



December 1, 2017

Re: FY 2017 report for the Licensed Direct-Entry Midwives  
Required by Health Occupations Article,  
Section 8-6C-12, Annotated Code of Maryland

The Maryland Board of Nursing commenced licensing direct-entry midwives in January 2017. To date there are 11 licensed direct-entry midwives practicing in Maryland. Originally, it was thought there would be 24-30 persons seeking such licensure but that has not been the case. For purposes of this report, the data collection required in Health Occupations Article, §8-6C-12 is data from January 1, 2017, through June 30, 2017. Next year’s data will provide a more comprehensive overview of the direct-entry midwives activities in this State.

The data below is data collected from initial licensees from January, 2017, through June 30, 2017, where the intended place of birth at the onset of care was an out-of-hospital setting.

(1) The total number of patients served as primary caregiver at onset of care: **59**  
Of this number, 2 were in Pennsylvania and 25 opted out of care at some point.

(2) The number by County of live births attended as primary caregivers: **Total 32**

<b>Anne Arundel County</b>	<b>3</b>
<b>Carroll County</b>	<b>1</b>
<b>Cecil County</b>	<b>1</b>
<b>Baltimore City</b>	<b>6</b>
<b>Baltimore County</b>	<b>9</b>
<b>Frederick County</b>	<b>5</b>
<b>Harford County</b>	<b>2</b>
<b>Howard County</b>	<b>1</b>
<b>Montgomery County</b>	<b>2</b>
<b>Prince Georges County</b>	<b>1</b>
<b>St. Mary’s County</b>	<b>1</b>

(3) The number by County of fetal demise, infant deaths, and maternal deaths attended by primary caregiver at the discovery of the demise or death: **Baltimore City-1.**

(4) The number of women whose primary care was transferred to another health care practitioner, during the antepartum period and the reason for transfers: **Patient's request-3.**

(5) The number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period.

**Reason for transfer: Suspected intrauterine growth; multiple gestation; and client request for pain management – 3. Outcome: positive for all.**

(6) The number, reason for, and outcome of each urgent or emergency transport of an expectant mother in the antepartum period: **0**

(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: **Mother had uncontrolled hemorrhaging which was resolved. Healthy newborn delivered – 1.**

(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: **Planned-34; Home deliveries-33; Miscarriage-1.**

(9) A brief description of any complications resulting in the morbidity or mortality of a mother or neonate. **There was 1 fetal demise at term diagnosed at onset of labor and confirmed on transfer to the hospital. The case is being peer-reviewed.**

The Board strongly recommends that all certified professional midwives who are currently or will be practicing in Maryland immediately seek licensure.

The Board has not considered and has no recommendations to expand the scope of practice of licensed direct-entry midwives to include vaginal birth after cesarean.

The professional association for the licensed Direct-Entry Midwives may ask for some technical changes to its Act in the 2018. The Board of Nursing would have no objections to technical changes, but advises against any expansion of scope of practice for direct-entry midwives at this time.

The Direct-Entry Midwifery Advisory Committee has met monthly since its inception. It plans to meet monthly in 2018 only if there is sufficient work for the Committee. It has completed all its forms, has reviewed its practice act, compiled the required data, approved regulations, and is currently making changes to its website.

Thank you for this opportunity to update your Committees on the activities of the licensed Direct-entry Midwives and the Direct-Entry Midwifery Advisory Committee.

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