

MARYLAND BOARD OF NURSING
BOARD MEETING
OPEN AGENDA

DATE: April 27, 2016

TIME: 9:00 A.M.

PLACE: Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland

BUSINESS:

PLEASE NOTE: THE MEETING WILL BE IN OPEN SESSION FROM 9:00 A.M. UNTIL APPROXIMATELY 10:00 A.M. WITH EXECUTIVE (CLOSED) SESSION IMMEDIATELY FOLLOWING.

1. Call to Order

- A. Roll Call and Declaration of Quorum
- B. Audience Introduction

2. Consent Agenda

- A. Nurse Practitioner Programs
 - 1) Barnes-Jewish College, St. Louis, MO, Adult Acute Care and Adult-Gerontology Acute Care, Post Masters and Masters
 - 2) Columbus State University, Columbus, GA, Family, Masters
 - 3) Long Island University, Brooklyn, Brooklyn, NY, Family, Masters
 - 4) Maryville University, St. Louis, MO, Adult Gero Acute Care and Pediatric Primary Care, Post Masters and Masters
 - 5) Pace University, Pleasantville, NY, Family, Masters and Certificate of Advanced Graduate Studies
 - 6) Robert Morris University, Moon Township, PA, Adult Gerontology Primary Care, Family and Psychiatric Mental Health, Masters and Post Masters (DNP)
 - 7) University of Missouri-St. Louis, St. Louis, MO, Adult-Gero, Masters

B. Training Programs

- 1) Request for Approval to Renew CNA Training Programs
 - a. Sage Point Nursing Center (Formally Charles County Nursing & Rehabilitation Center)

- 2) Request for Approval to Renew CNA-GNA Training Programs
 - a. Mergenthaler High School
 - b. Heritage Care
 - c. Westside High School
 - d. MISS Healthcare Training Institute
 - e. Parkside High School
 - f. Nurse One, Inc.
 - g. Northern Garrett High School
 - h. Southern Garrett High School
 - i. Hagerstown Community College

- 3) Request for Correction as Initial Approval for CNA Training Program
 - a. The AMC Academy of Nursing School

- 4) Request for Approval to renew CMA Training Program
 - a. Allegany Community College
 - b. Carroll County Community College
 - c. Baltimore City Community College

- 5) Request for Approval to Renew CNA-DT Training Programs
 - a. Independent Dialysis Foundation

- 6) Request for Approval of name change-CNA Training Program
 - a. AMC Nursing Assistant Academy, LLC

- 7) Request for Approval of CNA Training Program – Clinical Facility
 - a. IT Works Learning Center, Inc.- Heritage Harbour Health & Rehabilitation Center

C. Acceptance of Previous Month's Minutes

D. Thank You Note from Korean Delegation

3. Discussion of Items Removed from Consent Agenda

4. Education (Patricia Kennedy)

5. Practice (*Mary Kay Goetter*)

- A. RN Scope of Practice Reconsideration: Intravesical (via Foley) Medication Administration (*Presenter: Cristina Campbell Harris, Safety and Health Compliance Hygienist, Maryland Occupational Safety & Health*)

6. Licensure & Certification (*Cheyenne Redd, Jill Callan*)

- A. Technical Report Dated 2014 for National Nurse Aide Assessment Test in the US, including the state of Maryland
- B. Historical Report Submitted from Pearson Vue, dated 2014
- C. National Nurse Aide Assessment Program scores submitted from Pearson Vue dated 2015
- D. Website screenshot for Nursing Assistant Training Program scores from the MBON website

7. Advanced Practice (*Michelle Duell*)

- A. Clinical Nurse Specialist Certification (*Ex. 7.A*)
 - 1) Memorandum to the Board from Shirley Devaris (*Ex. 1.e*)
 - 2) Certification Concerns (*Board Counsel*)

8. Administrative and Legislative

- A. Recap of 2016 Legislative Session (*Shirley Devaris*)

9. Committee Reports

- A. Rehabilitation/Impaired Practice (*Keva Jackson-McCoy*)
- B. Discipline and Compliance (*Keva Jackson-McCoy*)
- C. Direct Entry Midwives (DEMs) (*Michelle Duell, Ann Tyminski*)
 - 1) Committee Report
- D. Electrology (*Michelle Duell*)
 - 1) Committee Report
 - 2) Prometric Online Testing (*Deborah Larson, Chair*)
- E. CNA Advisory (*Cheyenne Redd, Elaine Cone*)
 - 1) Committee Report
- F. Background Review (*Dorothy Haynes*)
 - 1) Statistical Report

STATE OF MARYLAND



MARYLAND BOARD OF NURSING
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX
(410) 585-1978 AUTOMATED VERIFICATION
1-888-202-9861 TOLL FREE

2A

MEMORANDUM

TO: Maryland Board of Nursing
RE: Approval of Nurse Practitioner Programs
DATE: April 13, 2016

1. Barnes-Jewish College, St. Louis, MO, Adult Acute Care and Adult-Gerontology Acute Care, Post Masters and Masters
2. Columbus State University, Columbus, GA, Family, Masters
3. Long Island University, Brooklyn, Brooklyn, NY, Family, Masters
4. Maryville University, St. Louis, MO, Adult Gero Acute Care and Pediatric Primary Care, Post Masters and Masters
5. Pace University, Pleasantville, NY, Family, Masters and Certificate of Advanced Graduate Studies
6. Robert Morris University, Moon Township, PA, Adult Gerontology Primary Care, Family and Psychiatric Mental Health, Masters and Post Masters (DNP)
7. University of Missouri-St. Louis, St. Louis, MO, Adult-Gero, Masters

cc: File



MEMORANDUM

2.B1

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: Request for Approval to Renew CNA Training Programs

The following renewal applications have been reviewed and have satisfied all COMAR 10.39.02 regulations for CNA Training Programs in the State of Maryland:

1. Sage Point Nursing Center (Formally Charles County Nursing & Rehabilitation Center.)



MEMORANDUM

2.B2

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing
TO: The Board
DATE: April 27, 2016
IN RE: Request for Approval to Renew CNA-GNA Training Programs

The following renewal applications have been reviewed and have satisfied all COMAR 10.39.02 regulations for CNA/GNA Training Programs in the State of Maryland:

1. Mergenthaler High School
2. Heritage Care
3. Westside High School
4. MISS Healthcare Training Institute
5. Parkside High School
6. Nurse One, Inc.
7. Northern Garrett High School
8. Southern Garrett High School



MEMORANDUM

2.B3

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: Request for Correction as Initial Approval for a CNA Training Program.

