Readopt with amendment Mid 501.01, effective 11/10/16 (Document #12040), to read as follows:

CHAPTER Mid 500 SCOPE OF MIDWIFERY PRACTICE

PART Mid 501 DEFINITIONS

Mid 501.01 Definitions.

(a) "The American College of Obstetricians and Gynecologists (ACOG)" means a fellowship of physicians with special interest in obstetrics and gynecology and the promotion of women's reproductive health care.

(b) "Apgar assessment" means an evaluation of the newborn based on an assessment of the heart rate, respiration, reflexes, color, and muscle tone, performed at intervals of one minute and 5 minutes after birth.

(c) "Apgar score" means a numerical expression of the results of an Apgar assessment.

(d) "Central cyanosis" means a bluish discoloration of the skin and mucous membranes involving the whole body and resulting from a lack of oxygen in the blood.

(e) "Certified nurse-midwife (CNM)" means a registered nurse who has graduated from a nurse-midwifery education program accredited by the Division of Accreditation of the American College of Nurse-Midwives and has successfully taken the national examination required for designation as a CNM by the Certification Council of the American College of Nurse-Midwives.

(f) "Cervical insufficiency" means the premature painless dilatation of the cervix typically at 24 to 26 weeks gestation, which, without medical intervention, is often associated with repeated second trimester spontaneous abortion.

[~~(f)~~]**(g)** "Consultation" means the process whereby a NHCM who maintains primary management responsibility for the client seeks the advice or opinion of another appropriate healthcare practitioner.

(h) "Chronic hypertension" means elevated blood pressures diagnosed or present before pregnancy or before 20 weeks gestation. Elevated blood pressures are defined at systolic blood pressure (sBP) 140 mm Hg or more, or diastolic blood pressure (dBP) 90 mm Hg or more on 2 occasions at least 4 hours apart.

[~~(g)~~]**(i)** "Extended postpartum period" means the period from the birth of the newborn to 6 weeks after the birth.

[~~(h)~~]**(j)** "Fetal heart auscultation" means listening to the fetal heartbeat through the abdominal and uterine walls of the mother.

[~~(i)~~]**(k)** "Freestanding birth center" means an out-patient maternity care facility.

[~~(j)~~]**(l)** "Grand multiparity" means the condition of having borne [~~7~~] **5** or more children.

[~~(k)~~]**(m)** "High grade squamous intraepithelial lesions (HGSIL)" means squamous cells that are highly suggestive of being pre-cancerous or pre-invasive cancerous.

[~~(l)~~]**(n)** "Holistic care" means care which attends to the needs of the client in all areas, including physical, emotional, and social.

[~~(m)~~]**(o)** "Home birth" means a planned home delivery attended by a midwife taking primary responsibility for the care of the mother and the newborn.

[~~(n)~~]**(p)** "Immediate postpartum period" means the period from birth until the midwife determines that mother and newborn are in stable condition.

[~~(o) "Cervical insufficiency" means the premature painless dilatation of the cervix typically at 24 to 26 weeks gestation, which, without medical intervention, is often associated with repeated second trimester spontaneous abortion.~~]

[~~(p)~~]**(q)** "Intrapartum" means the period from the onset of labor to its completion with the delivery of the placenta.

[~~(q)~~]**(r)** "Intrauterine growth restriction (IUGR)" means [~~a decreased rate of growth of the fetus~~] **ultrasound estimated fetal weight less than the 10th percentile for gestational age**.

[~~(r)~~]**(s)** "Large for gestational age (LGA)" means a newborn weighing [~~over 9 pounds, 8 ounces~~] **more than the 90th percentile for gestational age.**

(t) "Macrosomia" means an infant whose birth weight is 4500 grams or 9 pounds 15 ounces or higher.

[~~(s) "Multigravida" means a woman who has been pregnant 2 or more times.~~]

(u) "Multipara" means a person who has carried a pregnancy 20 weeks or longer at least once prior to the current pregnancy.

[~~(t)~~]**(v)** "Oligohydramnios" means an abnormally small amount of amniotic fluid during pregnancy.

[~~(u)~~]**(w)** "[~~Out-of-hospital~~] **Community** birth" means a home birth or a birth in a freestanding birth center.

[~~(v)~~]**(x)** "Pap test" means a procedure by which cervical cells are collected and tested in a laboratory for pre-cancer and other abnormal conditions.

[~~(w)~~]**(y)** "Placenta previa" means the condition whereby the placenta is implanted in the lower portion of the uterus, covering the cervix marginally, partially, or completely.

[~~(x)~~]**(z)** "Placental abruption" means premature separation of the placenta from the uterine wall.

[~~(y)~~]**(aa)** "Polyhydramnios" means an excess of amniotic fluid during pregnancy.

[~~(z)~~]**(ab)** "Preeclampsia" means a [~~combination in the mother of hypertension, fluid retention, protein in the urine, and brisk reflexes~~] **maternal condition of pregnancy occurring at 20 weeks 0 days of**

gestation or postpartum in which the person has a systolic blood pressure of 140 mm Hg or more or diastolic blood pressure of 90 mm Hg or more on 2 occasions 4 hours apart plus proteinuria of 300 mg or more on the 24-hours collection or protein: creatinine ratio of 0.3 or more or urine dipstick of 2+ protein or more.

[~~(ab)~~]**(ac)** "Prenatal" means during the period of time between conception and the onset of labor.

[~~(aa)~~]**(ad)** "Primigravida" means a [~~woman~~] **person** who is pregnant for the first time.

(ae) "Primipara" means a person is carrying a pregnancy beyond 20 weeks for the first time.

[~~(ac)~~]**(af)** "Postpartum" means occurring after **the delivery of the placenta until 6 weeks after** childbirth.

[~~(ad)~~]**(ag)** "Rh immune globulin" means a [~~preparation~~] **medication** used to prevent the development of Rh antibodies in Rh negative [~~mothers~~] **pregnant person**.

