



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 25, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions – Letter of Opposition

Dear Chair Beidle and Committee members,

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for Senate Bill (SB) 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions. This bill would alter the scope of practice of direct-entry midwives such that they can practice more independently, repeal their data reporting requirements to the Direct-Entry Midwifery Advisory Committee, and modify the license-related disciplinary actions that can be taken against direct-entry midwives.

Direct-entry midwives are midwives who gained their midwifery credentials, without first becoming a registered nurse. Direct entry midwives often perform home births. The Department recognizes the right of pregnant persons to make medically informed decisions about their pregnancy care and delivery, and recognizes the valuable obstetric care that direct-entry midwives provide across Maryland, which may be particularly important in rural areas of the state where obstetric hospitals are further away. However, the Department believes that the home births attended by direct-entry midwives must meet a certain threshold of quality and safety standards, and that this bill enables direct-entry midwife practice that is below that threshold.

SB 854 removes the requirement that direct-entry midwives transfer care for pregnant people with severe anemia, significant fetal anomalies, and rare diseases. This does not align with the recommendations of the American Academy of Pediatrics (AAP), which recommends that pregnant people with pre-existing medical diagnoses or significant diagnoses that arise during pregnancy should not be candidates for a home birth, to ensure that home births are offered as safely as possible to a low-risk population.¹

The bill also removes the requirement that direct-entry midwives notify the pediatric provider when the pregnant person is about to give birth and again within 24 hours of the infant's birth.

¹ AAP. Providing Care for Infants Born at Home. Pediatrics. 2020 May; 145(5). doi: 10.1542/peds.2020-0626. <https://publications.aap.org/pediatrics/article/145/5/e20200626/36807/Providing-Care-for-Infants-Born-at-Home>

These changes also do not align with the recommendations of the AAP, which recommends that all infants born at home should be examined by a health care provider, including receiving screening for jaundice and hepatitis B vaccination, within 24 hours of birth.² These tests and vaccines may not be accessible in a home birth setting, and by eliminating the requirement that direct-entry midwives notify a pediatrician within 24 hours, infants born at home with a direct-entry midwife may not receive this important care in a timely fashion.

Finally, this bill removes the requirement of annual data reporting to Maryland's Direct-Entry Midwifery Advisory Committee to note patient volume, number of births, deaths, complications, transfer reasons, and other data. Ensuring a mechanism for reviewing pregnancy and birth complications is essential for ongoing quality improvement efforts and is required of every other perinatal care provider in the state. A recent investigation by the Washington Post² has raised concerns about the oversight of midwives due to infant deaths in Maryland in home birth settings. This bill may impact communities that are underresourced and have limited birthing facilities, particularly in rural areas of Maryland, where Department data show that home births are more common. The annual data reporting SB 854 would remove is all the more essential given that Fetal and Infant Mortality Review (FIMR) does not occur in every county within Maryland. Without adequate oversight of the safety of home births, this bill may have a negative impact on maternal, fetal, and neonatal outcomes.

Home births provided by a direct-entry midwife can be a safe and meaningful experience for the birthing person and their family. But the Department is concerned that this bill will expose pregnant people and infants to unnecessary and avoidable risk by broadening the scope of practice and reducing oversight of direct-entry midwives.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

² Brittain, Amy. Lawmakers halt plan for midwives to handle higher-risk home births. Washington Post. May 21, 2024. <https://www.washingtonpost.com/investigations/2024/05/21/maryland-home-births-vbac-bill/>