The following CNA Training Program, was approved on March 23, 2016 by the Board as a *Renewal*. A Correction is requested for *Initial Approval* of the following CNA Training Program.

1. AMC Academy of Nursing School.



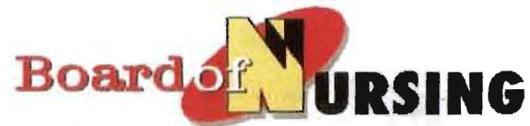
MEMORANDUM

2.B4

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing
TO: The Board
DATE: April 27, 2016
IN RE: Request for Approval to Renew CMA Training Programs

The following renewal applications have been reviewed and have satisfied all COMAR 10.39.03 regulations for CMA Training Programs in the State of Maryland:

1. Allegany Community College
2. Carroll County Community College
3. Baltimore City Community College



MEMORANDUM

2.B5

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing
TO: The Board
DATE: April 27, 2016
IN RE: Request for Approval to Renew CNA-DT Training Programs

The following renewal applications have been reviewed and have satisfied all the core curriculum for COMAR 10.39.02 regulations for the CNA-DT Training Programs in the State of Maryland:

1. Independent Dialysis Foundation



MEMORANDUM

2.B6

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: Request for Approval of name change of CNA Training Program.

The AMC Academy of Nursing School changed their name this month. On 3-25-2016, the AMC Academy of Nursing School, LLC filed with the Department of Assessment and Taxation for a name change to AMC Nursing Assistant Academy, LLC.



MEMORANDUM

2.B7

FROM: Cheyenne Redd, MSN, RN
Director of Licensure & Certification
Maryland Board of Nursing

TO: The Board

DATE: April 11, 2016

IN RE: Request for Approval of CNA Training Program-Clinical Facility

The following clinical facility has been reviewed and have satisfied all COMAR 10.39.02 regulations for CNA Training Programs-Clinical Facilities in the State of Maryland:

IT Works Learning Center, Inc. is requesting the use of Heritage Harbour Health & Rehabilitation Center for the clinical portion of their CNA training program. Heritage Harbour Health & Rehabilitation Center is a comprehensive care facility with 148 beds. This facility offers respite care, long-term care and rehabilitation care (short stay).

Heritage Harbour Health & Rehabilitation Center employs Registered Nurses, Licensed Practical Nurses and Geriatric Nursing Assistants. This facility employs one Director of Nursing, one Assistant Director of Nursing, twenty-seven registered nurses, and thirty-eight licensed practical nurses. They have a total of sixty-two GNAs.

IT Works Learning Center, Inc. will maintain the 1:8 instructor/student ratio for this clinical placement.



MEMORANDUM

6.A

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: Technical Report Dated 2014 for National Nurse Aide Assessment Test In the United States including the State of Maryland

The following Technical Report, dated 2014, was electronically submitted to the Board by Susan Durante, Operations and Program Manager, at Pearson Vue. The Technical Report details the National Nurse Aide Assessment Program scores for each state in 2014.

In the written exam, Maryland Scored 91% for First-time Test Takers, the total pass rate was 89%. In the Skills exam, Maryland scored 83% for First-time Test Takers, the total pass rate was 82%.

A 2015 report is in the process of being generated at Pearson Vue. This report will be submitted to the Board in the near future.



MEMORANDUM

6.B

FROM: Jill Callan, BSN, RN
Nurse Program Consultant
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: Historical Report submitted From Pearson Vue, Dated 2014, for Maryland Scores from 2003-2014 in the National Nurse Aide Assessment Test.

The following Historical Report, dated 2014, was electronically submitted to the Board by Susan Durante, Operations and Program Manager, at Pearson Vue. The Report details the National Nurse Aide Assessment Program scores for Maryland from 2003-2014.

During a telephone conversation on April 8th, 2016, Ms. Durante said; “Maryland is the *poster child* when it comes to the NNAAP scores.” She said, “I have used them as an example when educating other states and they have been able to bring their scores up using the same methods.” When asked what brought the scores up in Maryland, she said, “Posting them on the MBON website and closing those programs that could not produce students with scores 80% above the national average.”



MEMORANDUM

6.C

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: National Nurse Aide Assessment Program scores submitted From Pearson
Vue Dated 2015 for Maryland Nurse Aid Training Programs.

The following NNAAP Report, dated from 1/2/2015-12/31/2015, was submitted to the Board from Pearson Vue. The Report details the scores from the written and skill sections of the comprehensive exams for each Nurse Aide training program in the State of Maryland.



MEMORANDUM

6.D

FROM: Jill Callan, BSN, RN
Nurse Program Consultant I
Maryland Board of Nursing

TO: The Board

DATE: April 27, 2016

IN RE: A website screenshot for Nursing Assistant Training Program scores from the MBON website.

The following screenshot was provided to Jill Callan, Nurse Program Consultant, from Lynn Flury, Computer Information Services Specialist for the MBON. The screenshot details the training program scores that were accessed on the site from 2004-2012.

To: Board Members, Maryland Board of Nursing
From: DIRECT ENTRY MIDWIVES ADVISORY COMMITTEE
Date: April 13, 2016

At its meeting of April 8, 2016, the Direct Entry Midwives Advisory Committee reviewed and approved the fee schedule for DEMs as follows:

Initial application Fee:	\$900
Biennial Renewal Fee:	\$800
Reactivation Fee	\$800
Reinstatement Fee	\$900
Inactive Status Fee	\$100

These fees were arrived at after a study of fees charged by jurisdictions in which DEMs are regulated and by taking into consideration the charge that fees shall be sufficient to cover costs of operation. Attached is a spreadsheet of the research of fees charged in other jurisdictions and a bar graph of types of agencies that regulate DEMs.