[~~(ae)~~]**(ah)** "Rh sensitivity with positive antibody titre" means the development [~~by a pregnant Rh negative woman of antibodies which might cross the placenta and destroy the cells of an Rh positive fetus~~] **of Rh antibodies in a pregnant person which might cross the placenta and destroy the red blood cells of an Rh-positive fetus**.

(ai) "Severe preeclampsia" means a maternal condition of pregnancy beyond 20 weeks 0 days of pregnancy with new-onset hypertension, even in the absence of proteinuria, with any of the following features: systolic blood pressure of 160 mm Hg or more, diastolic blood pressure of 110 mm Hg or more, thrombocytopenia of less than 100,000, renal insufficiency of creatinine of 1.1 mg/dl or higher, impaired liver function with liver transaminases (ALT and AST) twice normal or higher, pulmonary edema, visual disturbances, or new-onset headache unresponsive to medication.

[~~(af)~~]**(aj)** "Significant [~~PP~~] **postpartum** hemorrhage" means blood loss of greater than 1,000 [~~cubic centimeters~~] **milliliters**.

[~~(ag)~~]**(ak)** "Small for gestational age (SGA)" means a newborn weighing less than 5 pounds, 8 ounces**, 10th percentile for gestational age**.

[~~(ah)~~]**(al)** "Squamous cells" means flat, scaly cells forming the outer surface of the body and lining the body cavities and the principal tubes and passageways leading to the exterior of the body.

[~~(ai)~~]**(am)** "Vaginal birth after cesarean (VBAC)" means a vaginal birth after any previous delivery by cesarean section.

Readopt with amendment Mid 502.01 through Mid 502.11, effective 11/10/16 (Document #12040), to read as follows:

PART Mid 502 SCOPE OF PRACTICE

Mid 502.01 Midwifery Care. Acting autonomously, a midwife shall provide the following supervision, care, and advice, as appropriate, to [~~her~~] **the** client and the newborn:

(a) Counseling and education about:

(1) Conception;

(2) Health and nutrition;

(3) Pregnancy;

(4) Labor and delivery;

(5) Lactation;

(6) Family planning; and

(7) The postpartum period;

(b) Holistic care;

(c) Early recognition and prevention of potential health problems;

(d) Detection of any abnormal conditions in the mother, fetus, and newborn;

(e) Procurement of medical assistance, if necessary;

(f) Execution of emergency measures in the absence of medical help, if necessary; and

(g) Lactation assistance.

Mid 502.02 Midwifery Procedures. The procedures of midwifery shall include, as appropriate, the following:

(a) Basic physical examination;

(b) Breast examination;

(c) Pelvic examination;

(d) Venipuncture;

(e) Hematocrit and hemoglobin specimen collection;

(f) Capillary blood collection;

(g) Pap [~~testing~~] **smear collection and HPV testing, as indicated**;

(h) Culture collection;

(i) Urinalysis;

(j) Wet mount specimen collection;

(k) Administration of oxygen to mother and newborn;

(l) Urinary bladder catheterization;

(m) Episiotomy;

(n) Neonatal resuscitation;

(o) Repair of tears, lacerations or episiotomy, infiltration of lidocaine hydrochloride, and use of suture material;

(p) Intramuscular injection of the following medications:

(1) [~~Oxytocins~~] **Uterotonics** such as pitocin, and methergine, only for postpartum control of maternal hemorrhage;

(2) Rh immune globulin, if indicated;

(3) Vitamin K for [~~control and~~] prevention of vitamin K deficiency bleeding **(VKDB) and hemorrhagic disease of the newborn**; [~~and~~]

(4) Methergine only for postpartum control of maternal hemorrhage; and

[~~(4)~~](5) Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter[~~;~~]**.**

(q) Oral, buccal, or rectal administration of the following medications:

(1) Methergine, and misoprostol, only for postpartum control of maternal hemorrhage; and

(2) Vitamin K, for [~~control and~~] prevention of acute and late-onset hemorrhagic disease of the newborn; and

(3) Oral tranexamic acid for severe postpartum hemorrhage with immediate transport to hospital;

[~~(3)~~]**(4)** Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter;

(r) Intravenous administration of the following fluids:

(1) [~~Ringer's~~]**Lactated ringer's solutions**, with or without D5[~~W~~];

(2) [~~Normosol-R~~]Normal saline (0.9%), with or without D5[~~W~~]; and

(3) Other medications as prescribed by a physician, consistent with the scope of midwifery practice as defined in this chapter;

(s) Clamping and cutting of the umbilical cord;

(t) Administration of newborn eye prophylaxis in accordance with RSA 132:6, I;

(u) Metabolic screening of the newborn in accordance with RSA 132:10-a and RSA 132:10-c;

(v) Newborn hearing screening;

(w) Newborn pulse oximetry screening, as required by RSA 132:10-aa; and

(x) Contraception counseling and family planning methods.

Mid 502.03 Requirements for Prenatal Care.

(a) A midwife shall provide prenatal care to a client at least:

(1) Once a month through the twenty-eighth week of pregnancy;

(2) Once every 2 weeks from the twenty-eighth through the thirty-sixth week of pregnancy; and

(3) Once a week from the thirty-sixth week of pregnancy until the onset of labor.

(b) A midwife shall schedule the initial prenatal visit with a client in the first or second trimester of pregnancy.

(c) If a [~~woman~~] **client** requesting midwifery [~~services~~] **care** does not contact the midwife before the third trimester of [~~her~~] pregnancy, the midwife shall accept [~~her as a~~] **the** client only if[~~, she~~]:

(1) A reliable due date can be established by:

a. Being certain of the last menstrual period, know date of conception, or known date of ovulation; and

b. The fundal height consistent with menstrual dates; or

c. Having documented a first or second trimester ultrasounds; or

d. Meeting the current guidelines set by:

1. The American College of Obstetricians and Gynecologists in the committee opinion on "Methods of Estimating Due Date" dated 5/2017 or

2. The World Health Organization "WHO recommendations on antenatal care for positive pregnancy experience" 11/28/2016 publication;

[~~(1)~~]**(2)** Has had adequate prenatal care, or has met the criterion for a low risk birth as defined by [~~an NHCM's scope of practice~~] **the midwifery scope of practice as defined by Mid 502.08 and Mid 502.09**; and

[~~(2)~~]**(3)** Displays adequate fetal growth, fetal heart rate**,** and fetal movement.

