implantation abnormalities	2

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

310	Loss of pregnancy (includes spontaneous and elective abortion) *when a transfer took place*	4
312	Suspected intrauterine growth restriction, suspected macrosomia	1
313	Fetal anomalies	3
314	Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios	1
315	Fetal heart irregularities	2
316	Non vertex lie at term	4
318	Clinical judgement of the midwife (when a single other preceding condition listed on the Data Collection Form does not apply)	2
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.]	13
320	Other: *Specified by DEM as follows*:	
	"Induction Post 42-weeks"	1
	"Clients reached 41.6 wks., transferred to OB for Induction"	2
	"Gestational Breast Cancer"	1
	"PPROM"	1

(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period: Total Number: 48[5]

Reasons for Transfer (and number of transfers for this reason)	Outcomes for pregnant/birthing client if available (and number of clients with this outcome) [6]	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 (3)	101: Healthy client, no serious pregnancy/birth related medical complications (3)	201: Healthy live born infant (3)
505: Prolonged rupture of membranes (6)	101: Healthy client, no serious pregnancy/birth related medical complications (6)	201: Healthy live born infant (6)

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

[6] Two LDEMs did not provide the outcome for one of their pregnant/birthing patients, resulting in two (2) missing outcomes.

506: Lack of progress, client exhaustion, dehydration (24)	101: Healthy client, no serious pregnancy/birth related medical complications (23)	201: Healthy live born infant (23)
	106: Information not available (1)	208: Information not attainable ((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) (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
512: Client request; request for methods of pain relief (8)	101: Healthy client, no serious pregnancy/birth related medical complications (7)	201: Healthy live born infant (7)
	107: Healthy mom[7] (1)	107: Health baby[8] (1)
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		
701: Retained placenta without significant bleeding (2)	101: Healthy client, no serious pregnancy/birth related medical complications (2)	201: Healthy live born infant (2)
702: Repair of laceration beyond midwife's expertise (1)	101: Healthy client, no serious pregnancy/birth complications (1)	201: Healthy live born infant (1)
Reasons for nonemergency infant transfers		
904: Poor transition to extrauterine life (1)	No client outcome provided (1)	Left blank (1)

[7] One LDEM provided an outcome code of 107, indicating "healthy mom." The Committee notes that Code 107 is not an official code on the Annual Data Collection form. Code 101 is the official code for a healthy client.

[8] One LDEM provided an outcome code of 207, indicating "healthy baby." The Committee notes that Code 107 is not an official code on the Annual Data Collection form. Code 201 is the official code for a healthy life born infant.

(6) The number of urgent or emergency transport of an expectant client in the antepartum period:
Total Number: 6[9]

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 (2)	101: Healthy mother, no serious pregnancy/birth related medical complications (1)	201: Healthy live born infant (1)
	102: With serious pregnancy/birth related medical complications resolved by 6 weeks (1)	203: With serious pregnancy/birth related medical complications not resolved by 4 weeks. (1)
406: Preterm labor or preterm rupture of membranes (3)	101: Healthy mother, no serious pregnancy/birth related medical complications (3)	201: Healthy live born infant (2)
		202: With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
605: Prolapsed umbilical cord (1) No. 34 - Used code for question #7?	101: Healthy mother, no serious pregnancy/birth related medical complications (1) No. 34	201: Healthy live born infant (1) No. 34

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

Total Number: 17

[9] One LDEM left this question blank; however, this LDEM previously answered Question No. 2 as "0".

