
**Report to
The Vermont Legislature**

Insurance Coverage for Midwifery Services and Home Births

**In Accordance with Act 35, Section 8 (b),
*An Act Relating to Insurance Coverage for
Midwifery Services and Home Births***

Submitted to: House Committee on Health Care
Senate Committee on Health and Welfare

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OVERVIEW

Act 35 (2011) has two reporting requirements for the Vermont Department of Health (VDH):

1. 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 2016.
2. 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 report responds to this requirement by presenting data for 2015.

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)]
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- VDH cannot directly access the MANA research data. Rather, midwives submit data to MANA which aggregates the data and provides them to a designed Vermont midwife liaison who, in turn, sends the data to the Department of Health.
 - The 2015 data reflect home births for the 12 month period of December 1, 2014 through November 30, 2015.
 - Of note for 2015, there were 130 planned home births. One hundred and six of the births were attended by a licensed midwife, 14 by a naturopath, 3 by a certified nurse midwife and 7 by family members. The report includes the information we received on the births attended by licensed midwives only. The Department of Health is not aware of a mechanism to collect data on the births attended by the other parties listed above.

SUMMARY OF DATA AND FINDINGS

The following data were obtained from the 2015 MANA Stats Annual Summary Report:

Total number of clients who were in midwife's care for labor/birth: 125

Number of clients who went into labor intending to give birth at home: 125

- 105 experienced home birth as planned;
- 19 (2 urgent) experienced Intrapartum transports;
- 3 (1 urgent) experienced postpartum maternal transports.

Infant Transports:

- 3 (1 urgent) neonatal transports;
- 7 babies admitted to hospitals in first 6 weeks of life (including neonatal transports);
- 4 NICU (Neonatal Intensive Care Unit) admissions in first 6 weeks of life.

Infant Deaths: None

Delivery:

- 7 Cesarean sections
- 10 deliveries had estimated blood loss of 500 ml or more (9 vaginal and 1 Cesarean)
- 6 VBACs (Vaginal Deliveries After Cesarean) attempted in home
- 4 VBACs completed in home
- 2 VBAC completed in hospital

Additional Data:

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

Level of Compliance with Laws and Rules Governing Midwives' Scope of Practice

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)). VDH continues to work with our colleagues at The Secretary of State's Office of Professional Regulation (OPR) and the certified professional midwife community to receive de-identified reports of peer review but, to date, the Department has not received this information. The Vermont Health Department is being asked to provide the report to the Legislature, but OPR is the licensing Board and the body that receives the complaints, conducts the investigations, and does the reviews. Only OPR has access to case level data.