(d) During the initial prenatal visit the midwife shall:

(1) Obtain a maternal health, obstetrical, and gynecological history;

(2) Perform a nutritional assessment and provide nutritional counseling;

(3) Screening for tobacco, alcohol, marijuana, prescription drugs, or elicit drugs;

[~~(3) Discuss the availability of options for screening and testing for fetal abnormalities~~] **(4) Offer to perform or provide referral to a prenatal provider trained to counsel for antenatal screening for chromosomal and other genetic disorders**;

[~~(4)~~]**(5)** Obtain **height, weight, and baseline** blood pressure;

[~~(5)~~]**(6)** Perform a pelvic exam, if indicated, including:

a. Uterine sizing to estimate gestational age;

b. Pelvimetry;

c. A chlamydia and gonorrhea screening test; and

d. A Pap test;

[~~(6) Either perform or order blood analysis, including, but not limited to:~~

~~a. Blood group and Rh factor;~~

~~b. Antibody screen;~~

~~c. A complete blood count;~~

~~d. Rubella titre;~~

~~e. Syphilis serology;~~

~~f. Hepatitis B surface antigen;~~

~~g. Hepatitis C surface antigen, if indicated; and~~

~~h. HIV testing, if accepted by the client;~~]

(7) Offer or recommend the following blood or urine tests:

a. Antibody screening;

b. Blood type and Rh factor;

c. Complete blood count or hemogram;

d. Gestational diabetics screening;

e. Gonorrhea and chlamydia urine screening

f. Hepatitis B surface antigen;

g. Hepatitis C antibody;

h. HIV testing;

i. Rubella titre;

j. Syphilis screening either by treponemal antibody or RPR;

k. Thyroid stimulating hormone (TSH);

l. Varicella titer;

m. Vitamin D; and

n. Urine culture;

(8) Document client education and counseling about prenatal tests as well as client's acceptance or refusal of specific prenatal tests;

[~~(7)~~]**(9)** Recommend that the client receive a general physical exam by a qualified health care provider to screen for general health problems that have the potential to complicate the pregnancy or delivery; and

[~~(8)~~]**(10)** [~~Obtain informed consent for midwifery care and out-of-hospital birth, to include the form shall require the client to provide their initials before each of the following information to ensure they and the midwife have all information as indicated on the form:~~] **Those parents planning a "Vaginal Birth After Cesarean" (VBAC) with a NH certified midwife shall complete an "Informed Consent for Out-of-Hospital Vaginal Birth After Cesarean" form, in the presence of their NH certified midwife. The form shall require the following:**

[~~a. A description of the midwife's background and credentials;~~

~~b. Whether the midwife has professional liability coverage; and~~

~~c. The address and telephone number of the council, where complaints against the midwife may be filed.~~]

a. The midwife to place the name of the client and their name at the top of the form;

b. The client to place their initials before each of the following statements:

1. I have read my midwife's informed consent for out of hospital VBAC, discussed the topic in depth, and have had all my questions and concerns addressed;

2. I am aware of the risks associated with planned vaginal birth after cesarean, including the risk of uterine rupture. I understand that if my uterus were to rupture in labor this could result in serious damage to myself and my baby, and there is an increased risk that my baby could die;

3. I understand that being a greater distance from emergency services could increase the risk to myself and my baby. I have discussed the distance from hospital of my intended place of birth with my midwife;

4. I understand that I have the option to attempt a VBAC at a hospital or to plan a repeat cesarean at a hospital;

5. I agree that if my NH certified midwife recommends a transfer I will comply with their recommendation;

6. I have had only one previous cesarean, and the scar is in the lower part of my uterus;

7. My single previous Cesarean occurred 18 months or more before the due date of my current pregnancy;

8. I will give permission for the release of the operative records of my previous cesarean birth to my midwife;

9. I agree to having at least one prenatal ultrasound in the second or third trimester of this pregnancy to determine the location of my placenta; and

10. I agree to having lab work done in this pregnancy that determines my blood group and type;

c. The midwife to complete the following:

1. Certified midwife's NH certification number;

2. Certified midwife's business address; and

3. The name of the freestanding birth center;

d. The NH certified midwife to place their full name printed legibly, signature, and date of signing;

e. The client to place their full name printed legibly, signature, and date of signing under the following affirmation:

"I understand that these measures are required to improve the safety of my care. Given the increased risks associated with planning an out of hospital VBAC, I agree that if my midwife recommends a transfer of care or emergency transport in labor I will promptly comply with this recommendation. Having received adequate information and resources, and having had my questions addressed, I express my understanding of the risks and my desire to initiate care with."; and

f. An individual who is 18 years or older shall witnesses the client and midwife signing and dating the form and attest to that fact by placing their full name printed legibly, signature, and date of signing on the bottom of the form.

(e) Screen for domestic violence and history of sexual trauma or abuse.