In addition, the DEMs Committee approved the following forms that are attached for BON approval:

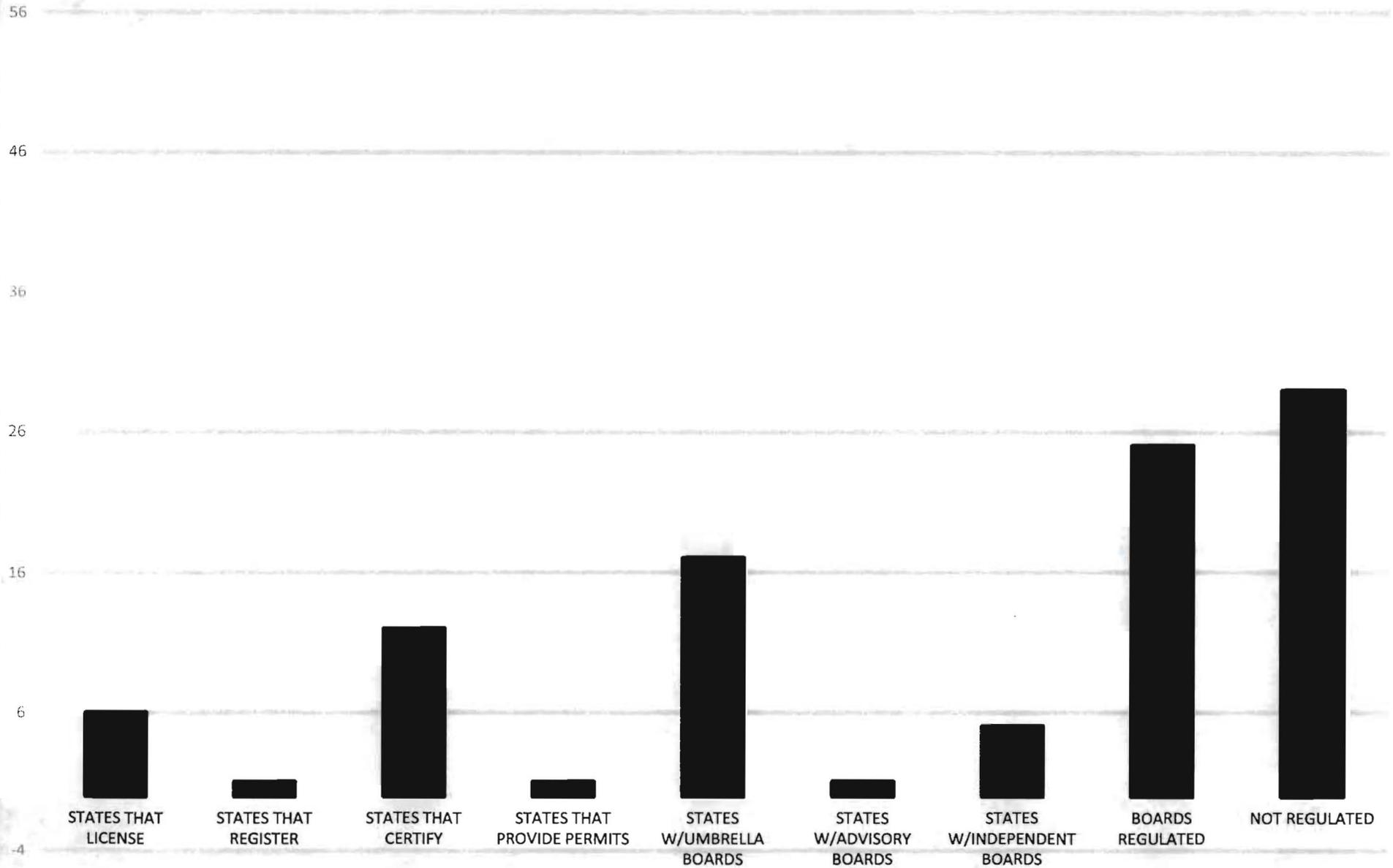
Maternal Transport Form
Newborn Transport Form
Informed Consent Form

DIRECT ENTRY MIDWIVES FEES BY STATE / DISTRICT / US TERRITORY

State / District / US Territory	Application Fee	Exam	Initial License	Initial Certification	Annual Renewal	Biennial Renewal	Inactive Status Fee	Reactivation Fee	Reinstatement Fee
Alabama									
Alaska	\$250			\$1,450		\$1,450			\$1,750
American Samoa									
Arizona			\$25	\$100		\$25			
Kansas									
California	\$300					\$200	\$50	\$200	\$200
Colorado	\$200				\$200			\$5	\$970
Connecticut									
Delaware									
District of Columbia									
Florida	\$200	\$705	\$500			\$505		\$1,080	
Georgia							\$100		
Hawaii									
Iowa	\$200		\$800		\$850			\$50	\$850
Illinois									
Indiana									
Iowa									
Kansas									
Kentucky									
Louisiana			\$200		\$200			\$250	
Maine									
Maryland									
Massachusetts									
Michigan									
Minnesota	\$100		\$100		\$100		\$50		
Mississippi									
Missouri									
Montana	\$300	\$800	\$200		\$500		\$275	\$550	\$375
Nebraska									
Nevada									
New Hampshire	\$200	\$10			\$110				
New Jersey			\$125		\$125				\$225
New Mexico			\$50			\$100			
New York			\$322		\$322				
North Carolina									
North Dakota									
Northern Marianas Islands									
Ohio									
Oklahoma									
Oregon	\$150		\$800 less \$450 discount		\$550				
Pennsylvania									

(Continued)

**STATE, DISTRICT & TERRITORY LICENSING
DIRECT ENTRY MIDWIVES
(50 States, 1 District, 5 Territories)**



MATERNAL REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

*PATIENT NAME: _____

*DOB: _____ G ___ P ___ EDD _____

MIDWIFE NAME: _____ PHONE: _____

TRANSPORT DETAILS

*REASON FOR TRANSPORT _____

FHTs _____ Ctx pattern _____

Vaginal exam _____ *BP _____ *Temp _____ *Pulse _____ Void time _____

Last food/fluid PO (date/time) _____

*IV Gauge _____ Fluid type _____ Total infused prior to transport _____

Method of transport: private car / ambulance

PRENATAL HISTORY

*ALERTS: Rh - Hx of HSV GDM (last BS _____) Rubella non-immune Hep B unknown
 HIV unknown

*GBS + / - / unknown BP Baseline _____ Blood type _____

*SIGNIFICANT HISTORY _____

*ALLERGIES: NKDA YES:

ROUTINE MEDICATIONS

MED: _____ s/sx: _____

Med: _____ dose: _____

MED: _____ s/sx: _____

Med: _____ dose: _____

MED: _____ s/sx: _____

Med: _____ dose: _____

EDD based on LMP Conception <12 wk ultrasnd 12 - 20 wk ultrasnd >20 wk ultrasnd

LABOR HISTORY

LATENT ONSET date _____ time _____

ACTIVE ONSET date _____ time _____

*COMPLETE date _____ time _____

2nd STAGE date _____ time _____

*BIRTH date _____ time _____

PLACENTA date _____ time _____

*SROM / AROM date _____ time _____

*FLUID clear light mec mod mec thick mec

*LACERATIONS Yes No DETAILS _____ EBL _____

*MEDICATIONS given: Pitocin Methergine Cytotec Hemabate Local anesthetic
Antibiotics RhoGAM Oxygen Epinephrine

MED _____ date _____ time _____ route _____ MED _____ date _____ time _____ route _____

MED _____ date _____ time _____ route _____ MED _____ date _____ time _____ route _____

MED _____ date _____ time _____ route _____ MED _____ date _____ time _____ route _____

*Priority areas—please complete these at a minimum

NEWBORN REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

*PATIENT NAME: _____

*DOB: _____ *TIME: _____

SEX: M / F WEIGHT: _____ Gest.Age _____

Midwife: _____ Phone: _____

*Priority areas—please complete these at a minimum

TRANSPORT DETAILS

***REASON FOR TRANSPORT** _____

Status at the time of transport:

*HR _____ RR _____ Temp _____ Oxygen _____ Glucose, time _____

Feeding method _____ Last feeding time: _____ Output: _____

NEWBORN INFORMATION

*APGAR: 1" ___ 5" ___ 10" ___ Duration of ROM to delivery: _____

*Meconium: in labor? Yes No at delivery? Yes No

*RESUSCITATION: Bulb / Delee / PPV for _____ minutes / Other _____

Oxygen given? Yes No Intubation: Yes No

Vitamin K: IM Oral None Eye treatment: _____

Cord blood: Yes No Hepatitis B vaccine: not given

Mother received intrapartum antibiotics: No Yes Type / Dosage / Time: see below

MATERNAL HISTORY

*NAME _____ DOB _____ G ___ P ___ EDD _____ Blood type _____

*ALERTS: Rh - GBS+ GBS unknown Hx of HSV GDM (last BS _____)

Hep B unknown HIV unknown Syphilis unknown

SIGNIFICANT HISTORY: _____

MEDICATIONS: Circle those given: Antibiotics Anti-hemorrhagics Local anesthetic Oxygen

Details/Other meds:

Rx: _____ dosage _____ route _____ date _____ time _____

Rx: _____ dosage _____ route _____ date _____ time _____

Rx: _____ dosage _____ route _____ date _____ time _____

To: Board Members, Maryland Board of Nursing
From: DIRECT ENTRY MIDWIVES ADVISORY COMMITTEE
Date: April 13, 2016

At its meeting of April 8, 2016, the Direct Entry Midwives Advisory Committee reviewed and approved the fee schedule for DEMs as follows:

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Reinstatement Fee	\$900
Inactive Status Fee	\$100

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In addition, the DEMs Committee approved the following forms that are attached for BON approval:

Maternal Transport Form
Newborn Transport Form
Informed Consent Form

NEWBORN REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

*PATIENT NAME: _____

*DOB: _____ *TIME: _____

SEX: M / F WEIGHT: _____ Gest.Age _____

Midwife: _____ Phone: _____

*Priority areas—please complete these at a minimum

TRANSPORT DETAILS

*REASON FOR TRANSPORT _____

Status at the time of transport:

*HR _____ RR _____ Temp _____ Oxygen _____ Glucose, time _____

Feeding method _____ Last feeding time: _____ Output: _____

NEWBORN INFORMATION

*APGAR: 1" ___ 5" ___ 10" ___ Duration of ROM to delivery: _____

*Meconium: in labor? Yes No at delivery? Yes No

*RESUSCITATION: Bulb / Delee / PPV for _____ minutes / Other _____

Oxygen given? Yes No Intubation: Yes No

Vitamin K: IM Oral None Eye treatment: _____

Cord blood: Yes No Hepatitis B vaccine: not given

Mother received intrapartum antibiotics: No Yes Type / Dosage / Time: see below

MATERNAL HISTORY

*NAME _____ DOB _____ G ___ P ___ EDD _____ Blood type _____

*ALERTS: Rh - GBS+ GBS unknown Hx of HSV GDM (last BS _____)

Hep B unknown HIV unknown Syphilis unknown

SIGNIFICANT HISTORY: _____

MEDICATIONS: Circle those given: Antibiotics Anti-hemorrhagics Local anesthetic Oxygen

Details/Other meds:

