

**MARYLAND BOARD OF NURSING**  
**BOARD MEETING**  
**OPEN AGENDA**

**DATE:** May 25, 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
- C. Acceptance of Previous Month's Minutes

**2. Consent Agenda**

- A. Nurse Practitioner Programs
  - 1. Georgetown University, Washington, DC, Neonatal, Certificate
  - 2. Hunter College-City university of New York (CUNY), Pediatric, Masters
  - 3. Medical University of South Carolina, Charleston, SC, Family, Masters and Doctor of Nurse Practice
  - 4. Northern Kentucky University, Highland Heights, KY, Adult-Gero, Masters
  - 5. Rush University, Chicago, IL, Neonatal, Doctorate of Nursing Practice
  - 6. State University New York at Binghamton, Binghamton, NY, Psychiatric Mental Health, Post Masters
  - 7. University of Utah, Salt Lake City, UT, Neonatal, Masters

B. Certificate Training Programs

1. Request for Approval to Renew CNA Training Programs

- a. Parkside High School, Health Occupations, Wicomico Public Schools
- b. Prince George's Community College- ESL Program

2. Request for Approval to Renew CNA-GNA Training Program

- a. Carroll Community College
- b. Prince George's Community College
- c. Maryland Center for Higher Education
- d. Citizen's Care and Rehabilitation

3. Request for Approval to Renew CMA Training Programs

Hagerstown Community College

4. Request for Approval to Renew EMT-CNA Training Program

Health Training Institute

5. Request to Withhold Approval of the CNA-GNA Training Program

- a. AMC Nursing Assistant Training Program

C. Licensure Training Program Curriculum

Chesapeake College/Macqueen Gibbs Willis (MGW) Nursing Program

**3. Discussion of Items Removed from Consent Agenda**

**4. Education** Update on Licensure by Exam (Dr. Pat Kennedy)

**5. Practice** (No Report)

**6. Licensure & Certification** (No Report)

**7. Advanced Practice** (No Report)

**8. Administrative and Legislative** (Shirley Devaris)

a. Request for approval - New Regulation - Direct-Entry Midwives

b. Request to amend COMAR 10.27.25 – Cosmetic Regulation

c. Legislative Proposal

d. Applications – Proposed language for COMAR Regulation for Nurses, CNAs, CMTs, and Electrologists

**9. Committee Reports**

c. DEM – Licensure as a Direct-Entry Midwife Application (Michelle Duell)

**10. Other**

a. Board Election - Board Election will be in July, all nominee must be in by June 30, 2016 (Mary Kay Goetter)

b. NCSBN Annual Meeting August 17-19. (Mary Kay Goetter)

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  
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2A

**MEMORANDUM**

TO: Maryland Board of Nursing  
RE: Approval of Nurse Practitioner Programs  
DATE: May 25, 2016

- 
1. Georgetown University, Washington, DC, Neonatal, Certificate
  2. Hunter College-City university of New York (CUNY), Pediatric, Masters
  3. Medical University of South Carolina, Charleston, SC, Family, Masters and Doctor of Nurse Practice
  4. Northern Kentucky University, Highland Heights, KY, Adult-Gero, Masters
  5. Rush University, Chicago, IL, Neonatal, Doctorate of Nursing Practice
  6. State University New York at Binghamton, Binghamton, NY, Psychiatric Mental Health, Post Masters
  7. University of Utah, Salt Lake City, UT, Neonatal, Masters

cc: File



MEMORANDUM

**2.B1**

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** May 24, 2016  
**IN RE:** Request for Approval to Renew CNA Training Programs

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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. Parkside High School, Health Occupations, Wicomico Public Schools
2. Prince George's Community College- ESL Program



MEMORANDUM

2.B2

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** May 24, 2016  
**IN RE:** Request for Approval to Renew CNA-GNA Training Programs

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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. Carroll Community College
2. Prince George's Community College
3. Maryland Center for Higher Education
4. Citizen's Care and Rehabilitation



MEMORANDUM

2.B3

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** May 24, 2016  
**IN RE:** Request for Approval to Renew CMA Training Programs

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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. Hagerstown Community College



MEMORANDUM

2.B4

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** May 24, 2016  
**IN RE:** Request for Approval to Renew EMT-CNA Training Programs

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

1. Health Training Institute



MEMORANDUM

2B5

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

**TO:** The Board

**DATE:** May 25, 2016

**IN RE:** Request to Withhold Approval of a CNA-GNA Training Program.

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Approval was granted for AMC Nursing Assistant Training Program in April. It was discovered that the Maryland Higher Education Certificate was absent from the submitted documentation. It is requested that the AMC Nursing Assistant Training Program's Initial Approval be withheld until the Maryland Higher Education Certificate can be submitted to the Maryland Board of Nursing.



MEMORANDUM

2.B6

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

**TO:** The Board

**DATE:** May 5, 2016

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

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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:

Kent County High School is requesting the use of Autumn Lake at Chestertown for the clinical portion of their CNA training program. Autumn Lake at Chestertown is a comprehensive care facility with 148 beds. This facility offers palliative care, hospice care, long-term care and rehabilitation care (short stay).

Autumn Lake at Chestertown employs Registered Nurses, Licensed Practical Nurses and Geriatric Nursing Assistants. This facility four registered nurses, and seventeen licensed practical nurses. They have a total of twenty-one GNAs.

Kent County High School will maintain the 1:8 instructor/student ratio for this clinical placement.

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2C

To: Maryland Board of Directors  
From: Patricia Kennedy, Director of Education  
Date: May 25, 2016  
Re: Chesapeake College/Macqueen Gibbs Willis (MGW) Nursing Program, has substantively changed the nursing curriculum

FYI.

Chesapeake College's nursing program has revised its curriculum based on NLN's Outcomes and Competencies for Graduates of Associate Degree Nursing Programs (2010). The substantive changes were developed by faculty and altered the curriculum, philosophy, objectives, outcomes, competencies and program framework (COMAR 10.27.03.01(11)). The changes resulted in the reduction from 74 to 69 credits and allow program completion in five (5) semesters. New courses in the revised curriculum are described and ongoing evaluation involving stakeholders is planned. Program outcomes are mapped across core values, student learning objectives related to integrated concepts, course outcomes, and clinical objectives.

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To: Dr. Patricia Kennedy, Director of Education, Maryland Board of Nursing

From: Dr. Judith Stetson, Director of Nursing Education, Chesapeake College

Date: April 30, 2016

Re: Notification of Substantive Change in Nursing Curriculum, Chesapeake College/MGW Nursing

The Chesapeake College/MGW (CC/MGW) Nursing Program has made several changes in our nursing course offerings that alter the curriculum, philosophy, objectives, outcomes, competencies and framework of the program. These changes were developed by the nursing faculty and have been approved through processes required by Chesapeake College. Implementation is planned for fall 2016.

- I. Rationale for the changes (COMAR 10.27.03, G. 1)
  - a. Curriculum changes updated to align closely with Outcomes and Competencies for Graduates of Associate Degree Nursing Programs put forth by the National League of Nursing (NLN, 2010)
  - b. Revisions enable students to be able to complete entire curriculum within 5 semesters
  - c. Revisions reduce credits for completion- entire program of study is now a total of 69 credits, down from 74.
  - d. Curriculum redesigned to enhance use/integration of simulation pedagogy in each nursing course
- II. Methods of evaluation to determine the effect of the change
  - a. Evaluation will be ongoing, based on formal and informal feedback from nursing students, nursing faculty, clinical partners, and the CC/MGW Nursing Program Advisory Board.
    - i. Currently enrolled students participate in nursing faculty meetings and have the opportunity to provide feedback on curriculum issues within this forum. Students also provide written, multifaceted feedback on each course of the nursing program which is summarized and analyzed by nursing faculty teaching each course. The stated learning objectives for each course will be assessed through formative and summative evaluation in the classroom (exams) and also through directed clinical practice (clinical tools).
    - ii. Graduates will be surveyed for attainment of competencies /program outcomes at time of graduation (graduate exit survey) and at six months to one year post-graduation.
    - iii. Employers are surveyed for feedback on graduates, specifically requesting satisfaction r/t stated graduate competencies.
    - iv. Feedback from clinical partners is constant and on-going.
    - v. Program meets with Program Advisory Board on an annual basis and seeks both verbal and written feedback at these meetings.
  - b. Evaluation will be based on program outcomes with specific benchmarks

## **COLLEGE MISSION STATEMENT**

Chesapeake College's core commitment is to prepare students from diverse communities to excel in further education and employment in a global society. We put students first, offering transformative educational experiences. Our programs and services are comprehensive, responsive and affordable. The college is a catalyst for regional economic development and sustainability and a center for personal enrichment and the arts.

### ***Chesapeake College/MGW Nursing Program Mission and Philosophy***

#### **Mission**

The mission of the nursing department is to provide a sustainable and transformative educational experience. The nursing department prepares students for licensure eligibility, entry-level positions and continued education in nursing.

#### **Philosophy**

The Chesapeake College/MGW Nursing Program functions within the mission and vision of Chesapeake College. Nursing faculty embrace the core values of the College which include creating a learning environment that establishes high standards of individual excellence, encourages and supports each student to achieve his or her greatest potential, engages the community and serves as a catalyst for positive change, fosters inclusiveness and an appreciation for individual differences, responds to local and global change, and assumes each individual must take responsibility for themselves, adhering to the highest standards of ethical and civic behavior. Graduates of the Chesapeake College/MGW Nursing Program are accountable, adaptable generalists prepared with the knowledge, skills and behaviors to enter the practice of nursing in a variety of settings and continue study at the Baccalaureate level.

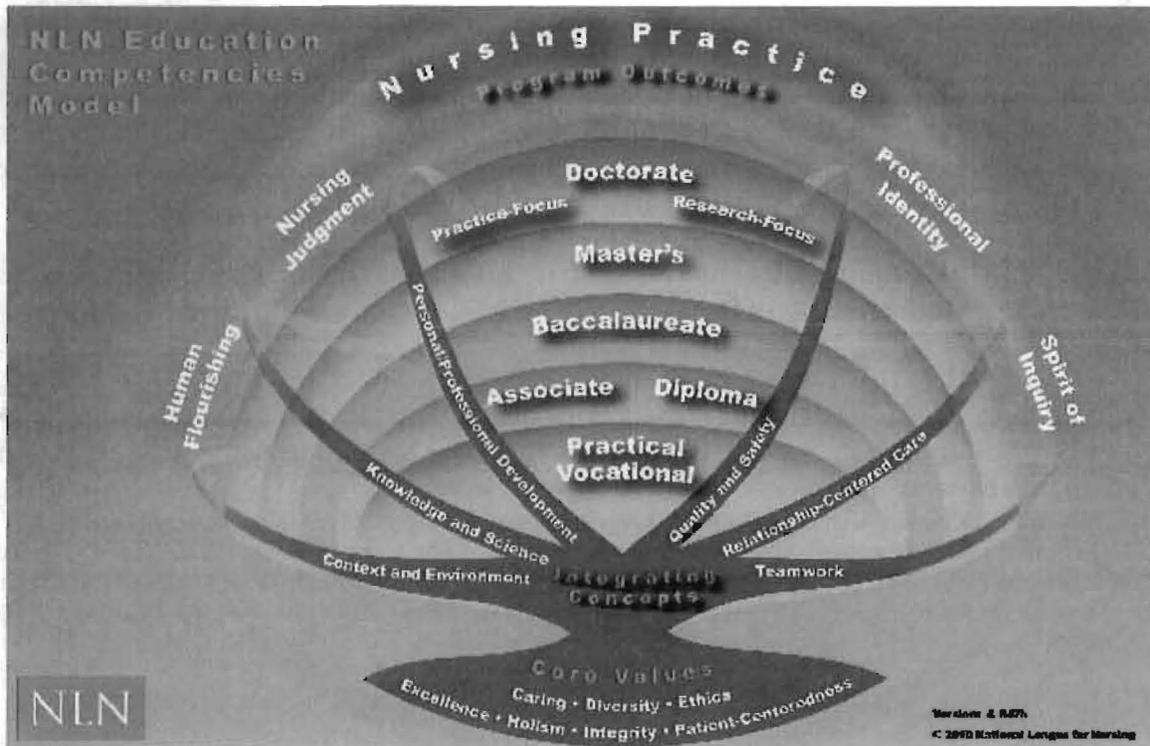
#### **Nursing Practice:**

Faculty believe that nursing practice is based on the interlocking core values of caring, diversity, ethics, excellence, holism, integrity and patient-centeredness as stated and defined by the National League of Nursing ((National League of Nursing, 2010). Caring is the core of nursing practice and requires that the nurse consider the patient as a complete human being whose worth and dignity is to be respected and valued. A nurse integrates the moral values and professional conduct inherent in nursing practice and strives for excellence, constantly seeking to improve self and practice. Integrity encompasses caring, diversity, ethics, excellence and holism as it is the presence the nurse brings to patient-centered care.