[~~(e)~~]**(f)** During subsequent prenatal visits the midwife shall:

(1) Assess maternal nutrition and weight gain;

(2) Obtain blood pressure;

[~~(3) Test urine for protein and glucose;~~]

[~~(4)~~]**(3)** Assess general well-being;

[~~(5)~~]**(4)** Check for signs and symptoms of edema, bleeding, headache, visual disturbances, or unusual vaginal discharge;

[~~(6)~~]**(5)** Obtain fundal height measurement;

[~~(7)~~]**(6)** Arrange for periodic hematocrit or hemoglobin testing;

[~~(8)~~]**(7)** Assess fetal heart rate and fetal activity;

[~~(9)~~]**(8)** Assess position and presentation of the fetus;

[~~(10)~~]**(9) Provide education of,** [~~P~~]**p**erform**,** or order the following[~~as necessary~~]:

a. Rh antibody screening;

b. Urinalysis;

c. Microscopic analysis of vaginal discharges;

d. Obstetric ultrasound;

e. Prophylactic Rh immune globulin injection;

f. [Blood sugar screening] **Tetanus, Diphtheria, Acellular Pertussis (Tdap) booster**;

[~~g. Cultures; and~~]

[~~h.~~]**g.** Thyroid screening, if indicated;

h. Gestational diabetes screening;

i. Group B strep screening; and

j. Herpes Simplex Virus (HSV) in pregnancy and labor, if applicable;

(11) Observe aseptic technique and standard precautions; and

(12) Discuss:

a. Any recent illnesses, symptoms, social or emotional problems;

b. Diet;

c. Medications and supplements;

d. [~~Reading suggestions~~] Educational resources;

e. Social determinants of health;

[~~e.~~]**f.** Exercise;

[~~f.~~]**g.** Rest and sleep requirements;

[~~g.~~]**h.** Sexuality;

[~~h.~~]**i.** Partner's role;

[~~i.~~]**j.** Birth preparation;

[~~j.~~]**k.** Newborn care;

[~~k.~~]**l.** Parenting; and

[~~l.~~]**m.** Transportation arrangements.

[~~(f)~~]**(g)** A midwife shall advise any client with genital herpes of the ACOG herpes protocol current at the time of the midwife's conversation with the client.

[~~(g) A midwife shall discuss with clients the standards of care and recommendations for testing for and treating of group B streptococcus.~~]

(h) A midwife shall encourage any client expecting a first child to attend childbirth education classes.

(i) A midwife shall discuss with the client, during the prenatal period, the selection of a pediatrician, family physician, or other health care provider who will assume care of the newborn.

(j) A midwife shall alert the client to:

(1) Signs of complications that necessitate immediate contact with the midwife; and

(2) Signs of labor and when it is time to call the midwife.

[~~(j)~~]**(k)** A midwife shall be on call or make specific arrangements for on call coverage with another midwife or licensed health care provider whose scope of practice includes birth.

[~~(k)~~]**(l)** In the third trimester, a midwife shall ensure that a client is adequately preparing for birth in a[~~n out-of-hospital~~] **community** location by discussing:

(1) The place of the birth and the facilities available there;

(2) The availability of adequate heat and water;

(3) The supplies the client must procure;

(4) The availability of a telephone;

(5) Arrangements for help after the birth;

(6) With a client preparing for birth in a private home, the importance of keeping readily available the following written information, as appropriate:

a. The name, location, and phone number of the nearest ambulance service **for non emergency transport**;

b. The name, location, and phone number of the nearest hospital **and hospital with obstetric and neonatal services**;

c. Availability of 911 services at the location of proposed birth location;

[~~c.~~]**d.** The name and phone number of the newborn's health care provider; and

[~~d.~~]**e.** [~~The street address of~~] **Directions to** the location of the birth [~~and directions to that location from the nearest ambulance service~~]; and

[~~(l)~~]**(m)** The transfer of care to a hospital setting [~~in an emergency~~] **as needed, when appropriate**.

Mid 502.04 Requirements for Care [~~throughout~~] **during** Labor, Birth**,** and **t**he Immediate Postpartum Period.

(a) During the appropriate period of labor, birth, and the immediate postpartum period a midwife shall:

(1) Assess maternal vital signs at regular intervals;

[~~(1)~~]**(2)** [~~Monitor the condition of the mother and fetus or newborn~~] **Assess fetal heart tones at regular intervals**;

[~~(2)~~]**(3)** Support and encourage the laboring [~~woman~~] **client**;

[~~(3)~~]**(4)** Assist with the birth;

[~~(4)~~]**(5)** Assist client with breastfeeding;

[~~(5)~~]**(6)** Inspect the perineum and lower vagina;

[~~(6)~~]**(7)** Inspect as necessary the cervix and upper vaginal vault;

[~~(7)~~]**(8)** Perform necessary laceration repairs **or transfer to the hospital for 3rd or 4th degree lacerations**;

[~~(8)~~]**(9)** Examine and assess the health of the newborn;

[~~(9)~~]**(10)** Inspect the placenta, membranes, and vessels of the umbilical cord;

[~~(10)~~]**(11)** Manage any third-stage bleeding;

[~~(11)~~]**(12)** Administer medications listed in RSA 326-D:12 as needed;

[~~(12)~~]**(13)** Administer eye prophylaxis to the newborn in accordance with RSA 132:6, I;

[~~(13)~~]**(14)** Administer vitamin K to the newborn;

[~~(14)~~]**(15)** Remain with the client and newborn:

a. At least 2 hours after the birth; and

b. If the conditions of the mother and the newborn are not stable after 2 hours, until the conditions of the mother and the newborn have become stable;

[~~(15)~~]**(16)** Provide the client with information concerning routine postpartum care of [~~herself and her~~] **both the client and** newborn, and indications that warrant contacting the midwife or physician;

[~~(16)~~]**(17)** Recommend to the client that [~~she~~] **they** contact the newborn's health care provider within 24 to 48 hours after birth to arrange for an examination; and

[~~(17)~~]**(18)** [~~Observe~~] **Follow** aseptic technique and use standard precautions.

(b) In the event the client is transferred to a hospital setting, a midwife shall make every effort to remain with [~~her~~] **that client to** provide labor support.

(c) In the event of an [~~emergency~~] **hospital** transfer, the midwife shall notify the [~~obstetrician on call at the accepting hospital of the nature of the emergency and the estimated time of arrival of the client~~]

hospital staff in accordance with the hospital transfer protocols and provide a complete set of prenatal, intrapartum, and newborn records.

