

New Hampshire Midwifery Regulations ~
Care for Post Cesarean Pregnancies by Community-based Midwives (6/30/03)

New Hampshire Midwifery Regulations (6/30/03)

Adopt Mid 503 to read as follows:

MIDWIFERY CARE WHEN PREVIOUS BIRTH WAS BY CESAREAN SECTION

503.01 Definitions. In this part the following terms shall have the following meanings:

- (a) "Active labor" means the period of labor beginning when the cervix is at least 4 cm dilated and the client is experiencing regular and painful uterine contractions until the cervix is fully dilated;
- (b) "Northern New England Perinatal Quality Improvement Network (NNEPQIN)" means a consortium of medical and administrative representatives from hospitals across New Hampshire and Vermont having the goal of improving perinatal health throughout Northern New England;
- (c) "Second stage of labor" means the period of labor from the time the cervix is fully dilated and the client begins expulsive efforts until the birth of the baby; and
- (d) "Third stage of labor" means the period of labor from the birth of the baby until the delivery of the placenta.

503.02 Eligibility for Midwifery Care. A midwife shall accept as a client a woman who has had a previous birth by cesarean section only if:

- (a) The potential client has had only one previous cesarean section;
- (b) The midwife can confirm through a review of the records of the previous delivery by cesarean section that the section was performed through a low transverse uterine segment incision;
- (c) The potential client has had no other uterine surgeries;
- (d) At least 18 months' time separates the date of the potential client's previous cesarean section and the due date of the current pregnancy;
- (e) An obstetric ultrasound documents that the placenta is not in a low-lying anterior position;
- (f) The potential client plans to give birth in a location no more than 20 minutes' drive from a hospital with obstetrical and anesthesia services on call 24 hours a day;
- (g) The midwife:
 - (1) Arranges a consultation between the client and an obstetrician affiliated with the hospital closest to the planned location of the birth to discuss the following topics:
 - a. The information in NNEPQIN's patient education brochure entitled "Birth Choices After Cesarean Section"; and
 - b. The hospital's abilities to respond if an emergency transfer from the care of the midwife to the hospital should become necessary; or
 - (2) Having been refused a consultation for the potential client by every obstetrician affiliated with the hospital closest to the planned location of the birth, records that fact in the potential client's record;
- (h) The midwife provides the potential client with the information required by Mid 503.04; and
- (i) The midwife obtains the potential client's signature and date of signing on the informed consent form specified in Mid 503.05.

503.03 Duties of the Midwife. A midwife attending a woman who has had a previous birth by cesarean section shall:

- (a) Provide all services required by this chapter;

New Hampshire Midwifery Regulations ~
Care for Post Cesarean Pregnancies by Community-based Midwives (6/30/03)

- (b) Monitor the fetal heart rate at least every 15 minutes during active labor;
- (c) Monitor the fetal heart rate at least every 5 minutes during the second stage of labor;
- (d) Monitor the client during labor for excessive vaginal bleeding;
- (e) Monitor the client during labor for abnormal abdominal pain;
- (f) Monitor the labor for failure to progress as indicated by the following:
 - (1) During active labor, the passage of at least 2 hours without cervical change;
 - (2) In the second stage of labor, the passage of at least one hour without progress in descent of the head or the passage of at least 2 hours with slow progress in descent of the head; or
 - (3) In the third stage, the passage of at least one hour without delivery of the placenta;
- (g) Consult immediately with an obstetrician if any of the circumstances listed in (f) above occur;
- (h) Transfer the client to the hospital identified pursuant to Mid 503.02(f) when any of the following occur:
 - (1) Repeated fetal heart rate abnormalities;
 - (2) Unstable vital signs;
 - (3) Significant bleeding; or
 - (4) Abdominal pain experienced by the client which is inconsistent with the normal pain of labor; and
- (i) In the event of an emergency transfer to a hospital, immediately notify the hospital to which the client is to be transferred of the nature of the emergency and the estimated time of arrival of the client.