#### **Practice of Associate of Science in Nursing Degree Graduate:**

The Associate of Science in nursing graduate is an integral member of the health care team and cares for individuals, families, groups and communities in a variety of settings. As per the NLN Education Competencies Model (2010, p.7) The Associate Degree Nursing Graduate is prepared to:

- Provide safe care that is culturally competent, developmentally appropriate and that is centered on building and sustaining positive, healthful relationships with individuals, families, groups and communities.
- Practice within a legal, ethical and professional scope that is guided by accepted standards of practice
- Continually learn and grow as professionals whose practice is supported by evidence



### Organizing Framework of the Nursing Program

The organizing framework for the Chesapeake College/MGW nursing program flows from the stated philosophy and is based on the 2010 model put forth by the National Leagues of Nursing (NLN) using a systems perspective with the main three elements of input, throughput and output. The NLN education competency model graphically illustrates the dynamic process of mastering core competencies that are essential to the practice of contemporary and futuristic nursing (NLN, 2010, p 8). The model represents a dynamic flow of the following components:

- Core Values: caring, diversity, ethics, excellence, holism, integrity, patient-centeredness (NLN, 2010 p. 8)
- Integrating Concepts emerging from the 7 Core Values: Context and Environment; Knowledge and Science; Personal/Professional Development; Quality and Safety; Relationship-Centered Care; and Teamwork
- Program Outcomes: The goals for Associate Degree Nursing Education can be summarized in four broad program outcomes: Human Flourishing, Nursing Judgment, Professional Identity and Spirit of Inquiry (NLN, 2010, p.9)
  - Graduate Competency for Human Flourishing: The graduate will advocate for patients and families in ways that promote their self - determination, integrity, and ongoing growth as human beings.
  - Graduate Competency for Nursing Judgment: The graduate will make judgments in practice, substantiated in evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.

## Glossary

Attitude  
Clinical  
Core Values  
Directed Lab  
Integrating Concepts  
Knowledge  
Skills  
Sustainable

\*THIS FORM IS A PLANNING TOOL ONLY. IT IS TO BE USED IN CONJUNCTION WITH ADVISING SESSIONS WITH NURSING ADVISOR LORRAINE HOLDEN, 410-822-5400 x 2203.

- These courses cannot be older than 10 years from the time a student applies to the Nursing Program.

**Course Description: NUR231, Trends and Issues in Nursing**

Explores trends and issues in nursing. Integrate current trends and issues in healthcare both nationally and globally while integrating concepts of relationship-centered care; context and environment; quality and safety; personal-/professional development; knowledge and science; and teamwork. Students will have 1 hour of theory (1 credit) each week for 15 weeks.

Robin G. Seal-Whitlock, RN, PhD, MSN  
Professor of Nursing

Chesapeake College

Program Outcomes	Student Learning Objective (Integrating Concept)	Core Values	Course(s) Student Learning Outcome	Clinical Objective Knowledge, Skills & Attitudes
<p><b>Nursing Judgment</b> - Nurses must show sound nursing judgment.</p> <p>Competency: Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of clients within a family and community context.</p>	<p><b>Context and Environment:</b> refer to the conditions or social system within which the organization's members act to achieve specific goals.</p> <p><b>Quality and Safety:</b> the degree to which health care service 1) are provided in a way consistent with current professional knowledge; 2) minimize the risk of harm to individuals, populations and providers; 3) increase the likelihood of desired health outcomes; and 4) are operationalized from an individual, unit, and systems perspective.</p>	<p><b>Caring:</b> promoting health, healing and hope in response to the human condition</p>	<p><i>Foundations NUR 113</i> Students <u>demonstrate</u> caring behaviors within the <b>context and environment</b> maintaining <b>quality and safety</b> of the client.</p> <p><i>Health Assessment NUR 112</i> Students <u>recognize</u> caring behaviors within the <b>context and environment</b> while maintaining <b>quality and safety</b> of the client.</p> <p><i>Adult clients with Health Alterations NUR 121</i> Students <u>perform (?)</u> caring behaviors within the <b>context and environment</b> maintaining <b>quality and safety</b> of client, family and community.</p> <p><i>Clients in Specialty Settings NUR 211</i> Students <u>implement</u> caring behaviors within the <b>context and environment</b> maintaining <b>quality and safety</b> of client, family and community.</p> <p><i>Complex Health Needs NUR 221</i> Students <u>integrate</u> caring behaviors within the <b>context and environment</b> maintaining <b>quality and safety</b> of client, family and community.</p> <p><i>Trends, Issues NUR 231</i> Students <u>appraise</u> caring behaviors within the <b>context and environment</b> maintaining <b>quality and safety</b> of client, family and community.</p>	<p><b>QSEN Safety:</b> Minimize risk of harm to clients and providers through both system effectiveness and individual performance.</p> <p><b>QSEN Informatics:</b> Use information and technology to communicate, manage knowledge, and mitigate error, and support decision making.</p>

Program Outcomes	Integrating Concepts	Core Values	Course(s) Student Learning Outcome	Clinical Objective Knowledge, Skills & Attitudes
<p><b>Spirit of Inquiry</b> - Nurses must approach all issues and problems in a spirit of inquiry.</p> <p>Definition: Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for client, families and communities. .</p>	<p><b>Knowledge and Science:</b> the foundations that serve as a basis for nursing practice, which, in turn, deepen, extend, and help generate new knowledge and new theories that continue to build the science and further the practice.</p>	<p><b>Excellence:</b> creating and implementing transformative strategies with daring ingenuity.</p>	<p><i>Foundations NUR 113</i> Students <u>identify knowledge and science</u> while providing excellence in care to the client.</p> <p><i>Health Assessment NUR 112</i> Students <u>incorporate knowledge and science</u> while providing excellence in care to the client.</p> <p><i>Adult Clients with Health Alterations NUR 121</i> Students <u>demonstrate knowledge and science</u> providing excellence in care to clients, family and community.</p> <p><i>Clients in Specialty Settings NUR 211</i> Students <u>examine knowledge and science</u> while providing excellence in care to clients, family and community.</p> <p><i>Complex Health Needs NUR 221</i> Students <u>synthesize knowledge and science</u> while providing excellence in care to the client.</p> <p><i>Trends, Issues NUR 231</i> Students <u>evaluate knowledge and science</u> providing excellence in care to the client.</p>	<p><b>QSEN Quality Improvement:</b> Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.</p> <p><b>QSEN Evidence Based Practice:</b> Nursing integrates best current evidence with clinical expertise and client/family preferences and values for delivery of optimal health care.</p>



8.a.

**M E M O R A N D U M**

**FROM:** Shirley A. Devaris RN, JD  
Director for Legislation

**TO:** The Board

**DATE:** May 26, 2016

**IN RE:** Request for Approval – all new Regulations - Licensed Direct-Entry Midwives

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History

The Board was given the responsibility for licensing and regulating the Practice of Direct-Entry Midwives under House Bill 9, Licensure of Direct-Entry Midwives Act, 2015 Legislative session.

These regulations have been drafted in accordance with recommendations from stakeholders and the Direct-Entry Midwife Advisory Committee. Board counsel has done a final review of this proposal. House Bill 9 requires the Board to adopt regulations by October 1, 2105. The Board does not adopt regulations. That is done by the Secretary. The average time to get regulations adopted is 6-9 months. These regulations will be submitted for the Secretary's approval and final adoption.

We do not expect any controversy over these regulations as the legislature approved the licensure and regulation of direct-entry midwives. All of the provisions were debated at great length and agreed to by all stakeholders during the 2105 legislative session.

We are accordingly, asking for Board approval to publish these new regulations.

Attached are the proposed regulations.

**All new Material**

**CODE OF MARYLAND REGULATIONS**  
**TITLE 10**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
Subtitle 64 - BOARD OF NURSING – PRACTICE OF LICENSED DIRECT-ENTRY  
MIDWIVES

**.01 Definitions.**

- A. In this Chapter the following terms have the meanings indicated.
- B. Terms defined.

(1) “Accompany the patient to the hospital” means in the case of a transfer of care to a hospital that the direct-entry midwife shall:

- (a) If possible ride in the ambulance with the patient; or
- (b) Travel by other means to the hospital.

(2) “ACME” means the Accreditation Commission for Midwifery Education, or a successor organization that is an accrediting agency for nurse–midwifery and direct– entry midwifery education programs and is approved by the United States Department of Education.

(3) “AIMM” means the Association of Independent Midwives of Maryland or a successor organization that is a professional organization representing independent midwives in the State.

(4) “Board” means the State Board of Nursing.

(5) “Committee” means the Direct–Entry Midwifery Advisory Committee established under Health Occupations Article, § 8–6C–11, Annotated Code of Maryland.

(6) “Electronic devices” means, but is not limited to, any of the following:

- (a) Telephones;
- (b) Telephone answering devices;
- (c) Facsimile machines, photocopiers, and scanners for copying; and
- (d) Computers.

(7) “Health care practitioner” means an individual certified or licensed under the Health Occupations Article, Annotated Code of Maryland as a:

- (a) Nurse–midwife; (b) Nurse practitioner; or (c) Physician.

(8) “Health care provider” means a health care practitioner or a hospital and the agents or employees of a health care practitioner or a hospital.

(9) “Hospital” has the meaning stated in Health General Article, § 19–301, Annotated Code of Maryland.

(10) “Licensed direct–entry midwife” means an individual who has been granted a license under Health Occupations Article, Title 8, Annotated Code of Maryland, to practice direct–entry midwifery.

(11) “Licensed direct–entry midwife” does not include a licensed nurse certified as a nurse–midwife under the Health Occupations Article, Title 8, Annotated Code of Maryland.

(12) “Low–risk pregnancy” means a pregnancy, labor, and delivery and postpartum, newborn, and interconceptional care that does not include a condition that requires a mandatory transfer under Regulation .03 of this Chapter.

(13) “MEAC” means the Midwifery Education and Accreditation Council, or a successor organization that is a national accreditation agency for midwifery education approved by the United States Department of Education.

(14) “NARM” means the North American Registry of Midwives, or a successor organization approved by the Board, that is an international certification agency that establishes and administers certification for the certified professional midwife credential.

(15) “Patient” means:

(a) A woman for whom a licensed direct–entry midwife performs services: and

(b) A woman’s newborn for the purpose of perinatal or postpartum care.

(16) “Postpartum period” means the first 6 weeks after delivery.

(17) “Practice direct–entry midwifery” means:

(a) Providing maternity care that is consistent with a midwife’s training, education, and experience;

(b) Identifying and referring patients who require medical care to an appropriate health care provider; and

(c) Includes the activities described in Regulation .02 of this Chapter.