Mid 502.05 Consultation With Physician or CNM to Determine Setting for Care During the Intrapartum Period. A midwife shall consult immediately with a physician with experience in the active practice of obstetrics or with a CNM about whether the care of the client should be transferred to the hospital setting if any of the following conditions should occur intrapartum:

(a) Unforeseen malpresentations;

(b) Unforeseen multiple fetuses;

(c) Fetal distress as indicated by heart rate monitoring;

(d) The presence of particulate meconium;

(e) Failure to progress such that:

(1) In the first stage of labor, there is a lack of progress in dilation and descent **with an active contraction pattern** for [~~a period of up to 24~~] **more than 20** hours in the case of a [~~primigravida~~] **primipara** or [~~18~~] **14** hours in the case of a [~~multigravida~~] **multipara**;

(2) In the second stage, there [~~are more than 2 hours without progress in~~] **is no** descent [~~or~~] **after** more than 3 hours [~~with slow descent~~] for a **primipara and more than 2 hours for a multipara**; or

(3) In the third stage, there is more than one hour without delivery of the placenta;

(f) More than [~~18~~] **24** hours elapse following the rupture of the membranes without the onset of labor;

(g) Maternal distress including:

(1) Extreme physical or mental exhaustion;

(2) Abnormal vital signs; [~~and~~] **or**

(3) [~~Uncontrolled maternal~~] **Abnormal vaginal** bleeding **equal to or more than a typical menstrual period**.

Mid 502.06 Consultation to Determine Setting for Care During the Immediate Postpartum Period. A midwife shall consult immediately with a physician [~~with experience in the active practice of obstetrics or with a CNM~~] **practicing hospital obstetrics or pediatrics or a CNM with hospital privileges** about whether the care of the client or the newborn should be transferred to the hospital setting if any of the following conditions should occur immediately postpartum:

(a) Significantly bleeding cervical lacerations;

(b) Third or fourth degree perineal lacerations;

(c) Uncontrolled maternal bleeding when the condition of the [~~woman~~] **client** is becoming unstable;

(d) Maternal fever or unstable vital signs;

(e) An Apgar score of 6 or less at 5 minutes after birth, or an Apgar score that is dropping;

(f) Jaundice in the newborn appearing before 24 hours after birth;

(g) Obvious congenital anomalies;

(h) A newborn who is SGA;

(i) A newborn who shows signs of hypoglycemia, such as jitteriness, lethargy, or hypothermia;

(j) A newborn with persistent central cyanosis or pallor;

(k) A newborn with persistent signs of respiratory difficulty without signs of improvement within one hour after birth;

(l) A newborn with a pulse rate greater than 160 at rest persisting for longer than 2 hours;

(m) A newborn with respirations greater than 80 at rest persisting for longer than 2 hours;

(n) A newborn with temperature outside the parameters of 97.7-99.4 degrees Fahrenheit or 36.5 to 37.5 degrees Celsius persisting for longer than 2 hours; or

(o) Other conditions which the midwife assesses as outside normal limits.

Mid 502.07 Requirements for Care During the Extended Postpartum Period. During the extended postpartum period, a midwife shall:

(a) Maintain close contact with the client through phone calls and at least one home or office visit within the first 72 hours after the birth;

(b) Ascertain during the visit described in (a) above that:

(1) The newborn is alert;

(2) The newborn has good color;

(3) The newborn is breathing normally;

(4) The newborn is establishing a healthy pattern of waking, sleeping, feeding, voiding, and stooling;

(5) The [~~mother~~] **client** is not bleeding excessively;

(6) The [~~mother~~] **client** has a firm fundus;

(7) The [~~mother~~] **client** does not have a fever or other sign of infection;

(8) The [~~mother~~] **client** is voiding properly; and

(9) The [~~mother~~] **client**, if intending and able to do so, is establishing successful breastfeeding;

(c) Consult with a physician if any of the circumstances in paragraph (b) are abnormal;

(d) Be available to consult with the newborn's health care provider about the newborn's condition;

(e) Recommend or perform newborn hearing screening;

(f) Test the newborn for metabolic disorders as required by RSA 132:10-a at 24 to 72 hours after birth;

(g) Perform **newborn** pulse oximetry screening for **congenital cardiac defects** pursuant to RSA 132:10-aa;

(h) By 6 weeks postpartum provide the following:

(1) A pelvic exam including a Pap test if indicated;

(2) Hemoglobin or hematocrit testing, if indicated;

(3) Screening for postpartum mental health disorders;

[~~(3)~~]**(4)** Contraceptive counseling and family planning methods; and

[~~(4)~~]**(5)** Referral for rubella vaccination if the client showed no immunity to rubella when tested at the time of [~~her~~] **the** initial visit with the midwife.

Mid 502.08 Ineligibility for Midwifery Care. A midwife shall not accept as a client [~~a woman who~~] **if that client** appears to have or reports any of the following:

(a) [~~Insulin – or drug dependent diabetes~~] **Diabetes requiring medication to control glucose**;

(b) Seizure disorder with convulsive activity during pregnancy or within the 12 months prior to pregnancy;

[~~(b) Maintenance on anti-epileptic medication;~~

~~(c) Convulsive activity within the past year;~~]

[~~(d)~~]**(c)** Blood diseases that could complicate pregnancy;

[~~(e)~~]**(d)** Current hepatitis B [~~and C~~] positive antigen;

[~~(f)~~]**(e)** Current HIV positivity or AIDS;

[~~(g)~~]**(f)** C[~~urrent c~~]hemical dependency or substance abuse **that is current or the patient is on medication assisted treatment (MAT)**;

[~~(h)~~]**(g)** Chronic pulmonary disease that interferes with oxygen saturation;

[~~(i)~~]**(h)** Rh sensitivity with positive antibody titre;

[~~(j)~~]**(i)** Chronic hypertension;

[~~(k)~~]**(j)** History of significant heart disease;

[~~(l)~~]**(k)** Renal disease requiring dialysis;