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		
601: Suspected preeclampsia, eclampsia, seizures (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	201: With serious pregnancy/birth related medical complications resolved by 4 weeks (1)
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: With serious pregnancy/birth related medical complications resolved by 4 weeks (2)
606: Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress (1)	101: Healthy client, no serious pregnancy/birth related medical complications (1)	205: Fetal demise diagnosed during labor or at delivery (1)
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: With serious pregnancy/birth related medical complications resolved by 4 weeks (!)
Reasons for immediate postpartum maternal urgent or emergency transfers		
803: Uncontrolled hemorrhage (3)	101: Healthy mother, no serious pregnancy/birth related medical complications (2) 102: With serious pregnancy/birth related medical complications resolved by 6 weeks (1)	201: Healthy live born infant (3)
805: Adherent or retained placenta with significant bleeding (1)	102: With serious pregnancy/birth-related medical complications resolved by 6 weeks (1)	201: Healthy live born infant (1)
808: Clinical judgment of the midwife (when a single other preceding condition listed in the	103: With serious pregnancy/birth related medical complications not resolved by 6 weeks (1)	

Data Collection Form does not apply) (2)		
Reasons for immediate postpartum infant urgent or emergency infant transfers		
351: Abnormal vital signs or color, poor tone, lethargy, no interest in nursing (3)	101: Healthy client, no serious pregnancy/birth related medical complications (3)	201: Healthy live born infant (3)

(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[11]:

A. At the onset of labor: 382
B. Completed in an out-of-hospital setting: 323
C. Number of clients who have not yet given birth as of June 30th: 218

(9) A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate. [12]

The two Data Collection Forms, that identified complications resulting in the morbidity or mortality of a mother or a neonate brief description included additional information as follows[13] :
(1) Client contacted me and reported non-reassuring fetal movement – went to hospital and confirmed IUFD at 36 weeks of pregnancy, no complications for birthing parent, no indication of clinical evidence for fetal demise as of yet – fetal body still awaiting pathology/autopsy results at time of submission
(2) Fetal demise was diagnosed at anatomy scan. Dr. sent the client home to process, and she returned the next day for induction.
(3) After SROM, I observed the color of the fluid and called 911 Immediately/ They arrived before the baby was born. They took the baby immediately and could not stimulate the baby to breathe.

II. Committee's Recommendations

The Committee hereby provides the Board with the following information to assist the Board with providing additional information[13] to the Maryland General Assembly, as outlined in Health Occ. § 8-6C-12(c)(2)-(3):

[11] One LDEM left this question blank.

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

[13] 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).

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

The Committee makes the same recommendations made for FY2022, with one additional recommendation, which were as follows:

First, the Committee has concerns regarding the lengthy procedures for timely renewal of licensure for DEMs in Maryland. Specifically, the Committee is concerned that renewal applications may not be received sufficiently in advance for the Committee to review and provide its recommendation to the Board for final action prior to expiration.

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.

In addition, the Committee is considering amending the DEMs' licensure renewal application materials to clarify the process for renewal and notify licensed DEMs of the deadline to submit renewal applications, well in advance of expiration of the license to permit Committee and Board review.

Second, 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 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.

An additional third recommendation from the Committee is a recommendation to collaborate with the Board, including the Information Technology Department, to develop an electronic reporting process for the collection of the Annual Data Collection Forms, required to be submitted to the Direct-Entry Midwifery Advisory Committee by October 1, of each calendar year.

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

The Committee makes the same recommendations made for FY 2022, which were as follows:

> 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 completion of a study with recommendations at the request of Delegate Ariana Kelly, Chair of the Health Occupations and Long-Term Care Subcommittee of the House's Health and Government Operations Committee, and input from various stakeholders, the Committee recommends expansion of the scope of practice of DEMS to include vaginal birth after cesarean delivery, in certain limited circumstances, as set forth in HB 1032 of the 2020 Legislative Session.
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> The study report, approved by the Committee by majority vote on October 15, 2021, provides a fuller explanation of the Committee's position in this matter. The study report was submitted to the Board for its knowledge and information review at the Board's Open Session meeting, dated October 27, 2021. The study report was submitted to Delegate Kelly on October 31, 2021.
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> The Committee continues to recommend expansion of the scope of practice of DEMS to include vaginal birth after cesarean delivery, in certain limited circumstances, as set forth in SB376 and HB351, of the Fiscal Year 2023 Legislative Session.

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, 2023.