## **.02 Scope of Practice.**

A. The practice of direct–entry midwifery includes:

(1) Providing the necessary supervision, care, and advice to a patient during a low–risk pregnancy, labor, delivery, and postpartum period;

(2) Newborn care authorized under this subtitle that is provided in a manner that is:

(a) Consistent with national direct–entry midwifery standards; and

(b) Based on the acquisition of clinical skills necessary for the care of

pregnant women and newborns, including antepartum, intrapartum, and postpartum care. (3)

Obtaining informed consent to provide services to the patient;

(5) Discussing:

(a) Any general risk factors associated with the services to be provided;

(b) Any specific risk factors pertaining to the health and circumstances of the individual patient;

(c) Conditions that preclude care by a licensed direct-entry midwife; and

(d) The conditions under which consultation, transfer of care, or transport of the patient must be implemented;

(6) Obtaining a health history of the patient and performing a

physical

examination;

(7) Developing a written plan of care specific to the patient, to

ensure

continuity of care throughout the antepartum, intrapartum, and postpartum periods that includes:

(a) A plan for the management of any specific risk factors pertaining to

the individual health and circumstances of the individual patient; and

(b) A plan to be followed in the event of an emergency, including a

plan for transportation;

(8) Evaluating the results of patient care;

(9) Consulting and collaborating with a health care practitioner

regarding the

care of a patient, and referring and transferring care to a health care provider, as required;

(10) Referral of all patients, within 72 hours after delivery, to a

pediatric health

care practitioner for care of the newborn;

(11) As approved by the Board, in accordance with Regulation .08 of this Chapter:

(a) Obtaining and administering medications; and

(b) Obtaining and using equipment and devices;

(12) Obtaining appropriate screening and testing, including

laboratory tests,

urinalysis, and ultrasound;

(13) Providing prenatal care during the antepartum period, with

consultation or

referral as required;

(14) Providing care during the intrapartum period, including:

(a) Monitoring and evaluating the condition of the patient and fetus;

(b) At the onset of active labor notifying the pediatric health care practitioner, by any electronic device, that delivery is imminent;

(c) Performing emergency procedures, including:

(i) Administering approved medications;

(ii) Administering intravenous fluids for stabilization;

(iii) Performing an emergency episiotomy; and

(iv) Providing care while on the way to a hospital under circumstances in which emergency medical services have not been activated;

(d) Activating emergency medical services for an emergency;

and

(e) Delivering in an out-of-hospital setting;

(15) Participating in peer review as required under Regulation .16 of this Chapter;

(16) Providing care during the postpartum period, including:

(a) Suturing of first and second degree perineal or labial lacerations, or suturing of an episiotomy with the administration of a local anesthetic; and

(b) Making further contact with the patient within 48 hours, within 2 weeks, and at 6 weeks after the delivery to assess for hemorrhage, preeclampsia, thrombo-embolism, infection, and emotional well-being;

(17) Providing routine care for the newborn for up to 72 hours after delivery, exclusive of administering immunizations, including:

(a) Immediate care at birth, including resuscitating as needed, performing a newborn examination, and administering intramuscular vitamin K and eye ointment for prevention of ophthalmia neonatorum;

(b) Assessing newborn feeding and hydration;

(c) Performing metabolic screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(d) Performing critical congenital heart disease screening and reporting on the screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(e) If unable to perform the screening required under item (c) or (d) of

this item, referring the newborn to a pediatric health care practitioner to perform the screening within 24 to 48 hours after delivery;

(f) Administering any other required newborn test, medication or treatment required by the Department if authorized by the formulary in Regulation .07 of this Chapter; and

(g) Referring the infant to an audiologist for a hearing screening in accordance with the regulations related to newborn screenings that are adopted by the Department;

(18) Within 24 hours after delivery, notifying a pediatric health care practitioner, by any electronic device, of the delivery;

(19) Within 72 hours after delivery:  
(a) Referring the newborn to a pediatric health care practitioner; and

(b) Transferring health records to the pediatric health care practitioner, including documentation of the performance of the screenings required under this regulation;

(20) Providing the following care of the newborn beyond the first 72 hours after delivery:

(a) Weight checks and general observation of the newborn's activity, with abnormal findings communicated to the newborn's pediatric health care practitioner;

(b) Assessment of newborn feeding and hydration; and  
(c) Breastfeeding support and counseling; and  
(21) Providing limited services to the patient after the

postpartum period, including:

(a) Breastfeeding support and counseling; and  
(b) Counseling and referral for all family planning methods.

### **.03 Prohibited Scope of Practice.**

**A.** The practice of direct-entry midwifery does not include:

- (1) Pharmacological induction or augmentation of labor or artificial rupture of membranes prior to the onset of labor;
- (2) Surgical delivery or any surgery except an emergency episiotomy;
- (3) Use of forceps or vacuum extractor;
- (4) Except for the administration of a local anesthetic, administration of an anesthetic;
- (5) Administration of any kind of narcotic analgesic; or

- (6) Administration of any prescription medication not authorized in accordance with Regulation .07 of this Chapter.

**B.** A licensed direct-entry midwife may not assume care or continue to take responsibility for a patient's pregnancy and birth care if a finding of any of the following disorders or situations listed under §C of this Regulation is found to be present:

- (1) At the initial interview;
- (2) During an examination of the patient;
- (3) While obtaining a patient history or at subsequent prenatal visits;
- (4) As a result of a laboratory or other test; or
- (5) After consultation with another health care practitioner.

**C.** If any of the following disorders or situations listed below exist, the licensed directentry midwife shall arrange for the orderly transfer of care to a health care practitioner:

- (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 Health Occupations Article, Title 14, Annotated Code of Maryland, or a licensed nurse certified as a nurse-midwife or a nurse practitioner under Health Occupations Article, Title 8, Annotated Code of Maryland, that midwifery care may proceed;
- (8) Hypertension, including pregnancy-induced hypertension (PIH);
- (9) Renal disease;
- (10) Except as otherwise provided in Health Occupations Article, §8-6C-04(a)(11), Annotated Code of Maryland, 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;
- (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, genital infection during pregnancy, or any active genital lesions at the time of delivery;
- (31) Significant fetal congenital anomaly;
- (32) Ectopic pregnancy;
- (33) Pre-pregnancy 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).

**.04 Required Consultation.**

- A. A licensed direct-entry midwife shall consult with a health care practitioner and document:
  - (1) The consultation;
  - (2) The recommendations of the consultation; and
  - (3) The discussion of the consultation with the client, if any of the following conditions are present during prenatal care:
    - (a) 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;
    - (b) Second or third trimester bleeding;
    - (c) Intermittent use of alcohol into the second trimester;
    - (d) Asthma;
    - (e) Diet-controlled gestational diabetes;
    - (f) History of genetic problems, intrauterine death after 20 weeks' gestation, or stillbirth;
    - (g) Abnormal Pap smear;
    - (h) Possible ectopic pregnancy;
    - (i) Tuberculosis;
    - (j) Controlled hypothyroidism, being treated with thyroid replacement and euthyroid, and with thyroid test numbers in the normal range;
    - (k) Rh sensitization with positive antibody titer;
    - (l) Breech presentation between 35 and 38 weeks;

- weeks;
- (m) Transverse lie or other abnormal presentation between 35 and 38 weeks;
  - (n) Premature rupture of membranes at 37 weeks or less;
  - (o) Small for gestational age or large for gestational age fetus;
  - (p) Polyhydramnios or oligohydramnios;
  - (q) Previous LEEP procedure or cone biopsy;
  - (r) Previous obstetrical problems, including uterine abnormalities, placental abruption, placenta accreta, obstetric hemorrhage, incompetent cervix, or preterm delivery for any reason;
  - (s) Post-term maturity (41 0/7 to 6/7 weeks gestational age);
  - (t) Inflammatory bowel disease, in remission; or
  - (u) Primary herpes simplex virus, infection or any active infection at time of delivery.

B. Any changes in the plan of care following a consultation in accordance with §A. of this regulation shall be documented in the patient's plan of care.

#### **.05 Required Transfer of Care.**

- A. Except for subsection (3) of this section, a licensed direct-entry midwife shall arrange immediate emergency transfer to a hospital if:
- (1) The patient requests transfer; or
  - (2) The patient or newborn is determined to have any of the following conditions during labor, delivery, or the immediate postpartum period:
    - (a) Unforeseen non-cephalic presentation;
    - (b) Unforeseen multiple gestation;
    - (c) Non-reassuring fetal heart rate or pattern, including tachycardia, bradycardia, significant change in baseline, and persistent late or severe variable decelerations;
    - (d) Prolapsed cord;
    - (e) Unresolved maternal hemorrhage;
    - (f) Retained placenta;
    - (g) Signs of fetal or maternal infection;
    - (h) Patient with a third or fourth degree laceration or a laceration beyond the licensed direct-entry midwife's ability to repair;
    - (i) Apgar of less than seven at 5 minutes;
    - (j) Obvious congenital anomalies;
    - (k) Need for chest compressions during neonatal resuscitation;
    - (l) Newborn with persistent central cyanosis;
    - (m) Newborn with persistent grunting and retractions;
    - (n) Newborn with abnormal vital signs;

- (o) Gross or thick meconium staining, when discovered; or (p) Newborn with excessive dehydration due to inability to feed.
  - (3) If transfer is not possible because of imminent delivery, the licensed direct-entry midwife shall consult with a health care provider for guidance on further management of the patient and to determine when transfer may be safely arranged, if required.
- B. A licensed direct-entry midwife shall immediately transfer the care of a patient to a health care provider for the treatment of any significant postpartum morbidity, including:
  - (1) Uncontrolled postpartum hemorrhage;
  - (2) Preeclampsia;
  - (3) Thrombo-embolism;
  - (4) An infection; or
  - (5) A postpartum mental health disorder.
- C. A licensed direct-entry midwife who is required to transfer care of a patient under this regulation may continue other aspects of postpartum care in consultation with the treating health care practitioner.

**.06 Assistant for Home Birth.**

At the time of delivery, a licensed direct-entry midwife shall be assisted by a second individual who:

- A. Has completed the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program (NRP) within the previous 2 years; and
- C. Has the skills and equipment necessary to perform a full resuscitation of the newborn in accordance with the principles of NRP.

**.07 Licensed Direct-Entry Midwifery Formulary, Equipment, and Medical Devices.**

- A. As approved by the Board, in accordance with Health Occupations Article §8-6C02(b)(8), Annotated Code of Maryland, a licensed direct-entry midwife may:
  - (1) Obtain and administer medications; and
  - (2) Obtain and use equipment and devices for the practice of midwifery;

B. Medications approved by the Board:

- 1. Vitamin K<sub>1</sub> (phyloquinone, phytonadione);
- 2. Rho D immune globulin;
- 3. Oxytocin (Pitocin);
- 4. Methylergonovine (Methergine);
- 5. Misoprostol (Cytotec);
- 6. Erythromycin ophthalmic ointment USP (0.5%);
- 7. Oxygen;
- 8. Local anesthetics (lidocaine HCl, cetacaine, novacaine (procaine));
- 9. Epinephrine;
- 10. Penicillin;

11. Cefazolin;
12. Sterile H<sub>2</sub>O Papules; and
13. Intravenous Fluids including Lactated Ringer's and normal saline.

D. Devices approved by the Board:

1. Fetal heart rate dopplers;
2. Syringes;
3. Needles;
4. Phlebotomy equipment;
5. Suture and suturing equipment or supplies;
6. Urinary catheters;
7. Intravenous equipment;
8. Amnihooks;
9. Airway suction devices;
10. Electronic fetal monitoring equipment;
11. Toco monitoring equipment;
12. Neonatal and adult resuscitation equipment;
13. Glucose monitoring equipment;
14. Centrifuge;
15. Hemoglobin/hematocrit monitoring equipment;
16. Pulse oximeters, adult and neonatal;
17. Birth Supplies including medical grade birthing tubs and birthing stools;
18. Blood pressure equipment;
19. Urinalysis supplies;
20. Stethoscopes, adult and neonatal;
21. Sterile surgical instruments;
22. Speculums;
23. Eldon Cards;
24. Nitrazine paper, amniswabs and other amniotic fluid detection equipment;
25. Thermometers;
26. Laboratory specimen collection equipment;
27. Sterilization supplies and equipment;
28. Equipment and devices for critical congenital heart screening;
29. Equipment and devices for hearing screening;
30. Supplies to collect newborn metabolic screening;
31. Other equipment and devices as approved by the Board;
32. Breast Pumps;
33. Compression stockings and belts;
34. Maternity belts; and
35. Diaphragms and Cervical caps.