[~~(m) Maintenance on a psychotropic medication which the client's physician has determined has the potential to sedate the newborn;~~]

[~~(n)~~]**(l)** [~~Documented m~~] **M**ental illness or [~~disease~~] **condition** which has the potential to interfere with the client's ability to effectively participate in [~~her~~] **their own** care [~~or in out-of-hospital birth~~];

[~~(o)~~]**(m)** Diseases and disorders such as:

(1) Addison's disease;

(2) Cushing's disease;

(3) Systemic lupus erythematosus;

(4) Anti-phospholipid syndrome;

(5) Scleroderma;

[~~(6) Rheumatoid arthritis;~~]

[~~(7)~~]**(6)** Periarteritis nodosa;

[~~(8)~~]**(7)** Marfan's syndrome; and

[~~(9)~~]**(8)** Other systemic and rare diseases and disorders;

[~~(p)~~]**(n)** Acute toxoplasmosis infection, where the client is currently symptomatic;

[~~(q)~~]**(o)** Acute rubella infections, where the client is currently symptomatic;

[~~(r)~~]**(p)** Acute cytomegalovirus infection, where the client is currently symptomatic; **or**

[~~(s) Acute parvovirus infection, where the client is currently symptomatic;~~]

[~~(t)~~]**(q)** **Deep vein** [~~T~~]**t**hrombosis **or pulmonary embolism**[~~; or~~]**.**

[~~(u) Inflammatory bowel disease that is not in remission.~~]

Mid 502.09 Obstetrical Consultation Required To Determine Eligibility for Midwifery Care. A midwife shall consult with a[~~n~~] **a physician practicing hospital** obstetric[~~ian~~]**s** or **a** CNM **with hospital privileges** to evaluate whether a [~~woman~~] **client** is an appropriate candidate for [~~out-of-hospital~~] **a community** birth when [~~she or her~~] fetus[~~, as applicable,~~] appears to have or develops any of the following conditions:

(a) A first pregnancy at an age younger than 16 or older than 40;

(b) Maintenance on anti-epileptic medications without a history of convulsions in the previous year;

(c) Maintenance on psychotropic medication, including but not limited to, SSRI's, benzodiazepines, antipsychotics, and lithium

[(d) Maintenance on a psychotropic medication which the client's physician has determined has the potential to sedate the newborn;

[~~(c)~~]**(e)** Gestational hypertension [~~measured at 140/90 after 20 weeks on at least 2 occasions 6 hours apart~~] **with a systolic blood pressure of 140 mm Hg or more or a diastolic blood pressure of 90 mm Hg or more on 2 occasions 4 hours apart**;

[~~(d)~~]**(f)** An arrhythmia or a heart murmur other than a benign, functional murmur;

[~~(e)~~]**(g)** A history of hereditary problems with the potential to affect the fetus or newborn;

[~~(f)~~]**(h)** A history of significant postpartum hemorrhage;

[~~(g)~~]**(i)** A history of previous intrauterine death of a fetus of more than 20 weeks' gestation;

[~~(h)~~]**(j)** A history of stillbirth;

[~~(i)~~]**(k)** A history of prior obstetrical problems including:

(1) Prematurity;

(2) Uterine abnormalities;

(3) Placental abruption; and

(4) Insufficient cervix;

[~~(j)~~]**(l)** Cancerous or pre-cancerous condition of the cervix as indicated by an abnormal Pap test;

[~~(k)~~]**(m)** Renal disease not requiring dialysis, such as recurrent urinary tract or kidney infection;

(n) Acute parvovirus infection, where the client is currently symptomatic;

(o) Inflammatory bowel disease that is not in remission.

(p) Rheumatoid arthritis;

(q) Hepatitis C antibody positive;

[~~(l)~~]**(r)** Active gonorrhea;

[~~(m)~~]**(s)** Active chlamydia;

(t) Primary herpes before 37 weeks if reaccurent or during precgency at or after 28 weeks;

[~~(n)~~]**(u)** Gestational diabetes **with blood sugars not normalized with diet and exercise alone**;

[~~(o)~~]**(v)** Significant second or third-trimester **vaginal** bleeding**, more than spotting**;

[~~(p)~~]**(w)** Grand multiparity;

[~~(q)~~]**(x)** Multiple fetuses;

[~~(r)~~]**(y)** Malpresentation after 36 weeks;

[~~(s)~~]**(z)** Suspected small for gestational age to rule out developing IUGR;

[~~(t)~~]**(aa)** Suspected large for gestational age;

[~~(u)~~]**(ab)** Polyhydramnios;

[~~(v)~~]**(ac)** Oligohydramnios;

[~~(w)~~]**(ad)** Ultrasound evidence of a fetal or placental abnormality; [~~or~~]

[~~(x)~~]**(ae)** [~~Suspected postmaturity greater than 42 weeks' gestation.~~**] Post term gestation at 42 weeks 0 days or beyond;**

(af) Thyroid diseases;

(ag) Obesity with a pre-pregnancy BMI of 50 or greater;

(ah) History of deep vein thrombosis or pulmonary embolism;

(ai) Toxoplasmosis infection during pregnancy;

(aj) Rubella infection during pregnancy;

(ak) Anemia measured by hemoglobin of less than 10g or a hematocrit of less than 30% unresolved by 36 weeks' gestation;

(al) Fetus is small for gestational age by obstretic ultrasound;

(am) Indications that the fetus of more than 12 weeks' gestation has died in utero;

(an) Rh sensitization with positive antibody titre;

(ao) Cytomegalovirus infection during pregnancy; or

(ap) Parvovirus infection during pregnancy.

Mid 502.10 Conditions Requiring Transfer From Midwifery Care.

