

Licensed Direct-Entry Midwifery Advisory Committee
2025 Recommendations

Health Occupations Article, Title 8, Section 8-C-12(c)

December 2025



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

April 17, 2026

The Honorable Brian J. Feldman
Chairman, Education, Energy, and the Environment
Committee Maryland Senate
Miller Senate Office Building, 2
West Wing 11 Bladen Street
Annapolis, MD 21401

The Honorable Heather Bagnall
Chairman, Health Committee
Maryland House of Delegates
House Office Building,
Room 241 6 Bladen Street
Annapolis, MD 21401

Re: Report Required by Health Occupations Article § 8-6C-12(c) – Fiscal Year 2025

Dear Senator Feldman and Delegate Bagnall,

The Maryland Board of Nursing (the “Board”) submits this report to the Senate Education, Energy, and the Environment Committee and the House Health and Government Operations Committee as required by the Annotated Code of Maryland, Health Occupations Article (“Health Occ.”) § 8-6C-12(c), which provides:

Beginning December 1, 2016, and on each December 1 thereafter, the Board shall submit to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2-1257 of the State Government Article:

- (1) In consultation with the [Direct-Entry Midwifery Advisory] Committee, any recommendations regarding the continuation and improvement of the licensure of licensed direct-entry midwives in the State.
- (2) Any recommendations regarding expanding the scope of practice of licensed direct-entry midwives; and

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Interpreter Services are available upon request.

- (3) Any recommendations, including recommendations for legislation, regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean.

Attached, please find a copy of the Direct-Entry Midwifery Advisory Committee's Annual Report to the Board required by Health Occ. § 8-6C-12(c).

The Board received and reviewed the Direct-Entry Midwifery Advisory Committee's Annual Report during an open session meeting on November 19, 2025. Following review, the Board voted to accept the Committee's recommendation in Section I (improvement of licensure) regarding the provision of a 30-day extension beyond the license expiration date. The Board also voted to accept the recommendation to re-examine the application fees for Licensed Direct Entry Midwives as set forth in COMAR 10.64.01.18. The Board voted not to accept the Committee's recommendations to eliminate or significantly limit reporting requirements for annual data collection. Following review of Section II (Committee recommendations regarding expanding scope of practice), the Board voted not to accept the Committee's recommendation to expand the scope of practice of licensed Direct-Entry Midwives to include vaginal birth after cesarean under certain circumstances. Following review of Section III (legislative recommendations regarding scope of practice) the Board voted not to accept the Committee's recommendation to adopt legislation expanding the scope of practice of licensed Direct-Entry Midwives to include vaginal birth after cesarean. Further, the Board tabled for further review the Committee's recommendations regarding regulatory amendments, which are not required to be included in this report.

If there are any questions related to this report, the Board's recommendations, or the attached Direct-Entry Midwifery Advisory Committee's Annual Report, please feel free to contact me at mbon.christine.lechliter@maryland.gov or the Board's Executive Director, Rhonda Scott, at rhonda.scott2@maryland.gov or by telephone at 410-585-1953.

Sincerely,



Christine Lechliter, BSN,
MBA, NE-BC, President,
Maryland Board of Nursing

-and-

Members of the Maryland Board of
Nursing

Cc:

The Honorable William C. Ferguson, President of the Senate
The Honorable Joseline A. Peña-Melnyk, Speaker of the House
Sarah Albert, Department of Legislative Services

Enclosure:

Direct-Entry Midwifery Advisory Committee's FY 2025 Report for Licensed Direct-Entry Midwives as Required by Health Occupations Article, Title 8, Section 8-6C-12(c), Annotated Code of Maryland

Introduction

Section 8-6C-12 of the Health Occupations Article establishes the powers and duties of the Committee related to the licensure and practice of licensed direct-entry midwives in Maryland, including its responsibility to advise the Board on matters of licensure, scope of practice, and regulation, and to submit periodic reports containing recommendations for the continuation and improvement of licensure and potential legislative action.

Pursuant to § 8-6C-12(a)(10) and (c), this report is submitted in fulfillment of the Committee's statutory reporting obligations. Consistent with the scope contemplated by statute, the body of this report consists exclusively of recommendations developed by the Committee in consultation with the Board and other relevant stakeholders.

Specifically, the recommendations that follow address: (1) the continuation and improvement of the licensure of licensed direct-entry midwives in the State; (2) considerations related to expanding the scope of practice of licensed direct-entry midwives, including vaginal birth after cesarean; and (3) recommendations for legislative and regulatory changes, including revisions to COMAR provisions, as requested by the Board.

Recommendations ¹

- I. The continuation and improvement of the licensure of licensed direct-entry midwives in the State:**
 - a. First, the Committee continues to recommend to the Board the elimination of the requirement for all licensed DEMS to submit Annual Data Collection forms to the Board, and request that any future data collection be short and concise, limited to number of births at home, number of transfers in the antepartum, intrapartum, and postpartum periods, to prevent redundancy with required data reporting on the birth certificate.
 - b. 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.

¹ 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 vaginal birth after cesarean. Health Occ. § 8-6C-12(c).

- c. 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 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.

II. Expanding the scope of practice of licensed direct-entry midwives:

The Committee continues to recommend 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 (CPMs). The scope of practice of certified professional midwives includes vaginal birth after cesarean according to their national certification by the North American Registry of Midwives (NARM).. The Committee recommended the appropriate scope of practice of Maryland DEMs to include vaginal birth after cesarean (VBAC), in certain limited circumstances, as set forth in multiple bills introduced in previous legislative sessions.