**.08 License required and Exceptions.**

A. Except as otherwise provided in this Chapter, an individual shall be licensed by the Board before the individual may practice direct–entry midwifery in the State. B. This section does not apply to:

- (1) An individual who assists at a birth in an emergency;
- (2) An individual who is licensed as a health care practitioner whose scope of practice allows the individual to practice direct–entry midwifery; or
- (3) A student who is practicing direct–entry midwifery while engaged in a Board approved clinical midwife educational experience under the supervision of a licensed direct–entry midwife.

**.09 Patient’s Refusal to transfer care.**

A. If a patient chooses to give birth at home in a situation prohibited by this subtitle or in which a licensed direct–entry midwife recommends transfer, the licensed direct–entry midwife shall:

- (1) Transfer care of the patient to a health care practitioner;
- (2) Complete the standard form developed under Regulation

.10 of this Chapter:

- (a) Submit the completed form to the accepting health care practitioner;

and

- (b) Cease to take responsibility for the patient’s pregnancy care within 1 week after the transfer.

B. If birth is imminent and the patient refuses to be transferred after the licensed direct–entry midwife determines that a transfer is necessary, the licensed direct–entry midwife shall:

- (1) Call 9–1–1 and remain with the patient until emergency services personnel arrive; and

- (2) Transfer care and give a verbal report of the care provided to the emergency medical services providers.

**.10 Plan of Care.**

A. A licensed direct–entry midwife shall develop a general written plan for their practice for:

- (1) Emergency transfer of a patient, newborn, or both;
- (2) Transport of a newborn to a newborn nursery or neonatal intensive care nursery; and
- (3) Transport of a patient to an appropriate hospital with a labor and delivery unit.

B. The Committee shall review and recommend approval to the Board of the plan required under §A of this regulation.

C. The plan required. Under § A of this regulation shall be provided to any hospital identified in the plan by the Committee.

D. In addition to the general written plan required under subsection section A. of this regulation, a licensed direct–entry midwife shall prepare a plan that is specific to each patient and share the plan with the patient.

E. The plan required under §D. of this Regulation shall:

(1) Include procedures and processes to be undertaken in the event of an emergency for the mother, the newborn, or both;

(2) Identify the hospital nearest to the address of the planned home birth that has a labor and delivery unit;

(3) Include a care plan for the newborn; and

(4) Identify the pediatric health care practitioner who will be notified after delivery in accordance with Regulation .02 of this Chapter to receive the transfer of care of the newborn.

F Each direct-entry midwife shall use the standard form approved by the Board for all cases in which a transfer occurs during prenatal care, labor, or postpartum.

G. After a decision to transport a patient has been made, the licensed direct–entry midwife shall:

(1) Call the receiving health care provider;

(2) Inform the health care provider of the incoming patient; and

(3) Accompany the patient to the hospital; and

(4) On arrival at the hospital, the licensed direct–entry midwife shall provide to the staff of the hospital;

(i) The standard form developed under subsection D of this section; and

(ii) The complete medical records of the patient and newborn; and

(iii) A verbal summary of the care provided to the patient and newborn by the licensed direct–entry midwife.

### **.11 Informed Consent Agreements.**

A. Before initiating care, a licensed direct–entry midwife shall obtain a signed copy of the Board approved standardized informed consent agreement.

B. The agreement developed under section A. of this regulation shall include acknowledgment by the patient of receipt, at a minimum, of the following:

(1) The licensed direct–entry midwife’s training and experience;

(2) Instructions for obtaining a copy of the regulations under this Chapter

(3) Instructions for obtaining a copy of the NARM certification requirements;

(4) Instructions for filing a complaint with the Board;

(5) Notice of whether the licensed direct-entry midwife has professional liability insurance coverage;

(6) A description of the procedures, benefits, and risks of home births, including those conditions that may arise during delivery; and (7) Any other information that the Board requires.

## **.12 Required Reports.**

A. Annually, beginning October 1, 2016, a licensed direct-entry midwife shall submit a report to the Committee, in a form specified by the Board, the following information regarding cases in which the licensed direct-entry midwife assisted during the previous fiscal year ending June 30, when the intended place of birth 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 the 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.

B. The Board shall send a written notice of noncompliance to each licensee who fails to meet the reporting requirements under section A. of this regulation.

C. A licensed direct-entry midwife who fails to comply with the reporting requirements under this regulation shall not be allowed to renew their license until the information required under section A. of this regulation is reported.

D. The Committee shall maintain the confidentiality of any report submitted under section A. of this regulation

E. In addition to the report required under this regulation a licensed direct-entry midwife shall be subject to the same State reporting requirements as other health care practitioners who provide care to individuals in accordance with the Health General and Health Occupations Articles, Annotated Code of Maryland and the Code of Maryland Regulations. F. A licensed direct-entry midwife attending an out-of-hospital delivery shall:

(1) For any live birth, complete and submit a birth certificate in accordance

with the Health General Article, § 4–208, Annotated Code of Maryland; and

(2) For any death, make all medical records available and communicate relevant circumstances of the death to the individual responsible for completing the certificate of death under the Health General Article, § 4–212 or § 4–213, Annotated Code of Maryland.

**.13 Direct-Entry Midwifery Advisory Committee.**

- A. There is a Direct-Entry Midwifery Advisory Committee within the Board.
- B. (1) The Committee consists of seven members appointed by the Board.  
(2) Of the seven members:
  - (a) Three shall be licensed direct-entry midwives;
  - (b) Two shall be licensed nurses certified as nurse-midwives;
  - (c) One shall be a representative of the Maryland Hospital Association;

and

- (d) One shall be a consumer member.

(3) (1) The Board shall appoint the licensed direct-entry midwife members of the Committee from a list of qualified individuals submitted to the Board by AIMM.

(2) The Board may request an additional list of qualified individuals from AIMM if the initial list is determined to be inadequate.

C. Each member of the Committee shall be a citizen of the United States and a resident of the State.

- D. Each licensed direct-entry midwife member of the Committee:
  - (1) Shall meet the licensure requirements of this subtitle; and
  - (2) May not be a licensed nurse who is certified as a nurse-midwife.
- E. The consumer member of the Committee:

- (1) Shall be a member of the general public;
- (2) May not be or ever have been;

- (a) A licensed direct-entry midwife;
- (b) A licensed nurse certified as a midwife;
- (c) A health care practitioner who is directly involved with pregnancy

or labor; or

(d) In training to be a licensed direct-entry midwife, a licensed nurse certified as a midwife, or a health care practitioner who is directly involved with pregnancy or labor;

- (3) May not have a household member who is:

(a) A licensed direct-entry midwife, a licensed nurse who is certified as a nurse-midwife, or a health care practitioner who is directly involved with pregnancy or labor; or

(b) In training to be a licensed direct-entry midwife, a licensed nurse who is certified as a nurse-midwife, or a health care practitioner who is directly involved with pregnancy or labor;

- (4) May not:

- (a) Participate or ever have participated in a commercial or professional field related to the practice of direct–entry midwifery;
- (b) Have a household member who participates in a commercial or professional field related to the practice of direct–entry midwifery; or
- (c) Have, or have had within 2 years before appointment, a substantial financial interest in a person who is regulated by the Board.

F. The Committee shall elect a chair from among its members to a 2–year term.

G. (1) The term of a member is 4 years.

(2) The terms of the members are staggered as required by the terms provided for members of the Committee on October 1, 2015.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(5) A member may not serve more than two consecutive full terms.

(6) To the extent practicable, the Board shall fill any vacancy on the Committee within 60 days of the date of the vacancy.

H. A majority of the full authorized membership of the Committee is a quorum.

I. In addition to any other meeting requirements of this title, the Committee shall meet:

(1) At the request of the executive director of the Board; and

(2) As necessary to conduct Board or Committee business.

J. In accordance with the State budget, each member of the Committee is entitled to:

(1) Compensation, at a rate determined by the Board, for each day, or part of a day, on which the member is engaged in the duties of the Committee; and

(2) Reimbursement for expenses under the Standard State Travel Regulations. K. (1) The Board may remove a member for incompetence or misconduct.

(2) The Board may remove a member who is absent from two successive Committee meetings without adequate reason.

**.14 Committee Duties.**

A. The Committee shall:

(1) Review applications for licensure as a licensed direct–entry midwife and make recommendations to the Board regarding applicants;

(2) Maintain a list of all licensed direct–entry midwives;

(3) Make recommendations to the Board regarding continuing education requirements for licensed direct–entry midwives;

(4) Review advertising by licensed direct–entry midwives and by institutions that offer a direct–entry midwife program and make recommendations to the Board, as necessary;

(5) Advise the Board on matters relating to the practice of direct–entry midwifery;

(6) Collect the reports required to be submitted by each licensed direct–entry midwife under Regulation 10 of this Chapter;

(7) Make recommendations to the Board regarding regulations relating to the practice of direct–entry midwifery that are necessary to carry out the provisions of this Chapter;

(8) At the request of the Board, investigate complaints against licensed direct–entry midwives; and

(9) Keep a record of the Committee’s proceedings.

C. Annually, beginning November 1, 2016, submit a report to the Board that includes, but is not limited to:

(1) A summary of the information included in reports submitted to the Committee by licensed direct–entry midwives under Regulation 10 of this Chapter;

(2) Any other information identified by the Board; and (3) May not include any personal identifying information.

D. Annually, beginning December 1, 2016, the Board shall submit to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with State Government Article, § 2–1246, Annotated Code of Maryland, a report to include the following:

(1) The report submitted to the Board under §C of this regulation;

(2) Any Committee recommendations regarding the continuation and improvement of the licensure of licensed direct–entry midwives in the State;

(3) Any recommendations regarding expanding the scope of practice of licensed direct–entry midwives; and

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

#### .15 Qualifications of Applicants for Initial Licensure and Required Documentation. A.

An applicant shall:

(1) Be of good moral character;

(2) Be a high school graduate or have completed equivalent education;

(3) Be at least 21 years old;

(4) Hold a current cardiopulmonary resuscitation (CPR) certification issued by the American Red Cross or the American Heart Association; and

(5) Have completed in the past 2 years the American Academy of Pediatrics or American Heart Association Neonatal Resuscitation Program (NRP).

(6) Hold a current valid Certified Professional Midwife credential granted by NARM; and

(7) (a) Shall have completed a midwifery education program that is accredited by MEAC or ACME; or

(b) If the applicant was certified by NARM as a certified professional midwife on or before January 15, 2017, through a non-MEAC accredited program, but otherwise qualifies for licensure, shall provide:

(i) Verification of completion of NARM-approved clinical requirements; and

(ii) Evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accrediting Council for Continuing Medical Education, including:

(aa) 14 hours of obstetric emergency skills training such as a Birth Emergency Skills Training (BEST) or an Advanced Life Saving in Obstetrics (ALSO) course; and

(bb) The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

(8) An applicant shall submit:

(a) To a criminal history records check (CHRC) in accordance with Health Occupations Article, § 8-303;

(b) A completed application to the Board on the form that the Board requires; and

(c) Written, verified evidence of completion of the CHRC in accordance with subsection Health Occupations Article, § 8-303, Annotated Code of Maryland;

(d)(1) Any documentation requested from the applicant by the Board including, but not limited to, official certified or true test court documents and a signed, dated explanation written by the applicant, regarding the facts and circumstances, outcome, and current status of any criminal history record information received by the Board:

(i) Under (8)(a) of this regulation;

(ii) In an answer to a question on the Board's application form; and

(iii) Any other source; and

(2) Any additional documentation requested by the Board if the documentation received from the applicant under (1) of this subsection is incomplete or insufficient.

(e) The initial application fee established by the Board.