(a) A midwife shall transfer to the care of a physician with experience in the active practice of obstetrics or a CNM any client who appears to have or develops any of the following conditions during the prenatal period:

[~~(1) Anemia measured by hemoglobin of less than 10g or a hematocrit of less than 30% unresolved by 37 weeks' gestation;~~]

[~~(2)~~]**(1)** Multiple fetuses;

[~~(3)~~]**(2)** Malpresentation of the fetus, including presentation in breech position, that is not resolved before the onset of labor;

[~~(4) Confirmation by obstetric ultrasound that the fetus is small for gestational age;~~

~~(5) Indications that the fetus of more than 12 weeks' gestation has died in utero;~~

~~(6) Rh sensitization with positive antibody titre;~~]

[~~(7)~~]**(3)** Preeclampsia;

[~~(8)~~]**(4)** Placenta previa;

[~~(9)~~]**(5)** Placental abruption;

[~~(10)~~]**(6)** Onset of labor prior to 37 weeks; [~~or~~]

[~~(11)~~]**(7)** [~~Herpes on the cervix or vulva or in the vaginal mucosa that is active at the onset of labor and cannot be isolated by covering it.~~] **Primary harpies outbreak at or after 37 weeks;**

(8) History of uterine surgery involving myometrial surgery; or

(9) Any criteria met pursuant to Mid 502.08.

(b) Upon transfer of the client's care pursuant to paragraph (a) the midwife shall give the health care provider to whose care the client is transferred a copy of the client's chart.

Mid 502.11 Termination of Services by the Midwife.

(a) During the prenatal period a midwife shall terminate services if:

(1) The client refuses the transfer of [~~her~~] **their** care as required by Mid 502.10;

(2) The client consistently fails or refuses to follow the recommendations of the midwife; or

(3) The environment for home birth [~~becomes~~] **is** unsafe or unsanitary.

(b) A midwife terminating services during the prenatal period shall immediately notify the client in person or by phone, and follow-up with written notification of the termination.

(c) A midwife terminating services during the prenatal period shall **offer to** assist the client in finding another health care provider.

(d) After the onset of labor a midwife shall terminate [~~her~~] services only if:

(1) The client refuses a transfer of care determined necessary on the basis of the consultation required by Mid 502.05; or

(2) The midwife believes [~~she is~~] **they are** unable to care adequately for the client or the newborn.

(e) A midwife terminating services after the onset of labor shall:

(1) Document the events causing the termination; and

(2) Attempt to ensure that the client is not left unattended by:

a. Calling the on-call obstetrician or family physician practicing obstetrics at the nearest hospital to inform the physician of the situation;

[~~a.~~]**b.** Contacting a local rescue service, a hospital emergency room, or other appropriate emergency resource; **or**

[~~b.~~]**c.** Dialing 911[~~; or~~]**.**

[~~c. Calling a physician who is on call at the nearest hospital and has experience in the active practice of obstetrics to inform the physician of the situation.~~]

Readopt with amendment Mid 503.01 through Mid 503.06, effective 11/10/16 (Document #12040), to read as follows:

PART Mid 503 MIDWIFERY CARE WHEN PREVIOUS BIRTH WAS BY CESAREAN SECTION

Mid 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]**6** cm dilated and the client is experiencing regular 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)~~]**(b)** "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)~~]**(c)** "Third stage of labor" means the period of labor from the birth of the baby until the delivery of the placenta.

Mid 503.02 Eligibility for Midwifery Care. A midwife shall accept as a client a [~~woman~~] **client** 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 **and shall analyze the indication for the previous cesarean**;

(c) The potential client has had no other uterine [~~surgeries~~] **incisions based on review of the operative note from any other uterine incisions**;

(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 **in the second trimester** 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 **shall**:

(1) Document a client's blood group and type in the current pregnancy;

[~~(1)~~]**(2)** Arrange[~~s~~] a consultation between the client and a[~~n~~] **practicing** obstetrician [~~affiliated with the hospital closest to the planned location of the birth to discuss the following topics:~~] **to discuss the risk and benefits of VBAC; or**

[~~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~~] **(3) The midwife records that the client was refused** a consultation [~~for the potential client~~] by [~~every~~] **at least 2** obstetrician**s** 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.

Revised 8/3/2022, Revised 6/26/2023, Revised 7/14/2023, Revised 8/11/2023, Revised 10/2/2023, Revised 10/13/2023, Revised 11/17/2023, Revised 12/8/2023, Revised 5/15/2024, Revised 7/17/2024, Revised 8/21/2024, Revised 9/18/2024, Revised 10/17/2024, Revised 11/21/2024

Mid 503.03 Duties of the Midwife. A midwife attending a [~~woman~~] **client** who has had a previous birth by cesarean section shall:

(a) Provide all services required by this chapter;

(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 for signs of uterine rupture, including but not limited to:

(1) Abnormal fetal heart rate pattern;

(2) Loss of engagement of fetal station;

(3) Unstable vital signs;

(4) Inability to asculate fetal heart tones;

(5) Inability to palpate the uterine fundus;

(6) Changes in maternal mental status, including but not limited to:

a. Confusion;

b. Abnormal speech patterns;

c. Abnormal thinking patterns; and

d. Disorientation;

(7) Unexplained changes in clinical status;

(8) Excessive vaginal bleeding; and

(9) Abnormal abdominal pain;

[~~(d)~~]**(e)** Monitor the client during labor for excessive vaginal bleeding;

[~~(e)~~]**(f)** Monitor the client during labor for abnormal abdominal pain;

[~~(f)~~]**(g)** Monitor the labor for failure to progress [~~as indicated~~] by the following:

(1) [~~During active labor, t~~] **T**he passage of at least [~~2~~] **4** hours without cervical change **during active labor**;

(2) [~~In the second stage of labor, t~~] **T**he 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 **during the second stage of labor**; or

(3) [~~In the third stage, t~~] **T**he passage of at least one hour without delivery of the placenta **during the third stage of labor**;

[~~(g)~~]**(h)** Consult immediately with an obstetrician if any of the circumstances listed in [~~(f)~~] **(d)** above occur;

[~~(h)~~]**(i)** 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~~] **decelerations less than 110 bpm in the first stage of labor;**

(2) Persistent fetal heart tachycardia more than 160 BPM; and

[~~(2) Unstable vital signs;~~]

(3) [~~Significant bleeding; or~~] **Any of the symptoms of uterine rupture listed in Mid 503.03(d); and**

[~~(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.