Rx: _____ dosage _____ route _____ date _____ time _____

Rx: _____ dosage _____ route _____ date _____ time _____

Rx: _____ dosage _____ route _____ date _____ time _____

DIRECT ENTRY MIDWIVES FEES BY STATE / DISTRICT / US TERRITORY

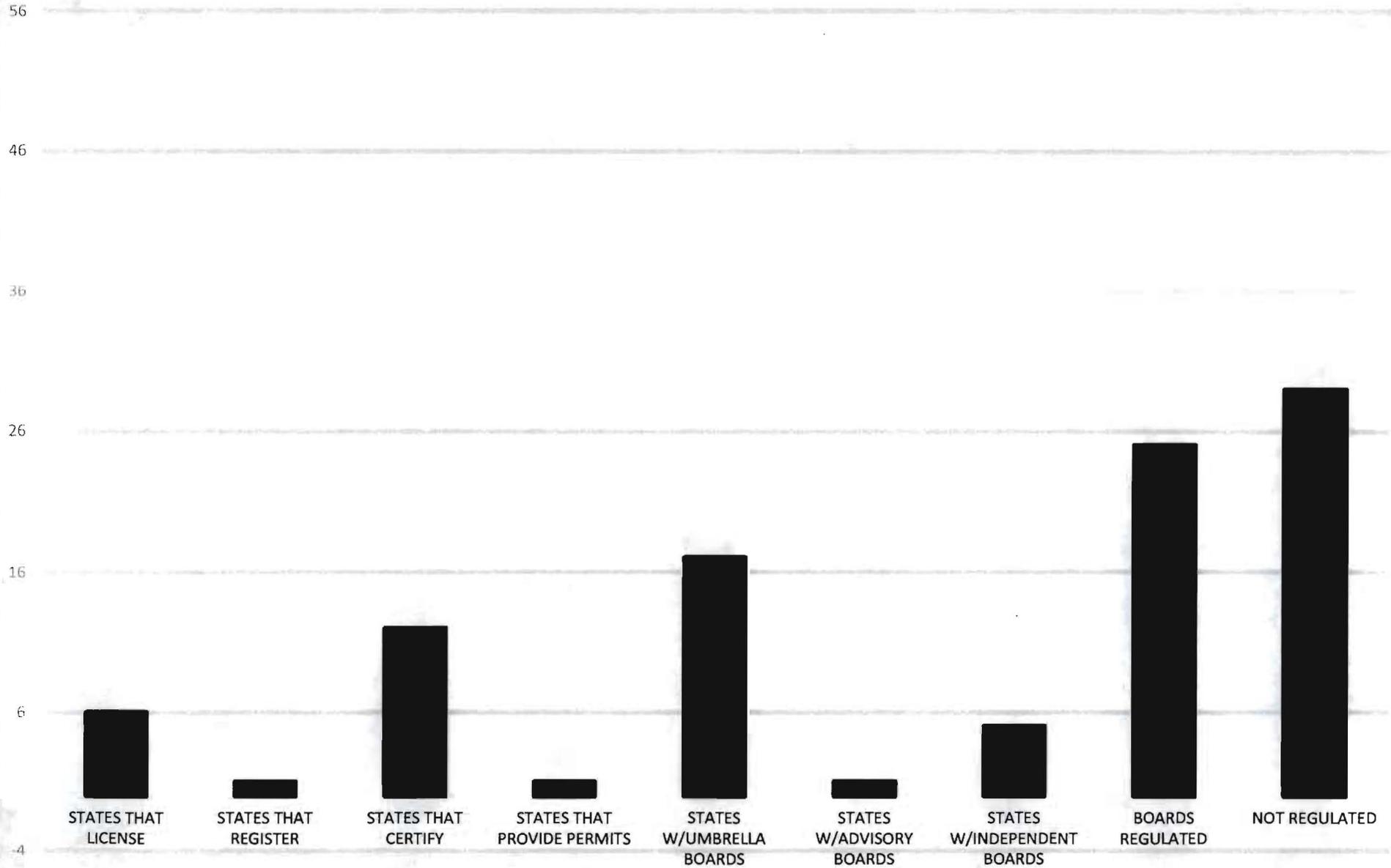
State / District / US Territory	Application Fee	Exam	Initial License	Initial Certification	Annual Renewal	Biennial Renewal	Inactive Status Fee	Reactivation Fee	Reinstatement Fee
Alabama									
Alaska	\$250			\$1,450		\$1,450			\$1,750
American Samoa									
Arizona			\$25	\$100		\$25			
Kansas									
California	\$300					\$200	\$50	\$200	\$200
Colorado	\$200				\$200			\$5	\$970
Connecticut									
Delaware									
District of Columbia									
Florida	\$200	\$705	\$500			\$505		\$1,080	
Georgia							\$100		
Hawaii									
Iowa	\$200		\$800		\$850			\$50	\$850
Illinois									
Indiana									
Iowa									
Kansas									
Kentucky									
Louisiana			\$200		\$200			\$250	
Maine									
Maryland									
Massachusetts									
Michigan									
Minnesota	\$100		\$100		\$100		\$50		
Mississippi									
Missouri									
Montana	\$300	\$800	\$200		\$500		\$275	\$550	\$375
Nebraska									
Nevada									
New Hampshire	\$200	\$10			\$110				
New Jersey			\$125		\$125				\$225
New Mexico			\$50			\$100			
New York			\$322		\$322				
North Carolina									
North Dakota									
Northern Marianas Islands									
Ohio									
Oklahoma									
Oregon	\$150		\$800 less \$450 discount		\$550				
Pennsylvania									

(Continued)

DIRECT ENTRY MIDWIVES FEES BY STATE / DISTRICT / US TERRITORY

State / District / US Territory	Application Fee	Exam	Initial License	Initial Certification	Annual Renewal	Biennial Renewal	Inactive Status Fee	Reactivation Fee	Reinstatement Fee
Puerto Rico/US Virgin Islands									
Rhode Island									
South Carolina	\$150					\$150			
South Dakota									
Tennessee	\$1,000					\$1,000			
Texas	\$275					\$550	\$275	\$275	\$775
Utah	\$100				\$63				
Vermont									
Virginia	\$277					\$312			
Washington	\$516	Nat'l: \$103 St: \$155			\$516				
West Virginia									
Wisconsin				\$107		\$107			
Wyoming	\$1,200					\$1,200			

**STATE, DISTRICT & TERRITORY LICENSING
DIRECT ENTRY MIDWIVES
(50 States, 1 District, 5 Territories)**



MATERNAL REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

*PATIENT NAME: _____

*DOB: _____ G _____ P _____ EDD _____

MIDWIFE NAME: _____ PHONE: _____

TRANSPORT DETAILS

*REASON FOR TRANSPORT _____

FHTs _____ Ctx pattern _____

Vaginal exam _____ *BP _____ *Temp _____ *Pulse _____ Void time _____

Last food/fluid PO (date/time) _____

*IV Gauge _____ Fluid type _____ Total infused prior to transport _____

Method of transport: private car / ambulance

PRENATAL HISTORY

*ALERTS: Rh - Hx of HSV GDM (last BS _____) Rubella non-immune Hep B unknown
 HIV unknown

*GBS + / - / unknown BP Baseline _____ Blood type _____

*SIGNIFICANT HISTORY _____

*ALLERGIES: NKDA YES:

ROUTINE MEDICATIONS

MED: _____ s/sx: _____

Med: _____ dose: _____

MED: _____ s/sx: _____

Med: _____ dose: _____

MED: _____ s/sx: _____

Med: _____ dose: _____

EDD based on LMP Conception <12 wk ultrasnd 12 - 20 wk ultrasnd >20 wk ultrasnd

LABOR HISTORY

LATENT ONSET date _____ time _____

ACTIVE ONSET date _____ time _____

*COMPLETE date _____ time _____

2nd STAGE date _____ time _____

*BIRTH date _____ time _____

PLACENTA date _____ time _____

*SROM / AROM date _____ time _____

*FLUID clear light mec mod mec thick mec

*LACERATIONS Yes No DETAILS _____ EBL _____

*MEDICATIONS given:	Pitocin	Methergine	Cytotec	Hemabate	Local anesthetic
	Antibiotics	RhoGAM	Oxygen	Epinephrine	
MED _____	date _____	time _____	route _____	MED _____	date _____
	time _____	route _____		time _____	route _____
MED _____	date _____	time _____	route _____	MED _____	date _____
	time _____	route _____		time _____	route _____
MED _____	date _____	time _____	route _____	MED _____	date _____
	time _____	route _____		time _____	route _____

*Priority areas—please complete these at a minimum

Informed Consent and Disclosure for Birth with a Licensed Direct-Entry Midwife

Licensed Direct-Entry Midwife name: _____

Address: _____

Telephone number: _____ License number: _____

Please read and initial each statement if you understand and consent.

____ **1. Training and experience** I understand that the training and experience of the licensed direct-entry midwife or midwives are as follows:

Midwife shall include at a minimum:

- Route of certification (PEP, MEAC or other)
- Number of years certified or year certified
- Midwife educational programs
- Any relevant certifications

[INSERTED AS AN EXAMPLE] Alexa is a Certified Professional Midwife and has attended over 700 births over the last six years in the DC/Baltimore area. Her clinical training was varied and took place under both nurse and professional midwives, and included a placement at MamaBaby Haiti, a busy birth center in Haiti. Alexa completed two years of didactic training through the Institute of Holistic Midwifery and completed the Portfolio Evaluation Process (PEP) with the North American Registry of Midwives in 2012. Certifications include Advanced Life Saving in Obstetrics (ALSO), neonatal resuscitation (NRP) and child and adult CPR. Additional training includes study of multiple birth methods including Bradley, Birthing from Within, and Hypnobabies, women's crisis counseling, rebozo training, prenatal yoga and nutrition. Alexa has a bachelor's degree from King's College London and a Masters in Philosophy (MPhil) from the University of Cambridge. During those degrees, she researched maternal healthcare disparities for women in poor countries and developed her passion for natural, empowered childbirth. Alexa is the former President of the Association of Independent Midwives of Maryland (AIMM), Maryland's professional group for midwives.

____ **2. Certification Requirements** I understand that I can view the requirements for certification as a Certified Professional Midwife (CPM) by the North American Registry of Midwives (NARM) at <http://narm.org/certification/how-to-become-a-cpm/> or by contacting NARM at PO Box 420 Summertown, TN 38483, and by phone at 888-842-4784.

____ **3. General outline of care** I understand that the nature of the care that I will receive, including the testing that I will be offered, is as follows unless otherwise agreed to by the midwife and the client:

a. General outline of care offered by midwife, including visit schedule and other details of routine care:

[Completed by individual midwife]

b. Maryland mandated testing in pregnancy

- An HIV test at a first prenatal in pregnancy is mandated, unless specifically declined by the client. A repeat test at 28 weeks is recommended.
- A blood test for syphilis is mandated at the first prenatal in pregnancy and at the beginning of the third trimester. If you are giving birth in Baltimore City, a third syphilis test is mandated at the time of birth.

c. The following testing is routinely offered in pregnancy. I can discuss these tests with my midwife. My midwife can perform these tests or refer me out for them as desired.

- Complete blood count (CBC)
- Blood type
- Urinalysis
- Urine culture
- Rubella
- Hepatitis B and hepatitis C
- Sexually transmitted infections including chlamydia, gonorrhea and syphilis
- Human immunodeficiency virus (HIV)
- Tuberculosis (TB) in patients at high risk
- Rh antibody testing, for women with Rh negative blood types
- Glucose screening test for gestational diabetes
- Group B streptococci (GBS)
- Genetic screening and testing
- Ultrasound to evaluate fetal anatomy

d. After discussing the benefits and risks with my midwife, I have the right to decline any tests, mandatory or otherwise.

____ 4. **Client Commitments** I understand that my midwife asks for the following commitments from her clients:

Midwife shall include at a minimum:

- By 36 weeks of pregnancy, select a pediatric care provider who will see my baby within 72 hours of birth

[INSERTED AS AN EXAMPLE]

- Attend a natural childbirth education class if you have not done so before
- Adhere strictly to your pregnancy diet. This is your best defense against complications during pregnancy and labor, and should be indicative of your commitment to natural birth.
- Exercise regularly during your pregnancy. Exercise is key for a good pregnancy and birth.
- Have all your birth supplies ordered and ready by 36 weeks

____ 5. **Potential benefits of out-of-hospital birth** I understand that the benefits of out-of-hospital birth for mothers include high rates of vaginal birth, low rates of cesarean sections, low rates of medical intervention, and low rates of complications. For babies, the benefits include low rates of poor APGAR scores for babies, high rates of breastfeeding success, and low rates of death for low-risk babies. Hospital transfer rates for out-of-hospital birth are around 10 – 12% (lower for women with previous vaginal birth, higher for women having a first baby). The vast majority of transfers are for pain medication and lack of progress, not for urgent reasons.

____ 6. **Potential risks of out-of-hospital birth** I realize that even during normal pregnancies and births, emergencies or other unexpected events can arise. The risks of normal birth include problems with the placenta, extra bleeding, unexpected and unusual position of the baby, umbilical cord problems, lack of oxygen to the baby, infection, birth defects, genetic disorders and death. These risks are present regardless of birth setting, but there could be a delay in treatment in the out-of-hospital setting. I am aware that delay in treatment in some cases can lead to an increased risk of injury or death.

For my child, I realize that the potential risks include problems with breathing or inability to breathe, low blood sugar, a delay in treatment for infection, lack of oxygen during birth

leading to brain damage, permanent injury and death. In addition, failure to follow up with a pediatric care provider within 72 hours, and to arrange for the newborn screenings for potentially treatable illnesses or physical defects, can miss complications that can result in permanent damage to my child or even death.

In choosing to have an out-of-hospital birth, I am aware of possible risks involved and knowingly accept any and all risks and responsibilities.

___ **7. Understanding risks** I have been advised that I can request further information about the possible risks and complications now and throughout my care.

___ **8. Alternatives** I understand that my other options for care in pregnancy include care by a certified nurse midwife or a licensed physician, at home, in the hospital or in a birth center.