B. If an application is not complete when initially submitted to the Board by the applicant, the applicant shall have no longer than 12 months from the date the application is received by the Board to complete the application and provide all information and documents required in section A of this regulation.

C. If an applicant fails to provide to the Board a complete application and any additional documentation requested by the Board under section A of this regulation within 12 months from the date the application is received by the Board, then the application shall be void and the Board will no longer consider the applicant for licensure.

D. To pursue licensure after an application has become void under section C of this regulation, the applicant shall submit a new application on the form required by the Board and meet all of the requirements for licensure and pay the required fees that are in effect at the time of re-application.

#### .16 Term and Renewal of License.

A license issued under this subtitle authorizes the licensee to practice direct-entry midwifery while the license is active.

B A license:

- (1) Expires on 28<sup>th</sup> of October in every odd numbered year;
- (2) Is valid for two years, except for an initial license issued before the next renewal date;
- (3) Issued for less than the full two year period must be renewed at the next annual renewal date;
- (4) Can be renewed for an additional term if the applicant is qualified; (a) Pays to the Board a renewal fee; and (b) Submits to the Board:
  - (i) A renewal application on the form that the Board requires;

and

(ii) Satisfactory evidence of compliance with any continuing education or other competency requirements for license renewal.

C In addition to all other qualifications and requirements established by the Board for license renewal, the renewal applicant shall submit proof of completion of:

- (1) 20 accredited and Board-approved continuing education units to be completed in the two years preceding the renewal date;
- (2) 4 hours of peer review in the two years prior to the renewal date in accordance with NARM standards for official peer review; and
- (3) Submission of the annual reports required under Regulation .10 of this Chapter.

D The Board shall renew the license of each licensee who meets the requirements of this Chapter.

E A renewal applicant shall be placed on inactive status if the licensee:  
(1) Fails to provide satisfactory evidence of compliance with any continuing education requirements set under this section for license renewal; or  
(2) Fails to submit the annual report required under § 8–6C–10(a) of this subtitle.

F If the renewal applicant fails to submit the required documents within one year of the renewal date the status of the license shall be changed to non-renewed.

G The Board shall place a licensee on inactive status at the request of the licensee if the licensee submits to the Board:

- (1) An application for inactive status on the form required by the Board; and
- (2) The fee for inactive status.

H The Board shall reactivate the license of a licensee who has requested inactive status if the licensee:

- (1) Complies with any continuing education and data reporting requirements established by the Board for this purpose;
- (2) Pays to the Board a reactivation fee; and
- (3) Is otherwise entitled to be licensed.

I The Board, in accordance with its regulations, shall reinstate the license of an individual who has failed to renew the license for any reason if the individual:

- (1) Is otherwise entitled to be licensed;
- (2) Complies with any continuing education and data reporting requirements established by the Board for this purpose;
- (3) Submits a completed application for reinstatement to the Board;
  - (3) Pays to the Board the fee for reinstatement;
  - (4) Completes a criminal history record check in accordance with Health Occupations Article, § 8–303 for a license that has expired license or lapsed for more than 1 year; and
  - (5) Applies to the Board for reinstatement of the license within 5 years after the license expires.

J (1) The Board may not reinstate the license of a licensed direct–entry midwife who fails to apply for reinstatement of the license within 5 years after the license expires.

(2) The individual may become licensed by meeting the current requirements for obtaining a new license under this subtitle.

K (1) A licensee shall submit to an additional criminal history records check every 12 years.

(2) A license shall not be renewed if the criminal history record information required under subsection (1) of this section has not been received.

## **.17 Fees.**

- A. The fees listed in this regulation are not refundable.
- B. An initial license shall only be valid until the next renewal period.
- C. Fees are as follows:
  - (1) Initial application fee ..... \$900.00
  - (2) Biennial renewal ..... \$800.00
  - (3) Reactivation fee .....\$800.00
  - (4) Reinstatement Fee ..... \$900.00
  - (5) Inactive Status Fee ..... \$100.00

**.18 Prohibited Acts.**

A. Unless authorized to practice direct–entry midwifery, an individual may not represent to the public by title, description of service, method, procedure, or otherwise, that the individual is authorized to practice direct–entry midwifery in the State.

B.) A licensee may not advertise in a manner that is unreasonable, misleading, or fraudulent.

C. Unless authorized to practice direct–entry midwifery under this subtitle, an individual may not use the abbreviation “LDEM” or use the designation “licensed direct–entry midwife”.

D. Unless authorized to practice direct–entry midwifery under this subtitle or certified as a nurse midwife under this title, an individual may not use the designation “midwife”.



**8. b. 1.**

**FROM: Shirley A. Devaris, RN, JD**  
**Director, Policy Analysis and Legislation**  
**Maryland Board of Nursing**

**TO: The Board**  
**IN RE: Request to have Board Practice Committee review and**  
**make recommendations from a legislator to amend 10.27.25 –**  
**Cosmetic Procedures**

**DATE: May 25, 2016**

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Delegate Hill, who is a licensed, Board certified plastic surgeon, has asked the Board to amend the Cosmetic Procedures regulations to allow nurses who are trained by a properly trained prescriber to perform cosmetic procedures without the prescriber having to be on site. The Board of Physician rules provide for this kind of independent practice as long as the physician and the nurse are properly trained and the physician is immediately available to provide direction in person, by phone, by telephone, or by other electronic means. The requested language change is attached.



May 25, 2016 - 8.b.2.

10.27.25.05

**.05 Cosmetic Procedures in General.**

A. The nurse shall comply with the employment setting's written cosmetic policies and procedures that comply with this chapter.

B. The nurse shall be guided by and comply with the written policies and procedures in keeping with recognized standards of care that include, but are not limited to:

- (1) Care and maintenance of appropriate equipment and safe operation;
- (2) Description of how the procedure is to be performed;
- (3) Education;
- (4) Assessment;
- (5) Emergency procedures;
- (6) Monitoring guidelines;
- (7) Operator and safety when utilizing equipment;
- (8) A continuous quality improvement process which includes, but is not limited to:
  - (a) Unexpected outcomes;

(b) Side effects; and

(c) Complications;

(9) Obtaining or ensuring that the client's informed consent has been obtained that documents the patient's awareness that it is the licensed nurse who will perform the cosmetic procedure; and

(10) Documenting the performance of the cosmetic procedure including, but not limited to:

(a) Patient response;

(b) Patient education; and

(c) Safety precautions taken on behalf of the patient.

C. The nurse may perform the identified cosmetic procedure when there is a completed prescriptive order from an authorized prescriber that includes, but is not limited to:

(1) The procedure to be performed;

(2) Identification of the specific treatment area;

(3) Identification of medication, dosage, route, and time interval for administration of the medication for the specific cosmetic procedure;

(4) Identification of the light source and the radio frequency, current dosage, intensity, and time period it is to be applied; and

(5) The use of any topical anesthetic.

D. Before a nurse performs any of these cosmetic procedures, the authorized prescriber shall:

(1) Complete an initial assessment and evaluation of the patient before the procedure is performed;

(2) Develop a treatment plan for the specific patient;

**(3) Be physically present in the setting; and**

**(4) Be immediately available:**

**(a) At the time the procedure is performed; and**

**(b) Post-treatment to evaluate the patient.**

10.27.25.06

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. Health Occupations Article, Annotated Code of Maryland.

10.32.09.02

## **.02 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "ACCME" means the Accreditation Council on Continuing Medical Education.

(2) "ACGME" means the Accreditation Council for Graduate Medical Education.

(3) "AOA" means the American Osteopathic Association.

(4) Cosmetic Medical Device.

(a) "Cosmetic medical device" means a device that alters or damages living tissue.

**Commented [HTD(1)]:** Would change to (3) **Be physically present at the site; or (4) where the prescriber is a licensed physician qualified under 10.32.09.03 to delegate and assign performance of cosmetic medical procedures and use of cosmetic medical devices, be immediately available to provide necessary direction in person, by telephone, or by other electronic means.**  
**(a) At the time the procedure is performed; and**  
**(b) Post-treatment to evaluate the patient.**

(b) "Cosmetic medical device" includes any of the following items, when the item is used for cosmetic purposes:

(i) Laser;

(ii) Device emitting light or intense pulsed light;

(iii) Device emitting radio frequency, electric pulses, or sound waves;

(iv) Microdermabrasion device; and

(v) Devices used for the injection or insertion of foreign or natural substances into the skin, fat, facial tissue, muscle, or bone.

(5) Cosmetic Medical Procedure.

(a) "Cosmetic medical procedure" means a procedure using a cosmetic medical device or medical product to improve an individual's appearance.

(b) "Cosmetic medical procedure" includes the following:

(i) Skin treatments using lasers;

(ii) Skin treatments using intense pulsed light;

(iii) Skin treatments using radio frequencies, microwave, or electric pulses;

(iv) Deep skin peels;

(v) Skin treatments with phototherapy;

(vi) Microdermabrasion;

(vii) Subcutaneous, intradermal, or intramuscular injections of medical products;

(viii) Treatments intended to remove or cause destruction of fat; and

(ix) Any treatment using a cosmetic medical device for the purpose of improving an individual's appearance.

(6) "Delegate" means to entrust a duty to a physician assistant under Health Occupations Article, Title 15, Annotated Code of Maryland.

(7) "Delegation" means the entrusting of a duty by a physician to a physician assistant under Health Occupations Article, Title 15, Annotated Code of Maryland.

(8) "Direct supervision" means oversight exercised by a supervising physician who is:

(a) In the physical presence of a non-physician and a patient; and

(b) Instructing the non-physician in the performance of a cosmetic medical procedure, or observing the performance of a non-physician being trained in the procedure.

(9) "Immediately available supervision" means the responsibility of a licensed physician to provide necessary direction in person, by telephone, or by other electronic means.

(10) "Non-Physician" means an individual who:

(a) Meets the requirements of Regulation .04 of this chapter; and

(b) Is not licensed in Maryland as a physician.

(11) "On-site supervision" means oversight exercised by a supervising physician who is:

(a) Present at the site; and

(b) Able to respond in person during a delegated or assigned cosmetic medical procedure.

(12) "Physician assistant" means a physician assistant with a current certificate to practice in Maryland.

### **.03 Physician Qualifications.**

A. License. A physician shall obtain a license to practice medicine in Maryland before the physician may perform, delegate, assign, or supervise cosmetic medical procedures or the use of cosmetic medical devices.

B. Education.

(1) A physician who performs, assigns, supervises, or delegates the performance of cosmetic medical procedures by a non-physician first shall obtain training in the indications for and performance of the cosmetic medical procedures and operation of any cosmetic medical device to be used.

(2) Training programs provided by a manufacturer or vendor of cosmetic medical devices or supplies may not be a physician's only education in the cosmetic medical procedures or the operation of the cosmetic medical devices to be used.

(3) ACCME or AOA approved continuing education, or completion of an ACGME or AOA accredited postgraduate program that includes training in the cosmetic medical procedure performed satisfies this requirement

*10.32.09.04*

### **.04 Qualifications of Individual to Whom Acts May Be Delegated and Assigned.**

A. A cosmetic medical procedure may be delegated to a physician assistant **or assigned to any other health care provider licensed under Health Occupations Article, Annotated Code of Maryland, whose licensing board has determined that the procedure falls within the provider's scope of practice.**

B. A physician may not permit any individual who performs cosmetic medical procedures delegated or assigned by that physician to operate a cosmetic medical device or perform a cosmetic medical procedure unless the individual has received:

(1) Training as described in Regulation .07 of this chapter; and

(2) Any training required by that individual's health occupations board.

*10.32.09.05*

**.05 Physician Responsibilities.**

A. A physician shall:

(1) Develop and maintain at each site where the delegated, assigned, or supervised cosmetic medical procedures will be rendered written office protocols for each such cosmetic medical procedure;

(2) Personally perform the initial assessment of each patient;

(3) Prepare a written treatment plan for each patient, including diagnosis and planned course of treatment and specification of the device and device settings to be used;

(4) Obtain informed consent of the patient to be treated by a non-physician;

(5) Except as indicated in §B or C of this regulation, provide onsite supervision whenever a non-physician is performing cosmetic medical procedures or using cosmetic medical devices;

(6) Retain responsibility for any acts delegated to a non-physician; and

(7) Create and maintain medical records in a manner consistent with accepted medical practice and in compliance with Health-General Article, Title 4, Subtitles 3 and 4, Annotated Code of Maryland, and with Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §1320d-2, as amended, and 45 CFR Parts 160 and 164, as amended).

