A BILL ENTITLED

AN ACT concerning

Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean
Section

FOR the purpose of allowing a licensed direct-entry midwife to assume or take
responsibility for a patient who had a previous cesarean section and regulating the
circumstances under which the responsibility may be assumed or taken; and
generally relating to the practice of licensed direct-entry midwifery and cesarean
sections.

BY repealing and reenacting, with amendments,

Article – Health Occupations
Section 8–6C–03(11), 8–6C–04(a)(20) and (21), and 8–6C–09
Annotated Code of Maryland
(2021 Replacement Volume)

BY adding to

Article – Health Occupations
Section 8–6C–04(a)(22)
Annotated Code of Maryland
(2021 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health Occupations

8–6C–03.

A licensed direct-entry midwife may not assume or continue to take responsibility
for a patient’s pregnancy and birth care and shall arrange for the orderly transfer of care

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
to a health care practitioner for a patient who is already under the care of the licensed
direct-entry midwife, if any of the following disorders or situations is found to be present
at the initial interview or if any of the following disorders or situations occur as prenatal
care proceeds:

(11) Previous uterine surgery, including:

(I) EXCEPT AS PROVIDED IN § 8–6C–04 OF THIS SUBTITLE, a
cesarean section [or myomectomy]; AND

(II) MYOMECTOMY;

8–6C–04.

(a) A licensed direct-entry midwife shall consult with a health care practitioner,
document the consultation, the recommendations of the consultation, and the
discussion of the consultation with the client, if any of the following conditions are present
during prenatal care:

(20) Inflammatory bowel disease, in remission; [or]

(21) Active genital herpes lesions during pregnancy; OR

(22) A SINGLE PREVIOUS CESAREAN SECTION THAT:

(I) RESULTED IN THE PATIENT HAVING A CONFIRMED LOW
TRANSVERSE INCISION; AND

(II) WAS PERFORMED AT LEAST 18 MONTHS BEFORE THE
EXPECTED DATE OF BIRTH FOR THE CURRENT PREGNANCY.

8–6C–09.

(a) Before initiating care, a licensed direct-entry midwife shall obtain a signed
copy of the Board-approved informed consent agreement in accordance with this section.

(b) (1) The Board, in consultation with stakeholders, shall review and update
as necessary the informed consent agreement at least every 4 years.

(2) The agreement reviewed under paragraph (1) of this subsection shall
include acknowledgment by the patient of receipt, at a minimum, of the following:

(i) The licensed direct-entry midwife’s training and experience;

(ii) Instructions for obtaining a copy of the regulations adopted by
the Board under this subtitle;
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1 (iii) Instructions for obtaining a copy of the NARM certification requirements;

2 (iv) Instructions for filing a complaint with the Board;

3 (v) Notice of whether the licensed direct–entry midwife has professional liability insurance coverage;

4 (vi) A description of the procedures, benefits, and risks of home births, including those conditions that may arise during delivery; and

5 (vii) Any other information that the Board requires.

6 (C) BEFORE INITIATING CARE IN ACCORDANCE WITH § 8–6C–04(A)(22) OF THIS SUBTITLE, IN ADDITION TO OBTAINING THE INFORMED CONSENT AGREEMENT REQUIRED UNDER SUBSECTION (A) OF THIS SECTION, A LICENSED DIRECT–ENTRY MIDWIFE SHALL OBTAIN A SIGNED COPY OF A BOARD–APPROVED INFORMED CONSENT AGREEMENT THAT IS SPECIFIC TO HOME BIRTH AFTER A CESAREAN SECTION, WHICH SHALL INCLUDE:

7 (1) A DESCRIPTION OF THE PROCEDURE, BENEFITS, AND RISKS OF A HOME BIRTH AFTER A CESAREAN SECTION, INCLUDING CONDITIONS THAT MAY ARISE DURING DELIVERY; AND

8 (2) ANY OTHER INFORMATION THAT THE BOARD Requires.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.