This bill specifies that a licensed direct-entry midwife may not assume or continue to care for a patient if the patient has had previous uterine surgery, with the exception of a single previous cesarean section that resulted in a confirmed low transverse incision and was performed at least 18 months before the expected date of birth of the current pregnancy. A licensed direct-entry midwife must consult with a health care practitioner and document the consultation as specified if a client meets this criteria.

Fiscal Summary

State Effect: The State Board of Nursing can update related regulations with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Current Law: In general, an individual must be licensed as a certified nurse-midwife to practice nurse midwifery in the State or licensed as a direct-entry midwife in order to practice direct-entry midwifery in the State.

Direct-entry midwifery refers to an educational path that does not require prior nursing training to enter the profession. Practice direct-entry midwifery means providing maternity
care that is consistent with a midwife’s training, education, and experience as well as identifying and referring patients who require medical care to an appropriate health care provider. Practice 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 and (2) newborn care that is consistent with national direct-entry midwifery standards and based on the acquisition of clinical skills necessary for the care of pregnant women and newborns, including antepartum, intrapartum, and postpartum care.

A licensed direct-entry midwife may not assume or continue to care for a patient and must arrange for the orderly transfer of care to a health care practitioner for a patient who is already under the care of a direct-entry midwife if any of 34 specific disorders or situations are found to be present at the initial interview or occur as prenatal care proceeds. These conditions include previous uterine surgery, including a cesarean section or myomectomy.

If a patient is determined to have any of 21 specified conditions present during prenatal care, a licensed direct-entry midwife must consult with a health care practitioner and document the consultation, any recommendations, and the discussion of the consultation with the patient.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - March 9, 2021

rh/jc

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