



Maryland
Hospital Association

House Bill 838 - Health Occupations - Licensed Direct-Entry Midwives - Revisions

Position: *Support with Amendments*

February 25, 2025

House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments of House Bill 838.

As a member of the Direct-Entry Midwife Advisory Committee since its inception, MHA recognizes the vital role that midwives play in maternal and neonatal care. We value the care and compassionate approach to childbirth that licensed direct-entry midwives (LDEMs) can offer to women wanting a home birth and are committed to supporting birthing options that prioritize the safety of both the mother and the child.

However, we are concerned about the expanded scope of practice proposed by HB 838. Specifically, as included in 8-6C-02 (D), the bill allows for the LDEMs to practice independently without the need for oversight by other health care practitioners. Furthermore, the bill proposes changes to section 8-6C-03 such that certain conditions, such as severe anemia, a BMI outside of 18-35, and significant fetal anomalies, no longer preclude a patient from being under an LDEM's care. The bill also strikes out several comprehensive reporting requirements that track outcomes for each home birth in the state. Viewed together, these changes raise concerns regarding the safety and wellbeing of patients.

Childbirth is inherently unpredictable, and even low-risk pregnancies can escalate into high-risk situations with little warning. While autonomy in practice can be empowering, it is crucial to consider the potential risks associated with home births, especially in the absence of collaborative medical support. Practicing in isolation—without collaboration, oversight, or structured protocols for consultation—can create avoidable risks for both mothers and newborns.

Many Maryland hospitals employ certified nurse midwives, which creates opportunities for a collaborative model that does not undermine the midwife's role in patient care and, at the same time, ensures access to essential medical expertise and rapid intervention when necessary. We support a similar collaborative approach with LDEMs that ensures clear pathways for working in conjunction with obstetricians, pediatricians, and other health care professionals and provides clear and defined protocols for consultations, risk management, and emergency transfers.

While we have concerns with HB 838, as originally introduced, we have been closely engaging with LDEMs on amendments that are more reflective of our shared commitment to patient care

and safety. We look forward to continued dialogue with them to move toward legislation that can balance midwifery autonomy with essential safeguards.

For these reasons, we request a favorable with amendments report on HB 838.

For more information, please contact:

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