The Committee continues to stand by these recommendations, which are supported by nationally reported outcome statistics and lack of access in the state of Maryland.^{1, 2, 3, 4} Many hospitals do not allow VBACs at all, further limiting access to those who would like the option of avoiding surgery for subsequent deliveries, but for those that do allow it, the VBAC success rate in Maryland hospitals is about 16%. The successful VBAC rate for home birth in states that allow it has been reported as being closer to 70-90%, although statistically significant data is not specifically available by state because of small numbers due to limited access. Since attendance at VBACS is included in National CPM Standards, and midwife-led VBACs have been shown to have positive outcomes, it would benefit the birthing families of Maryland to expand that option.

III. Recommendations for legislation, regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean delivery:

² Parslow E, Rayment-Jones H. Birth outcomes for women planning Vaginal Birth after Caesarean (VBAC) in midwifery led settings: A systematic review and meta-analysis. *Midwifery*, Volume 139, 2024, 104168. ISSN 0266-6138, <https://doi.org/10.1016/j.midw.2024.104168>.

Bayrampour H, Lisonkova S, Tamana S, Wines J, Vedam S, Janssen P. Perinatal outcomes of planned home birth after cesarean and planned hospital vaginal birth after cesarean at term gestation in British Columbia, Canada: A retrospective population-based cohort study. *Birth*. 2021; 48: 301–308. <https://doi.org/10.1111/birt.12539>

Vaginal birth after Cesarean deliveries: Maryland, 2013-2023 | PeriStats | March of Dimes. https://www.marchofdimes.org/peristats/data?lev=1&obj=1®=24&slev=4&stop=90&top=8&utm_source=chatgpt.com&sreg=24

Rowe R, Li Y, Knight M, Brocklehurst P, Hollowell J. Maternal and perinatal outcomes in women planning vaginal birth after caesarean (VBAC) at home in England: secondary analysis of the Birthplace national prospective cohort study. *BJOG*. 2016 Jun;123(7):1123-32. doi: 10.1111/1471-0528.13546. Epub 2015 Jul 23. PMID: 26213223; PMCID: PMC5014182.

Pursuant to HB 838/Ch. 645 and SB 854/Ch/644 (2025), effective June 1, 2025, a licensed direct-entry midwife shall be subject to reporting requirements adopted by the Board in regulations, in consultation with the committee and any other stakeholders determined appropriate by the Board. As such, the Committee was asked by the Board's Legislative Affairs unit to offer recommendations for revision of several items under COMAR 10.64.01, including treatment of anemia, congenital anomalies, medical records, and annual reporting requirements. The Committee's recommendations for these and other changes are listed in Appendix A of this report.

APPENDIX A:

The Committee was asked by the Board’s Legislative Affairs unit to contribute their expertise for the following updated regulations:

- *10.64.01.03D(17): Any additional specifics regarding severe anemia as a transfer requirement*

The standard recommendation for treatment of anemia is iron supplementation, the follow-up test would be a lab draw to re-evaluate hemoglobin level by 36 weeks. The committee does not feel it is appropriate to define treatment options in regulations.

- *10.64.01.03D(30): Significant fetal congenital anomalies that warrant transfer of care to a health care practitioner*
- *10.64.01.04A(3)(w): Significant fetal congenital anomalies that warrant consultation with health care practitioner*
- *10.64.01.05A(2)(j): Significant fetal congenital anomalies that warrant immediate emergency transfer of care to a health care practitioner*

Since this verbiage appears multiple times in the regulations, the Committee suggested that it is most appropriate to define “significant fetal congenital anomaly” under .01 Definitions. The proposed definition is as follows: A fetal anomaly found at any time during the course of care that is determined to be incompatible with life, require immediate medical or surgical intervention to preserve the life of the newborn, or increase the risk of maternal complications during pregnancy or delivery.

- *10.64.10F(4)(b): Specific medical records to be provided to the receiving health care provider upon transfer*

The Committee acknowledges that the specific medical records to send are determined by the provider and receiving hospital during the time of transfer, which often include pertinent labs, ultrasounds, and the prenatal flow chart.

- *10.64.01.12A: Annual reporting requirements:*

The Committee recommends that any future reporting requirements remain minimal, clear, and concise. For instance: Number of clients born at home in Maryland during the fiscal year, number of antenatal transfers, number of intrapartum transfers, and number of postpartum transfers.

Additional Recommendations to Regulations discussed by DEMAC and forwarded to the Board’s Legislative Affairs unit:

10.64.01.07: Recommended change by the committee: In order to stay up to date with current and changing medical recommendations, the Committee recommended removing listed medications and equipment to prevent delays in access as new guidelines emerge. The Committee agrees that restricting to “necessary for the practice of midwifery” would be sufficient for regulation.

10.64.01.17B: The Committee recommends that a grace period be provided for those who are licensed in their first year of practice, suggesting language that initial licenses only be renewed at the next annual renewal date in cases where licenses would NOT be renewed twice in the same year.

10.64.01.18C: The Committee recommends the following changes to the current Fees as defined in the current regulation. This request is after careful consideration and consistent with surrounding states and their current fees and other MBON licensed midwives. LDEMs would like to open communication about this request. Refer to page 2 for licensing fees for CPMs in surrounding states.

APPENDIX A.

Biennial Licensing Fees for Midwives in Surrounding States:

STATE	BIENNIAL FEE	RESOURCE
Delaware	\$222	Fee Schedule - Division of Professional Regulation - State of Delaware
Virginia	\$277	Virginia Board of Medicine
New Jersey	\$125	Application-for-Licensure-as-a-Midwife.pdf