___ **9. Transfer of care** Maryland law requires transfer of care to another obstetric provider if certain circumstances arise including twins, breech, pregnancy continuing past 42 weeks, preeclampsia, type I or II diabetes and hypertension. These are some of the circumstances that require transfer, more of which are found in Appendix A. I have read and understand the conditions requiring transfer, consultation, immediate transfer, and postpartum transfer under Health Occupations Article 8-6C-03 and 8-6C-04, as attached in Appendix A.

___ **10. Transfer to the hospital** I understand that it may become necessary to transfer to the hospital prenatally, during labor or postpartum. In labor, I may choose to transfer to the hospital at any time. If my midwife says a transfer of my baby or me is indicated, I agree to go to a hospital at that time. If I refuse to transfer when my midwife recommends it, I understand that, per Maryland law, my midwife will call 911 and stay with me until emergency services arrive.

___ **11. Permission for Emergency Treatment:** In the case of an emergency, I grant the midwives full authority to administer any medications and perform any and all treatments, diagnostic procedures and tests, examinations and care to my baby and me that are within her scope of practice as deemed necessary. In case of emergencies, I authorize the midwives to take appropriate measures and, when specialized equipment or hospitalization is believed to be required, to transfer my baby or me to a hospital. I engage and authorize the midwives to treat, administer and/or provide the following, as necessary or available to my baby and me:

- a. Obtaining of blood or other specimens for laboratory tests
- b. Administering intravenous (IV) infusions or medications
- c. Breaking the bag of waters
- d. Assisting with the birth of my baby
- e. Episiotomy and repair if indicated and repair of vaginal tears if indicated
- f. Immediate postpartum care of mother
- g. Immediate newborn care
- h. Other emergency procedures related to childbearing as deemed necessary

___ **12. Newborn Care** It is recommended that a pediatric care provider see newborns within 24 hours of birth. I understand that per Maryland law my midwife will alert the pediatric care provider of my choice when I am in active labor, will refer my baby to the

pediatric care provider within 24 hours of birth, and will send them medical records for my baby and me. It is my responsibility to arrange a visit with the pediatric care provider shortly after birth. I understand that it is recommended that all newborns are screened for metabolic disorders, congenital heart defects and hearing within a few days of birth. My midwife will offer these screenings or refer me to have them done. The midwife will submit a birth certificate for my baby.

____ 13. **Midwife Regulations** I understand that the laws and regulations for Licensed Direct-Entry Midwives in Maryland, LIST CODE FOR STATUTE AND REGs, can be accessed at www.xxxxx.com or by contacting the Board of Nursing at 4140 Patterson Ave, Baltimore, MD 21215 (410) 585-1900.

____ 14. **Filing a Complaint** I understand that I can file a complaint with the Board of Nursing by accessing the complaint form on their website at <http://mbon.maryland.gov/Pages/complaint-procedures.aspx>

____ 15. **Liability Insurance** I understand that the midwife, _____, DOES or DOES NOT (midwife circles one) carry malpractice liability insurance.

____ 16. **Termination of service** I understand that I can terminate the services of the midwife at any time. Likewise, my midwife can terminate care in accordance with Maryland law, but must refer me to another provider.

____ 17. **Use of medical records** I authorize the midwife and parties authorized by them to have full access to my medical records. I agree that my medical records may be used for medical consultation with another health care provider, insurance reimbursement purposes, peer review, statistical studies, education or certification purposes, submission of required data to the Maryland Board of Nursing, and other research. Confidentiality will be maintained according to HIPAA rules.

Authorization for Care with a Licensed Direct-Entry Midwife

- I have read this form and understand what has been discussed with me. I have been given the chance to ask questions and have received satisfactory answers.
- No guarantees or promises have been made to me about expected results of this pregnancy.
- I am aware that other risks and complications may occur. I also understand that during the remainder of my pregnancy, or during labor, unforeseen conditions may be revealed that require additional procedures.
- I know that student midwives and birth assistants may help my midwife.
- I retain the right to refuse any specific treatment.

I consent to midwifery care during my birthing experience. I understand that some of the procedures described above may occur. I retain the right to refuse any specific

treatment. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Client name (printed): _____

Client signature: _____ Date: _____

Optional Spouse/partner name (printed): _____

Optional Spouse/partner signature: _____ Date: _____

Midwife name (printed): _____

Midwife signature: _____ Date: _____

Individual Transfer Care Plan

To be completed by the midwife and client together. Driving times should be verified.

Name of client: _____

Anticipated address for birth: _____

Hospitals:

Please list the nearest hospital to your house that has a labor and delivery unit, including the address and labor and delivery phone number. We would use this hospital in an emergency. If 911 is called, emergency services will choose the nearest hospital and take us there.

_____ Estimated driving time in minutes: _____

If you prefer transport to a different hospital in the case of a non-emergency transport, please list that hospital here, including the address and phone number.

_____ Estimated driving time in minutes: _____

Co-care or tandem care information

Your midwife offers full prenatal, birth and postpartum care. Some clients choose to have an additional provider by attending some prenatal visits with an OB or nurse-midwife. Please select your preference:

- Yes, I am seeing an additional provider during this pregnancy. Please list the name, address, and phone number of your provider.

- I would like to see an additional provider during this pregnancy. Please offer me recommendations.

- No thank you. I am not pursuing co-care. In case of a transport please bring me to the nearest hospital, or in a non-emergency to the hospital I have listed above.

Pediatric care provider

After the birth, the midwife is required to transfer records for the baby to his/her pediatric care provider within 72 hours. The midwife is also required to alert the pediatric care provider when you are in active labor. Please list the name, address, phone number, email and fax number of the pediatric care provider of your choice: _____

Emergency Contacts:

In case of an emergency, please contact the following people. If you have children, please list the person who will be responsible for their care first.