503.04 Midwife's Duty to Provide Potential Client with Information. Before obtaining a potential VBAC client's signature and the date of the signature on the informed consent form described in 503.05 a midwife shall:

- (a) Provide her with NNEPQIN's patient education brochure describing in-hospital VBAC and entitled "Birth Choices After Cesarean Section";
- (b) Provide her with NNEPQIN's informed consent form, excluding the signature page, related to in-hospital VBAC and entitled "Consent for Birth After Cesarean Section";
- (c) Provide her with a copy of Mid 503;
- (d) Discuss with the potential client the following:
 - (1) That out-of-hospital VBAC involves labor and delivery at home or in a freestanding birth center with a midwife certified in this state in attendance in either case;
 - (2) As part of a review of 503:
 - a. The midwife's obligation to comply with section 503;
 - b. The potential client's eligibility for out-of-hospital VBAC pursuant to section 503.02; and
 - c. How the midwife would carry out the duties set forth in Mid 503.03 if the potential client were to choose out-of-hospital VBAC;
 - (3) The normal risks of labor and of VBAC in any setting, including the risk of uterine rupture during labor;
 - (4) The risks associated with out-of-hospital VBAC which are additional to those associated with in-hospital VBAC;
 - (5) The precautions that the midwife would take if the potential client were to choose out-of-hospital VBAC, including but not limited to:

New Hampshire Midwifery Regulations ~
Care for Post Cesarean Pregnancies by Community-based Midwives (6/30/03)

- a. Use of obstetric ultrasound;
 - b. Close monitoring of mother and baby during active labor; and
 - c. Choosing a birth location no more than 20 minutes' drive from a hospital with obstetrical and anesthesia services on call 24 hours a day;
- (6) The possible benefits of out-of-hospital VBAC over in-hospital VBAC whenever there is no need for transfer to a hospital, including:
- a. No surgical intervention;
 - b. Greater freedom of movement and of positioning at time of birth; and
 - c. Birth in familiar and private surroundings with the support of the potential client's midwife;
- (7) The possible benefits of in-hospital VBAC over out-of-hospital VBAC, including the availability in hospitals of resources not available in an out-of-hospital setting, including immediate access to surgical intervention and intensive care facilities and services; and
- (8) The possibility that the potential client might need to be transferred to a hospital; and
- (e) Answer the potential client's questions.

503.05 Informed Consent Form.

(a) A midwife shall review with the potential VBAC client the informed consent form entitled "New Hampshire Midwifery Council Informed Consent for an Out-of-Hospital Vaginal Birth After Cesarean Section (VBAC)".

(b) Before obtaining the potential client's signature and date of signing of the form, the midwife shall insert in the spaces provided on the form:

- (1) The name of the midwife;
- (2) If the birth is to take place in a freestanding birth center, the name of the birth center;
- (3) The signature of the midwife and the date of her signing;
- (4) The New Hampshire certification number of the midwife; and
- (5) The business address of the midwife.

(c) The midwife shall arrange for a person of at least 18 years of age to:

- (1) Witness the client's signing and dating of the form; and
- (2) Place his or her printed name, signature and date of signing in the spaces provided on the form.

503.06 Effect of Client's Signature on Informed Consent Form. By signing the form entitled "New Hampshire Midwifery Council Informed Consent for an Out-of-Hospital Vaginal Birth After Cesarean Section (VBAC)" the client:

(a) Shall acknowledge that:

- (1) She understands the information described in 503.04(d);
- (2) She has read the documents described in 503.04(a) and (b) and understands the significance of the facts and figures in both documents;
- (3) She has received and read 503 and understands that the midwife practices according to its requirements; and
- (4) The midwife has answered her questions to her satisfaction; and

(b) Shall consent to midwifery services by the midwife signing the form for an out-of-hospital vaginal birth after a cesarean section.