**B. The Board may approve a delegation agreement for a physician assistant that permits the physician to delegate performance of cosmetic medical procedures under immediately available supervision after the physician has evaluated the patient and developed a written treatment plan.**

C. A delegation agreement for a physician assistant that includes cosmetic medical procedures and is approved by the Board before May 2009, is not affected by this chapter

10.32.09.06

**Commented [HTD(2)]:** Would add: *D. A physician may delegate performance of cosmetic medical procedures to a duly licensed nurse under immediately available supervision provided after the physician has evaluated the patient and developed a written treatment plan, and satisfy any requirements imposed by the nursing licensing board.*

**.06 Written Protocols.**

Written protocols for cosmetic medical procedures and equipment shall include the following:

A. List of all equipment, including:

(1) Manufacturer's specifications;

(2) Operating instructions; and

(3) Maintenance log;

B. Documentation regarding initial and periodic training of all users of the equipment;

C. Role of the physician for each procedure;

D. Role of the non-physician for each procedure;

E. Steps to address common complications and emergency situations; and

F. Appropriate care and follow-up for the patient after the procedure.

*10.32.09.07*

**.07 Training of Non-Physicians.**

A. The physician is responsible for assuring that any individual to whom the physician delegates or assigns the performance of a cosmetic medical procedure or the operation of a cosmetic medical device is properly trained. Training shall include both theoretical instruction and clinical instruction.

B. Theoretical instruction shall include:

(1) Cosmetic-dermatological indications and contraindications for treatment;

- (2) Identification of realistic and expected outcomes of each procedure;
- (3) Selection, maintenance, and utilization of equipment;
- (4) Appropriate technique for each procedure, including infection control and safety precautions;
- (5) Pharmacological intervention specific to the procedure;
- (6) Identification of complications and adverse reactions for each procedure;
- (7) Emergency procedures to be used in the event of:
  - (a) Complications;
  - (b) Adverse reactions;
  - (c) Equipment malfunction; or
  - (d) Any other interruption of a procedure; and
- (8) Appropriate documentation of the procedure in the patient's chart.

C. Clinical instruction shall include:

- (1) Observation of performance of the procedure or use of the device by an individual experienced in performing the procedure; and
- (2) Performing the procedure or using the device under the direct supervision of the delegating physician who is present and observing the procedure a sufficient number of times to assure that the non-physician is competent to perform the procedure without direct supervision.

*10.32.09.08*

**.08 Non-Physician's Responsibility.**

A. A physician who delegates or assigns a cosmetic medical procedure or the use of a cosmetic medical device to a non-physician or who supervises a non-physician performing these functions shall assure that the non-physician complies with this regulation.

B. A non-physician may not use a cosmetic medical device or perform a cosmetic medical procedure unless the individual has received:

- (1) The training described in Regulation .07 of this chapter; and
- (2) Any training required by that individual's health occupations board.

C. A non-physician shall:

- (1) Review and follow the written protocol with respect to a cosmetic medical procedure;
- (2) Verify that the physician has assessed the patient and given written treatment instructions for the procedure;
- (3) Discuss the procedure with the patient to ensure that the patient:
  - (a) Is aware that the treatment will be provided by a non-physician; and
  - (b) Has given consent in writing to treatment by a non-physician;
- (4) Notify the delegating physician about any adverse events or complications before the patient leaves the site;
- (5) Document all relevant details of the procedure in the patient's chart, including any adverse events and complications; and
- (6) Satisfy any requirements imposed by the licensing board of the non-physician





8.c.

MEMORANDUM

**FROM:** Shirley A. Devaris RN, JD  
Director of Legislation  
**TO:** The Board  
**DATE:** May 25, 2016  
**IN RE:** Summary of 2017 Proposed Legislative Changes to the Nurse Practice Act

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A committee of Board members and staff met on May 17, in person and via teleconference, to review and discuss all the suggestions that were submitted for legislative changes for the 2017 legislative session. In general, the proposed legislation cleans up some outdated provisions in the Nurse Practice Act (NPA); addresses the need for more evidentiary hearings; provides some new proposals for Board make-up, staff, and rules; and makes technical changes. There will be at least three bills. Proposals 2. And 3. represent a consensus of the May 17th meeting.

1. Enhanced Nurse Licensure Compact (eNLC) – Replaces Subtitle 7A. The Board has already authorized the introduction of this proposal during the 2017 legislative session. NCSBN has provided the Director of Legislation with a Word version of the eNLC for drafting purposes.
2. Discipline Hearing Committees - §-317. A similar bill was proposed in 2009 that did not pass. Because the Office of Administrative Hearings (OAH) opposed the 2009 bill we decided to introduce this as a separate proposal in case we again meet with opposition from OAH. The bill will allow the Board to appoint two or more 5 member committees to conduct evidentiary hearings; make a final decision on the complaint; and report its findings to the Board. The decisions of the hearing committees will be final and will not require further deliberation.
3. Board Revisions and Clean-Up Bill -
  - § 8-101. – Corrects the definition “Advanced practice nurse” to “Advanced practice **registered** nurse” and lists the four certified areas of practice that the Board recognizes: Nurse practitioner; Nurse Anesthetist; Nurse Midwife; and Clinical Nurse specialist. Note: All other references to Advanced Practice Nurse in the NPA will be changed to Advanced Practice Registered Nurse or APRN.

- § 8-202. - Board membership – Changes the composition of the Board to include two APRNs and 2 LPNs. Changes credential requirements to allow for Nurse members. **Changes in Board composition will not take place until after existing members complete their terms if their requirement has changed. All APRNs will be able to serve two full terms if re-appointed.** Changes are:
  1. Two APRN members: one will always be a NP: and the second will be from any of the other 3 APRN areas of practice;
  2. Three Nurse Educators: one each for Graduate (masters or higher), Bachelor, and Associate degree programs;
  3. Four RNs: clinical care (any specialty with direct patient care and any degree); acute care BSN; Administration (any Master’s degree); and Delegating Nurse BSN in a Structured setting (COMAR 10.27.11.02(20));
  4. Two LPNs; and
  5. Two consumer members (no change).
- § 8-203 – Officers – Board President shall be a Registered Nurse and elections will be held every year in July, as needed. President will continue to serve a 2-year term unless the President terms out or resigns. In order to be elected as President a Board member must have served for at least 2 years on the Board.
- § 8-204(a). – Amendment will provide for a simple majority of members present as a quorum. Eliminates the need for an LPN quorum. Board approved this proposal last year.
- § 8-204(d). – Authorizes the Board to employ a Deputy Director who shall assume the duties and authority of the Executive Director in the absence of the Executive Director (Board approved this proposal last year).
- § 8-205(b) - Adds new paragraph (b) that will enable to Board to Delegate certain Board duties to Board staff and provide for quality control of those delegated duties.
- § 8-208. – Changes the name of the Rehabilitation Program and committee to “Impaired Practice Program and Committee” and will more accurately describe the duties of the committee as monitoring individuals in the program rather than performing a rehabilitative function; eliminating language about inviting individuals to enter the program, identifying and referring participants to programs, and keeping lists of approved programs; allowing the committee to continue to expel individuals who are non-compliant; and report to the Board when participants have successfully completed a program or have been non-compliant.
- § 8-302 (2)(b) (iii) – Clarifies that a CNS who was licensed and certified

in their area of specialty before October 1, 2012, shall be deemed to meet the statutory requirements for certification by the Board as long as they remain certified and in good standing.

- § 8-305(d) – will be amended to authorize the Board to require an initial applicant to pass a Board approved exam and more accurately reflect the national exam and measurements set by the Board for passing.
- § 8-306 - Language will be amended to reflect that APRN applicants take a Board Approved national exam for APRNs.
- § 8-312, 8-6A-08(k), and 8-6B-14(k) – Amend language about CHRC that requires the Board to have all the documentation for a positive background check before we can renew a license or certificate. The current language conflicts with the requirement for a temporary license and would be a barrier to renewing a license. The language will be amended to allow the Board to renew a license or certificate upon receiving proof that the applicant has applied for a CHRC.
- § 8-315(d) and 8-6A-07 – Temporary Licenses – Conform all extensions for a temporary license, certificate, or temporary practice certificate to allow for one 90-day extension pending receipt of CHRC information with a possibility of renewing for one additional 90-day extension pending receipt of CHRC information.
- § 8-6B-10 – Electrology Exam. Amend the language to provide for a Board approved exam. This will allow the Board to approve a national exam.
- § 8-6B-18 – Repeal the discipline ground for not displaying the CDC recommendations for universal precautions.
- § 8-6B-26 – Repeal the requirement to display the CDC recommendations for universal precautions.

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8. d.

**M E M O R A N D U M**

**FROM:** Shirley A. Devaris RN, JD  
Director for Legislation  
**TO:** The Board  
**DATE:** May 26, 2016  
**IN RE:** Applications- Request approval for proposed language for COMAR for Nurses, CMA's, and Electrologists.

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History

The Board has never had clear direction in the regulations or in policy on when an application expires and becomes void and what is required in supporting documentation for an application. The rules have been verbally transmitted to staff and were never consistent. The following language will be added to all disciplines, except the DEMs, that the Board regulates. The language is already in the DEMs regulations.

Amended language

- (~) An applicant shall submit:
- (a) To a criminal history records check (CHRC) in accordance with Health Occupations Article, § 8–303;
  - (b) A completed application to the Board on the form that the Board requires; and
  - (c) Written, verified evidence of completion of the CHRC in accordance with subsection Health Occupations Article, § 8–303, Annotated Code of Maryland;
- (d)(1) Any documentation requested from the applicant by the Board including, but not limited to, official certified or true test court documents and a signed, dated explanation written by the applicant, regarding the facts and circumstances, outcome, and current status of any criminal history record information received by the Board:
- (i) Under (8)(a) of this regulation;
  - (ii) In an answer to a question on the Board's application form; and
  - (iii) Any other source; and

(2) Any additional documentation requested by the Board if the documentation received from the applicant under (1) of this subsection is incomplete or insufficient; and

(e) The initial application fee established by the Board.

B. If an application is not complete when initially submitted to the Board by the applicant, the applicant shall have no longer than 12 months from the date the application is received by the Board to complete the application and provide all information and documents required in section A of this regulation.

C. If an applicant fails to provide to the Board a complete application and any additional documentation requested by the Board under section A of this regulation within 12 months from the date the application is received by the Board, then the application shall be void and the Board will no longer consider the applicant for licensure.

D. To pursue licensure after an application has become void under section C of this regulation, the applicant shall submit a new application on the form required by the Board and meet all of the requirements for licensure and pay the required fees that are in effect at the time of re-application.