Name: _____ Phone number(s): _____

Relationship: _____

Name: _____ Phone number(s): _____

Relationship: _____

Appendix A

Conditions that require transfer of care during pregnancy:

- (1) Diabetes mellitus, including uncontrolled gestational diabetes;
- (2) Hyperthyroidism treated with medication;
- (3) Uncontrolled hypothyroidism;
- (4) Epilepsy with seizures or antiepileptic drug use during the previous 12 months;
- (5) Coagulation disorders;
- (6) Chronic pulmonary disease;
- (7) Heart disease in which there are arrhythmias or murmurs except when, after evaluation, it is the opinion of a physician licensed under title 14 of this article or a licensed nurse certified as a nurse-midwife or a nurse practitioner under this title that midwifery care may proceed;
- (8) Hypertension, including pregnancy-induced hypertension (PIH);
- (9) Renal disease;
- (10) Except as otherwise provided in § 8-6c-04(a) of this subtitle, rh sensitization with positive antibody titer;
- (11) Previous uterine surgery, including a cesarean section or myomectomy;
- (12) Indications that the fetus has died in utero;
- (13) Premature labor (gestation less than 37 weeks);
- (14) Multiple gestation;
- (15) Noncephalic presentation at or after 38 weeks; placenta previa or abruption;
- (16) Placenta previa or abruption
- (17) Preeclampsia;
- (18) Severe anemia, defined as hemoglobin less than 10 g/dl;
- (19) Uncommon diseases and disorders, including Addison's disease, Cushing's disease, systemic lupus erythematosus, antiphospholipid syndrome, scleroderma, rheumatoid arthritis, periarteritis nodosa, Marfan's syndrome, and other systemic and rare diseases and disorders;
- (20) AIDS/HIV;
- (21) Hepatitis a through g and non-a through g;
- (22) Acute toxoplasmosis infection, if the patient is symptomatic;
- (23) Acute rubella infection during pregnancy;
- (24) Acute cytomegalovirus infection, if the patient is symptomatic;
- (25) Acute parvovirus infection, if the patient is symptomatic;
- (26) Alcohol abuse, substance abuse, or prescription abuse during pregnancy;
- (27) Continued daily tobacco use into the second trimester;
- (28) Thrombosis;
- (29) Inflammatory bowel disease that is not in remission;
- (30) Primary herpes simplex virus during pregnancy, or active genital lesions at the time of delivery;
- (31) Significant fetal congenital anomaly;
- (32) Ectopic pregnancy;
- (33) Prepregnancy body mass index (bmi) of less than 18.5 or 35 or more; or
- (34) Post term maturity (gestational age 42 0/7 weeks and beyond).

Conditions that require consultation during pregnancy. In these situations the midwife may speak with another care provider and explain what was recommended, or may recommend you see another care provider directly for consultation:

- (1) Significant mental disease, including depression, bipolar disorder, schizophrenia, and other conditions that impair the ability of the patient to participate effectively in the patient's care or that require the use of psychotropic drugs to control the condition;
- (2) Second or third trimester bleeding;

- (3) Intermittent use of alcohol into the second trimester;
- (4) Asthma;
- (5) Diet-controlled gestational diabetes;
- (6) History of genetic problems, intrauterine death after 20 weeks' gestation, or stillbirth;
- (7) Abnormal pap smear;
- (8) Possible ectopic pregnancy;
- (9) Tuberculosis;
- (10) Controlled hypothyroidism, being treated with thyroid replacement and euthyroid, and with thyroid test numbers in the normal range;
- (11) Rh sensitization with positive antibody titer;
- (12) Breech presentation between 35 and 38 weeks;
- (13) Transverse lie or other abnormal presentation between 35 and 38 weeks;
- (14) Premature rupture of membranes at 37 weeks or less;
- (15) Small for gestational age or large for gestational age fetus;
- (16) Polyhydramnios or oligohydramnios;
- (17) Previous leep procedure or cone biopsy;
- (18) Previous obstetrical problems, including uterine abnormalities, placental abruption, placenta accreta, obstetric hemorrhage, incompetent cervix, or preterm delivery for any reason;
- (19) Postterm maturity (41 0/7 to 6/7 weeks gestational age);
- (20) Inflammatory bowel disease, in remission; or
- (21) Primary herpes simplex virus during pregnancy or active infection at time of delivery.

Conditions that require immediate transfer in labor. If immediate transfer is not possible because the birth is too close, the midwife will consult with another health care provider about when transfer should occur, if necessary:

- 1) The patient requests transfer;
- 2) Unforeseen noncephalic presentation;
- 3) Unforeseen multiple gestation;
- 4) Nonreassuring fetal heart rate or pattern, including tachycardia, bradycardia, significant change in baseline, and persistent late or severe variable decelerations;
- 5) Prolapsed cord;
- 6) Unresolved maternal hemorrhage;
- 7) Retained placenta;
- 8) Signs of fetal or maternal infection;
- 9) Patient with a third or fourth degree laceration or a laceration beyond the licensed direct-entry midwife's ability to repair;
- 10) Apgar of less than seven at 5 minutes;
- 11) Obvious congenital anomalies;
- 12) Need for chest compressions during neonatal resuscitation;
- 13) Newborn with persistent central cyanosis;
- (14) Newborn with persistent grunting and retractions;
- (15) Newborn with abnormal vital signs;
- (16) Gross or thick meconium staining, when discovered;
- (17) Newborn with excessive dehydration due to inability to feed.

Conditions requiring transfer postpartum. In these situations the midwife would continue to give normal postpartum care, while a medical provider would provide special care for the medical condition:

- 1) Uncontrolled postpartum hemorrhage;
- 2) Preeclampsia;

- 3) Thrombo-embolism;
- 4) An infection; or
- 5) A postpartum mental health disorder.



Ann Tyminski -DHMH- <atyminski@maryland.gov>

Re: Information to BON from DEMs Advisory Committee

1 message

Ann Tyminski -DHMH- <atyminski@maryland.gov>

Wed, Apr 13, 2016 at 2:15 PM

To: "Cheryl B. Cooper -DHMH-" <cheryl.cooper@maryland.gov>

Cc: Michelle Duell -DHMH- <michelle.duell@maryland.gov>

Attached are the following: (1) Memo to BON 9C; (2) Direct Entry Fees by State (Cheryl please scan from hard copy); Bar Graph of DEMs Licensing agencies;(Cheryl please scan from hard copy; (3) Maternal Transport Form; (4) Newborn Transfer Form (Cheryl please scan;; and (5) Informed Consent Form (Cheryl please scan. Somehow these forms do not save in appropriate format. However, I have been able to print them.

I will bring over hard copies shortly.

Ann

2 attachments**Memo to BON 4132016.docx**

12K

**MATERNAL transport form MD (1).docx**

31K

