

Vermont Department of Health

Testimony on Act 35 (2011) : An Act Relating to Insurance Coverage for Midwifery Services and Home Births

2013 Data

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Tracy Dolan, Acting Commissioner, Vermont Department of Health

OVERVIEW

Act 35 has two reporting requirements for the Health Department (VDH):

- 18 V.S.A. §1553(c) as added by Act 35 (2011) calls for an annual report by the Maternal Mortality Review Panel on adverse events during the past 12 months. This written legislative report was filed in January of 2014.
- Act 35 (2011), Section 8 (b) requires the Commissioner of Health to testify about the activities of licensed midwives and certified nurse midwives performing home births and providing prenatal and postnatal care in a nonmedical environment during the preceding year. The following responds to this requirement by presenting data for 2013.
- Both reporting requirements are for House Committee on Health Care and the Senate Committee on Health and Welfare.

Overview of Midwives data:

- Act 35 directs VDH to access the database maintained by the Division of Research of the Midwives Alliance of North America (MANA) to obtain information relating to care provided in Vermont by:
 - . midwives licensed pursuant to Chapter 85 of Title 26, and by
 - advanced practice registered nurses licensed pursuant to Chapter 28 of Title 26 [Act 35 (2011), Sec. 8 (a)]

- VDH cannot directly access the MANA research data. Rather, midwives submit data to MANA which aggregates the data and provides it to a designed Vermont midwife liaison who, in turn, sends it to the Department of Health.
- Midwives have begun to submit data to MANA prospectively, opening a record when they begin to provide prenatal care to a woman. During 2013, 14 cases were reported retrospectively, following birth. The 2013 data reflects home births for the 12 month period December 1, 2012 through November 2013.
- VDH received the MANA data on 2013 births on February 21, 2014. MANA's data source is a research database, and all clients must consent to having their data included. We do not know if any Vermont women refused to consent to having her data submitted to MANA. In our review of 2013 data, there was a discrepancy of 17 births between our vital records (birth certificate) and the MANA results. VDH provided the midwives with a list with the number of births each midwife delivered according to the birth files in order to reconcile these differences. A revised report with 5 additional births was provided subsequently. Eleven of the remaining 12 births were identified and entered retrospectively. One birth was missing.
- Of note for, 28 home births were attended by naturopaths in 2013. This represents a significant increase of 19 homebirths attended by naturopaths beyond 2012's 9 births.

SUMMARY OF DATA AND FINDINGS

The following data were obtained from the 2013 MANA Stats Annual Summary Report :

Total number of clients who were in midwife's care for labor/birth: 85

Number of clients who went into labor intending to give birth at home: 83

- 77 home birth as planned
- 6 (0 urgent) Intrapartum transports
- 2 (0 urgent) Postpartum maternal transports

• Infant Transports

- 2 (0 urgent) neonatal transports
- 3 babies admitted to hospitals in first 6 weeks of life (including neonatal transports)
- 3 NICU admissions in first 6 weeks of life

Infant Death: none

Delivery:

- . 4 VBACs attempted in home
- 4 VBACs completed in home
- 0 VBAC completed in hospital

Additional Data

- 0 births after 42 weeks
- 2 births with active labor over 24 hours
- 4 births with 2nd stage over 4 hours
- 2 births with 3rd stage over 1 hour

Act 35 directs VDH to comment on the *level of compliance of the licensed midwives and certified nurse midwives with the laws and rules governing their scope of practice*. (Act 35 (2011), Section 8(b). Peer review information is housed at OPR, and VDH does not have access to that information. The Department of Health is working with colleagues at the Office of Professional Regulation and the certified professional midwife community to explore strategies for improving access to the midwife data and data about quality. The Department is hopeful that a solution can be found during the coming year.