DIRECT ENTRY MIDWIVES ADVISORY COMMITTEE

9 C

To: Board Members, Maryland Board of Nursing

From: Direct Entry Midwives Advisory Committee

Date: May 24-25, 2016

Dr. Michelle Duell, Deputy Director is presenting the following to the Board of Nursing for its review and approval:

Direct Entry Midwives Licensure Information Sheet

Direct Entry Midwives Application for Licensure

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

**LICENSURE AS A DIRECT-ENTRY MIDWIFE INFORMATION SHEET**

Applicants applying for licensure to practice as a direct-entry midwife in Maryland must submit the following:

1. A copy of a birth certificate or other legal proof of age such as passport or drivers license.
2. A copy of a current valid Certified Professional Midwife credential granted by the North American Registry of Midwives (NARM).
3. A copy of a current cardiopulmonary resuscitation (CPR) certification issued by the American Red Cross or the American Heart Association.
4. A copy of a current neonatal resuscitation (NRP) certification issued by the American Academy of Pediatrics or the American Heart Association.
5. One of the following:
  - a) An official transcript sent directly from a midwifery education program that is accredited by the Midwifery Education Accreditation Council (MEAC) or the Accreditation Commission for Midwifery Education (ACME); OR
  - b) If the applicant was certified by NARM as a certified professional midwife on or before January 15, 2017, through a non-MEAC accredited program, but otherwise qualifies for licensure, the applicant shall provide (see application section 3 part B):
    - i. Evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units approved by the Board and accredited by MEAC, the American College of Nurse Midwives, or the Accrediting Council for Continuing Medical Education, including:
      1. 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life saving in obstetrics (ALSO) course; and
      2. The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.
6. \$900.00 non-refundable application processing and initial licensure fee (check or money order) payable to the **Maryland Board of Nursing**.
7. A properly formatted passport-style photograph.
8. A signed copy of the General Written Care Plan for Direct Entry Midwives (form enclosed).
9. A current Criminal History Record Check (CHRC) is REQUIRED to complete your application (form enclosed). Please send a COPY of your receipt of a current CHRC (fingerprints).
10. Complete and sign the application in its entirety.
11. Allow four (4) to six (6) weeks for processing.

Effective January 27, 2012: Please be advised that the disclosure of your Social Security Number or Federal Tax Identification Number is **mandatory** in order to process your application.

Any license or certificate application(s) received at the Maryland Board of Nursing without either a Social Security Number (SSN) or Federal Tax ID Number **WILL NOT** be processed. Applications without these numbers are incomplete.

The Board is required by federal and Maryland law to collect this information for the following purposes:

- Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. § 1320a-7e(b))
- Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)
- Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)

Please understand that if the Board receives your application, but it is incomplete because there is **NO** Social Security Number or Federal Tax ID Number, your application **WILL NOT** be processed and **WILL BE** returned to you.

**INCOMPLETE APPLICATIONS WILL REQUIRE ADDITIONAL PROCESSING TIME.**

**Once issued, the new Direct-Entry Midwife license verification may be viewed and printed from the Board's website: [www.mbon.org](http://www.mbon.org) --- "Look Up A Licensee"**

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

**MARYLAND BOARD OF NURSING APPLICATION FOR LICENSURE TO PRACTICE  
DIRECT-ENTRY MIDWIFERY**

I hereby make application for licensure to practice as a Direct-Entry Midwife in the State of Maryland in accordance with the Maryland Annotated Code, Health Occupations Article, Subtitle 6C and the Regulations Governing the Practice of Direct-Entry Midwives and submit the following evidence of my qualifications for licensure:

Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Address: \_\_\_\_\_

**NOTICE:** PLEASE BE ADVISED THAT IF YOU DO NOT PROVIDE A BUSINESS ADDRESS, THE BOARD IS REQUIRED TO DISCLOSE YOUR HOME ADDRESS IN RESPONSE TO A MARYLAND PUBLIC INFORMATION ACT REQUEST FOR YOUR LICENSURE OR CERTIFICATION RECORDS.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Gender: Circle One:    Male    Female

Date of Birth: \_\_\_\_\_ Social Security or Federal Tax ID number: \_\_\_\_\_  
(MM/DD/YYYY)

**\*Ethnicity:** Are you Hispanic or Latino origin? Circle One: YES      NO

**\*Race:** Multiracial respondents may select all applicable racial categories below:

Circle Choice(s):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White / Caucasian

**\*Authorization: MD Code, State Government, § 10-606 (c)**

**SECTION I:**

**1. CERTIFICATION BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):**

NARM CERTIFICATION #:	<i>Submit a copy of your NARM certificate with this application.</i>
DATE OF ORIGINAL CERTIFICATION:	
EXPIRATION DATE OF CURRENT CERTIFICATE:	

**2. CARDIO PULMONARY RESUSCITATION (CPR) CERTIFICATION issued by the American Red Cross or the American Heart Association and NEONATAL RESUSCITATION CERTIFICATION (NRP) issued by the American Academy of Pediatrics or the American Heart Association:**

EXPIRATION DATE OF CPR CERTIFICATION:	<i>Submit a copy each of your current CPR and NRP certification cards.</i>
EXPIRATION DATE OF NRP CERTIFICATION:	

**3. COMPLETE ONE OF THE FOLLOWING:**

- A. Verify completion of a Midwife Education Accreditation Council (MEAC) or Accreditation Commission for Midwifery Education (ACME) accredited midwifery program:

SCHOOL NAME:	<i>Have official transcript sent by the school directly to the Board to verify completion.</i>
DATE OF COMPLETION:	
PROGRAM TYPE (circle one): MEAC or ACME	

- B. If the applicant was certified as a Certified Professional Midwife prior to January 15, 2017, evidence of completion, in the past 2 years, of an additional 50 hours of continuing education units from the Board-approved list (see Appendix A), including:
1. 14 hours of obstetric emergency skills training such as a birth emergency skills training (BEST) or an advanced life saving in obstetrics (ALSO) course; and
  2. The remaining 36 hours shall include courses in pharmacology, lab interpretation of pregnancy, antepartum complications, intrapartum complications, postpartum complications, and neonatal care.

BOARD-APPROVED CEU COURSE (see Appendix A) (attach additional pages if necessary)	DATE	NUMBER OF HOURS	<i>Submit evidence of completion of each CEU course listed.</i>
<b>TOTAL HOURS:</b>			

**SECTION II:**

**1. HIGH SCHOOL DIPLOMA OR EQUIVALENT:**

<b>HIGH SCHOOL:</b>
<b>STREET ADDRESS:</b>
<b>CITY, STATE, ZIP CODE:</b>
<b>YEAR OF COMPLETION:</b>

NOTICE: THE BOARD OF NURSING HAS THE RIGHT TO REQUEST PROOF OF HIGH SCHOOL DIPLOMA OR EQUIVALENT. RANDOM AUDITS OF THIS INFORMATION ARE UNDERTAKEN.

**2. HIGHEST LEVEL OF EDUCATION:**

- High School (required)
- Some college courses
- Associates degree: School name \_\_\_\_\_  
City, State \_\_\_\_\_ Year completed \_\_\_\_\_  
Degree earned: \_\_\_\_\_
- Bachelor's degree: School name \_\_\_\_\_  
City, State \_\_\_\_\_ Year completed \_\_\_\_\_  
Degree earned: \_\_\_\_\_
- Master's degree: School name \_\_\_\_\_  
City, State \_\_\_\_\_ Year completed \_\_\_\_\_  
Degree earned: \_\_\_\_\_

**Doctorate:** School name \_\_\_\_\_  
City, State \_\_\_\_\_ Year completed \_\_\_\_\_  
Degree earned: \_\_\_\_\_  
 **Other:** School name \_\_\_\_\_  
City, State \_\_\_\_\_ Year completed \_\_\_\_\_  
Degree earned: \_\_\_\_\_

**SECTION III:**

**BACKGROUND:**

1. Have you ever pled guilty, nolo contendere (*i.e.*, “no contest”), been convicted of, or received probation before judgment for any criminal act (excluding minor traffic violations)?  
 Yes       No
  
2. Have you ever been convicted of or pled guilty, in any civil, administrative or criminal proceeding to the possession, use, manufacture, distribution, or diversion of controlled substances or prescription drugs?  
 Yes       No
  
3. Have you ever had any application, license, certificate, permit or other privilege to practice any health care occupation:
  - a. Denied?  
 Yes       No
  
  - b. Disciplined, including, but not limited to, reprimand, censure, fine, surrender, probation, suspension, or revocation?  
 Yes       No
  
4. With respect to any application, license, certificate, permit or other privilege to practice any health care occupation, have you ever been placed in a non-disciplinary probation, monitoring, practice remediation, or other similar program?  
 Yes       No

**If you answered “Yes” to any of the questions above you must submit the following:**

For Questions 1 and 2

- a. A detailed letter of explanation, including the circumstances leading to your conviction, the date of your conviction, the crime for which you were convicted (*i.e.*, DUI, DWI, theft, etc.), your sentence, and if and when you completed your sentence; **AND**
- b. Certified copies of court documents regarding the facts and circumstances of the crime, including the actual conviction, sentence, and current status of sentence (*i.e.*, all fines paid in full, completion letter from Parole/Probation Officer, etc.) or a letter/form from the court indicating that no records are available. Examples of court documents that show facts and circumstances of the crime include statement of probable cause/facts, arrest affidavit, or plea agreement.

For Questions 3 and 4

- a. A detailed letter of explanation; **AND**
- b. Official copies of any documentation, including disciplinary orders, issued by a regulatory body regarding the denial or discipline of any application, license, certificate or other privilege to practice any health care occupation, or any documentation regarding non-disciplinary probation, monitoring, practice remediation, or other similar program.

**SECTION IV:**

**PRINT THE NAME YOU WOULD LIKE TO APPEAR ON YOUR LICENSE:**

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**THE DIRECT-ENTRY MIDWIFE WILL PRACTICE ACCORDING TO THE SCOPE AND STANDARDS DEFINED BY LAW AND REGULATION IN MARYLAND AND BY THE NORTH AMERICAN REGISTRY OF MIDWIVES (NARM):**

*I \_\_\_\_\_ hereby declare and affirm that all information  
(print name)  
contained in this form is true and complete to the best of my knowledge, information, and belief. I understand that I must submit a general written care plan in accordance with the Maryland Board of Nursing's requirements of section 8-6C-08 before I begin my practice in Maryland as a Licensed Direct-Entry Midwife. I agree to submit an annual data report as required under Section 8-6C-10. (Providing false or misleading information may result in disciplinary action by the Board.)*

ORIGINAL SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

***PLEASE ATTACH AND SUBMIT YOUR APPLICATION FEE: \$900.00 non-refundable application processing and initial licensure fee must be in check or money order form, payable to the MARYLAND BOARD OF NURSING.***

***PLEASE ATTACH A PROPERLY-FORMATTED PASSPORT-STYLE PHOTOGRAPH OF THE APPLICANT HERE:***



**MAIL TO:  
DIRECT-ENTRY MIDWIFERY DEPARTMENT  
MARYLAND BOARD OF NURSING  
4140 PATTERSON AVENUE BALTIMORE, MD 21215-2254**

Revised: April 2016

## General Written Care Plan for Direct-Entry Midwives

### Plan for transfer and transport of a client, newborn, or both:

The midwife agrees to the following:

Each individual client will have a transfer plan that will specify the closest hospital for use in an emergency transfer, as well as the preferred hospital for transfer in a non-emergent transfer. If the client has a preferred hospital provider for use in case of a non-emergent transfer this will also be specified in the plan.

The midwife agrees to take the following steps in an emergency transfer of the client and/or newborn:

1. Call 911.
2. Arrange for transport of the client/newborn to the closest hospital.
3. Call the receiving health care provider and inform them of the incoming transport.
4. Accompany the client to the hospital.
5. Complete the standard transfer form which is given to the receiving provider.
6. On arrival at the hospital provide the complete medical record for the client.
7. Provide a verbal report to the receiving provider about the care provided so far.

The midwife agrees to take the following steps in a non-emergency transfer of the client and/or newborn. A non-emergency transfer is one in which the client is stable and no immediate care is needed:

1. Select a preferred hospital for transfer based on client preference.
2. Call the receiving health care provider and inform them of the incoming transport.
3. Transport the client by private vehicle if it is safe to do so, or by ambulance if necessary.
4. Accompany the client to the hospital.
5. Complete the standard transfer form which is given to the receiving provider.
6. On arrival at the hospital provide the complete medical record for the client.
7. Provide a verbal report to the receiving provider about the care provided so far.

Midwife Name (Printed): \_\_\_\_\_

Midwife Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix A: Board-approved continuing education courses

### Obstetric Emergency Skills Trainings

- **Birth Emergency Skills Training for Out-of-Hospital Providers® (BEST)** is a certification course that prepares out-of-hospital midwives, physicians, nurses, and birth assistants to manage obstetrical emergencies with greater confidence and proficiency. The two-day course includes one 6-hour and one 8 hour day. The class includes didactic information, learning activities, hands on practice, and case studies, as well as trauma management and pregnancy complications scenarios. The BEST course includes a systematic approach to:
  - Recognizing the high-risk pregnancy
  - Pain and bleeding in pregnancy
  - Complications arising in pregnancy
  - Managing Complications of Birth
  - Postpartum Emergencies
  - Neonatal Emergencies
- **Advanced Life Support in Obstetrics (ALSO®)** by AAFP is an evidence-based multidisciplinary training program that prepares maternity health care providers to better manage obstetric emergencies. ALSO's evidence-based learning path bridges knowledge gaps and boosts skill sets using a team-based approach, hands-on training, and mnemonics to reduce errors and save lives. Two-day course including methods of managing pregnancy and birth emergencies, and demonstration of content and skill acquisition by successful completion of the course written exam and megadelivery testing station.

### Maryland Complete Bridge Program Course

- **Expect the Unexpected: Midwives Handling Complications in Out-of-hospital Settings** (36 hours, MEAC accredited) Specially designed by leading midwifery educators in collaboration with the Association of Independent Midwives of Maryland (AIMM), and accredited by MEAC, this four day intensive seminar gives interactive and hands-on training for midwives on successfully handling complications in the antepartum, intrapartum, postpartum and newborn periods, including pharmacology, laboratory testing, and working collaboratively to optimize home to hospital transports. Participants will prepare for the unexpected by being trained to anticipate complications and react swiftly and decisively, using role playing with clinical models. Instruction will build learner's complex competencies in psycho-motor skills, communication and clinical decision making skills plus evidence-based knowledge needed to perform these skills. Structured Objective Clinical Evaluations (OSCE) stations will be utilized for skills acquisition and verification simulation models, and written tests will cement learning.

## Pharmacology

- **Administration of Medications and IV Fluids for Direct Entry Midwives.** (14 hours, MEAC accredited) The content of this workshop is designed to meet state requirements for medication and IV administration. There is hands-on practice for IV starts, fluid administration and rate calculation, and administration of medications including eye ointment, vitamin K, Rhogam, Pitocin, Cytotec, and Methergine.

## Antepartum complications, Intrapartum complications, Postpartum complications, and Neonatal care

- **Suturing in Midwifery Practice** (8 hours, MEAC accredited). This workshop is designed for students and primary practitioners and who want to learn a simple and straightforward approach to suturing. Some of the topics include; preserving the perineum, the importance of history-taking, how prenatal nutrition relates to skin integrity, episiotomy, evaluating the laceration, informed consent, choosing supplies & equipment, choices for anesthesia and more. Demonstration and practice: hand & instrument ties, interrupted sutures, running sutures, subcutaneous sutures, perineal doubles, labial & periurethral tears, bleeders and after care.
- **The Ins & Outs of Venipuncture IV Certification & Blood Draws** (6 hours, MEAC accredited). This workshop is designed for midwives and students to learn venipuncture in midwifery practice. The workshop is for attendees who wish to certify in IV catheterization and venipuncture and has a renewal component for those previously certified. Discussion: appropriate use of IV therapy, risks & benefits, solution & equipment choices, informed consent, charting, aseptic technique and tips for success. Attendees must have a successful, blood draw and I.V. start to obtain certification.
- **Intrapartum Fetal Surveillance for Midwives** (3.5 hours, MEAC accredited) This workshop is designed for midwives and midwifery students to learn the importance of intrapartum fetal assessment. It focuses on assessing overall well being through fetal heart rate. Learn how to listen and respond to the baby's needs during labor and delivery. This workshop is taught by lecture, visual aids, sample client charts, and fetal monitor strips for open review and discussion.
- **Understanding and Resolving Shoulder Dystocia** (3 hours, MEAC accredited) This workshop is designed to help midwives and midwifery students learn and recognize all aspects of shoulder dystocia. The knowledge gained in this workshop will give the participant the opportunity to review and practice managing shoulder dystocia, preparing them to more confidently handle an emergency dystocia in midwifery practice. Our topics will include incidence & risk factors, prevention, signs & symptoms, methods of resolving shoulder dystocia real or environmental, understanding neonatal & maternal trauma, statistics and outcomes. This workshop is taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.

- **Newborn Examination for Midwives From Apgars to Footprints.** (5 hours, MEAC accredited) This workshop is designed for midwives and midwifery students as first line primary providers for the newborn to learn the importance of the initial examination. It focuses on recognizing normal newborn and common variations seen in real midwifery practice. It breaks the exam process into quick noninvasive understandable assessments, discusses new testing guidelines and recording the information. The topics include clinical history, informed consents, setup & supplies, examination techniques, standard examination practices, review of recommended testing, forms and charting. This workshop is taught by lecture, visual aids, demonstration and practice on models, for open review and discussion.
- **Midwifery Management of Neonatal Resuscitation.** (5 hours, MEAC accredited) This AAP certified NRP workshop covers neonatal transitional physiology (delayed cord clamping), the evidence-based studies behind the AAP/NRP guidelines such as the use of 100% O<sub>2</sub>, pulse oximetry, babies born through meconium stained waters, thermal management, all pertaining to the newborn specific to out-of-hospital management.
- **Resolving Shoulder Dystocia for the Active, Mobile Woman Course.** (3 hours, MEAC accredited) Earn 3 CE contact hours by completing the online education, Resolving Shoulder Dystocia for the Active, Mobile Woman. Gail Tully teaches this hands-on class for midwives, their active apprentices, and L & D nurses. Physicians and residents are also very welcome.
- **Breech Basics for Midwives** (3 hours, ACNM accredited) Every provider needs to know how to handle a breech, which can arise unexpectedly. Gail Tully teaches this course that covers:
  - Signs of a safe breech versus a shoulder dystocia;
  - Surprise, surprise! When is it too late to transport;
  - Upright breech benefits and myths;
  - What does “Hands-off-the-breech” really mean to us?;
  - Resolving breech shoulder dystocia and head entrapment.
- **Pregnancy Complications** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education) The purpose of this course is to provide nurses and other healthcare professionals with a review of the incidence, risk factors, signs/symptoms, medical management, nursing care, maternal/fetal implications, and relevant patient teaching related to the most common complications that affect women during the antepartum, intrapartum, and postpartum periods of pregnancy. Upon completion of this course, you will be able to:
  - List the most common pregnancy complications.
  - Describe the incidence and risk factors for the most common pregnancy complications.
  - Identify signs and symptoms in women affected by pregnancy complications.
  - Discuss the medical management and nursing care typically provided in response to pregnancy complications.
  - Describe maternal and fetal implications arising from common pregnancy complications.

- Summarize relevant patient teaching offered to those experiencing pregnancy complications.
- **Part 1: Obstetric Emergencies** (22 hours (11 pharm hours), state-accredited/ACCME recognized, Western Schools) This exceptional high-level content course provides practical information to identify and treat the most commonly encountered obstetric emergent conditions. The course discusses such medical emergencies as pulmonary embolism, asthma exacerbation, thyroid storm, diabetic ketoacidosis, and epilepsy. Nurses will learn about the most frequent causes of abdominal pain during pregnancy and the appropriate diagnostic testing. The course also discusses ectopic pregnancy, cardiopulmonary resuscitation during pregnancy, perimortem cesarean delivery, hypertensive disorders of pregnancy such as preeclampsia/eclampsia, and bleeding and infection during pregnancy. In the discussion of chemical-biological warfare, participants will learn about assessment and management of the pregnant patient exposed to specific biological agents, toxins, chemicals, and radiation. The course describes care of patients with mosquito-borne illnesses such as West Nile Virus and the labor and delivery management of patients with human immunodeficiency virus (HIV) infection. Nurses will benefit from the discussion of placental separation, delivery techniques for shoulder dystocia, and types of lacerations. Transport of the pregnant patient is discussed, including treatment and transfer decisions for the patient in preterm labor or with premature rupture of membranes. In the discussion of postpartum emergencies, participants will learn how to assess and intervene in complications in the postpartum period. Finally, drug therapy in pregnancy is discussed, and nurses will learn how to identify appropriate medications for various clinical conditions in the pregnant patient.
- **Postpartum Care** (2 hours, state-accredited ACCME recognized, Wild Iris Medical Education) COURSE OBJECTIVE: The purpose of this course is to provide healthcare professionals with a review of postpartum physiology, psychology, assessment, normal adaptation, complications, and teaching of the postpartum patient. LEARNING OBJECTIVES Upon completion of this course, you will be able to:
  - Describe the normal physiologic and psychological adaptations to the postpartum period.
  - Explain how to perform a postpartum nursing assessment.
  - Identify the teaching topics that are relevant to postpartum patients.
  - Identify indicators of intimate partner violence.
  - Summarize the treatment of maternal complications seen during the postpartum period.
  - List the symptoms that postpartum patients should report to their healthcare providers after discharge.
- **Assessment of risk in the term newborn** (6.4 hours, state-accredited/ACCME recognized, March of Dimes) Objectives: Provides perinatal and neonatal healthcare providers with essential, evidence-based information to assess a newborn's physiologic adaptation to extrauterine life and to assess for infectious or metabolic disorders and positively support development. Gestational age assessment, physical

- assessment and newborn behavior patterns are discussed. The module outlines nursing management during the early newborn period, including identification of risk factors, and assessment, monitoring and intervention during hospitalization and postdischarge follow-up.
- **Bleeding in early pregnancy: When is it an emergency?** (1 hour, state-accredited/ACCME recognized) Objectives: The purpose of this program is to inform ED nurses about the major causes, critical signs and appropriate triage of bleeding in early pregnancy. After studying the information presented here, you will be able to: Identify the four major causes of bleeding in early pregnancy; Describe key questions to ask during triage; List the critical signs that suggest ectopic pregnancy or inevitable miscarriage.
  - **Hypertensive disorders of pregnancy** (1 hour, state accredited/ACCME recognized) Objectives: The goal of this program is to provide nurses with information about the differentiation of hypertensive disorders of pregnancy, the effect on the mother and fetus, and recommended management. After studying the information here, you will be able to: State the four classifications of hypertensive disorders of pregnancy; Identify adverse maternal and fetal outcomes associated with these disorders; Describe management of the disorders to optimize maternal and fetal outcomes.
  - **Perinatal Infections** (3 hours, state-accredited/ACCME recognized) Objectives: The goal of this continuing education program is to update nurses' knowledge of the identification, care and management of patients with perinatal infections. After studying the information presented here, you will be able to:
    - Discuss changes in the prevalence of certain perinatal infections in relation to effective screening and vaccination programs
    - Differentiate between universal screening and high-risk prenatal screening protocols
    - Explain the modes of transmission of various pathogens from an infected mother to her fetus/newborn
    - Recognize maternal and fetal/newborn acute clinical manifestations and long-term sequelae that occur in association with perinatal infections
    - Describe the standards for diagnosis and management of selected perinatal infections recommended by national guidelines
    - Discuss the role of the nurse as a health educator in caring for the woman who presents with, or is at increased risk for developing, a perinatal infection
  - **Postpartum care** (5.4 hours, state-accredited/ACCME recognized, March of Dimes) Objectives: Provides the perinatal nurse with critical knowledge to safely and effectively care for mothers during the postpartum period. Offers strategies for prenatal education, discharge planning and postpartum care. Comprehensive physical, learning needs and psychological assessments are outlined.

## Lab interpretation in pregnancy

- **Physiologic Changes and Laboratory Values** (1 hour, state-accredited ACCME recognized, Wild Iris Medical Education) COURSE OBJECTIVE: The purpose of this course is to review normal and abnormal physiologic changes that may occur during pregnancy and the laboratory values that indicate these changes. LEARNING OBJECTIVES: Upon completion of this course, you will be able to: Describe normal and abnormal physiologic changes of pregnancy. Identify laboratory results for normal and abnormal physiologic changes during pregnancy.