Mid 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 [i] **"I**nformed [~~c~~]**C**onsent [~~f~~]**F**orm **For Community Vaginal Birth After Cesarean Section (VBAC)"** described in Mid 503.05 a midwife shall:

Commented [TK1]: Start Here

(a) Provide [~~her with NNEPQIN's patient education brochure describing in-hospital VBAC and entitled "Birth Choices After Cesarean Section"~~] **Current resources for data comparing VBAC safety versus planned 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)~~]**(b)** Provide [~~her~~] **the client** with a copy of Mid 503;

[~~(d)~~]**(c)** Discuss with the potential client the following:

(1) That [~~out-of-hospital~~] **community** 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 Mid 503:

a. The midwife's obligation to comply with Mid 503;

b. The potential client's eligibility for [~~out-of-hospital~~] **community** VBAC pursuant to Mid 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~~] **community** VBAC;

(3) The normal risks of labor and of VBAC in any setting, including the risk of uterine rupture during labor **and abnormally adherent placenta after the birth resulting in severe hemorrhage**;

(4) The risks associated with [~~out-of-hospital~~] **community** 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~~] **community birth**, including but not limited to:

a. Use of obstetric ultrasound **for the location of the placenta and if the placenta is low and anterior obtain consultation with a practicing obstetrician**;

b. Close monitoring of mother and baby during active labor; and

c. [~~Choosing~~] **Utilizing** 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~~] **community** 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~~] **community** VBAC, including the availability in hospitals of resources not available in a[~~n out-of-hospital~~] **community** 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

[~~(d)~~]**(d)** Answer the potential client's questions[~~.~~]; **and**

(f) The hospitals ability to respond if an emergency transfer from the care of the midwife to the hospital should become necessary.

Mid 503.05 Informed Consent Form **For Community Vaginal Birth After Cesarean Section (VBAC)**.

(a) A midwife shall review with the potential VBAC client the [~~informed consent~~] form **provided by the OPLC** [~~and en~~]titled "[~~New Hampshire Midwifery Council~~] Informed Consent **Form** for a[~~n Out-of-Hospital~~] **Community** Vaginal Birth After Cesarean Section (VBAC)".

Revised 8/3/2022, Revised 6/26/2023, Revised 7/14/2023, Revised 8/11/2023, Revised 10/2/2023, Revised 10/13/2023, Revised 11/17/2023, Revised 12/8/2023, Revised 5/15/2024, Revised 7/17/2024, Revised 8/21/2024, Revised 9/18/2024, Revised 10/17/2024, Revised 11/21/2024

Commented [TK2]: Should this be changed to "the client is ineligible for midwifery care"????

(b) The "Informed Consent Form for a Community Vaginal Birth After Cesarean Section (VBAC) shall require the following:

(1) The midwife to print the clients name and their name over the following statement:

"Parents planning a "Vaginal Birth after Cesarean (VBAC) with a NH Certified Midwife shall complete the following informed consent, in the presence of their NH Certified Midwife. It is the responsibility of the client to voice all questions and concerns regarding their out of hospital VBAC choice; and it is the responsibility of their midwife to address their questions and provide up to date data and research on risks of out of hospital VBAC choice.

[~~(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.~~]

(2) The client to read the following statements and initial the space just before each statements:

a. "I have read my midwife's informed consent for out of hospital VBAC, discussed the topic in depth, and have had all my questions and concerns addressed";

b. "I have read Med 503.04(b) and understand the requirments my midwife is required to adhere to";

c. "I am aware of the risks associated with planned Vaginal Birth after Cesarean, including the risk of uterine rupture. I understand that if my uterus were to rupture in labor this could result in serious damage to myself and my baby, and there is an increased risk that my baby could die";

d. "I understand that being a greater distance from emergency services could increase the risk to myself and my baby. I have discussed the distance from hospital of my intended place of birth with my midwife";

e. "I understand that I have the option to attempt a VBAC at a hospital or to plan a repeat Cesarean at a hospital"; and

f. "I agree that if my NH Certified Midwife recommends a transfer I will comply with their recommendation";

(3) The read each of the following statements and confirm, in the space provided, that the information about their previous medical history provided to the midwife is accurate:

a. "I have had only one previous Cesarean, and the scar is in the lower part of my uterus";

b. "My single previous Cesarean occurred 18 months or more before the due date of my current pregnancy";

c. "I will give permission for the release of the operative records of my previous Cesarean birth to my midwife";

d. "I agree to having at least one prenatal ultrasound in the second or third trimester of this pregnancy to determine the location of my placenta"; and

e. "I agree to having lab work done in this pregnancy that determines my blood group and type";

(4) The midwife completes the following:

a. The certified midwife's NH certification number;

b. The certified midwife's business address; and

c. The name of the freestanding birth center;

(5) The midwife shall sign and date the form as follows:

a. Print their name legibly;

b. Sign the form; and

c. Date the form with the date the form was signed;

(6) The client shall, print their name, sign the document, and date the form with the date the form is signed under the following the affirmation:

"I understand that these measures are required to improve the safety of my care. Given the increased risks associated with planning an out of hospital VBAC, I agree that if my midwife recommends a transfer of care or emergency transport in labor I will promptly comply with this recommendation. Having received adequate information and resources, and having had my questions addressed, I express my understanding of the risks and my desire to initiate care with the midwife."

[~~(c)~~]**(7)** 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~~] **their** printed name, signature**,** and date of signing in the spaces provided on the form.

Mid 503.06 Effect of Client's Signature on Informed Consent **Form for a Community Vaginal Birth After Cesarean Section (VBAC)**. By signing the form entitled "[~~New Hampshire Midwifery Council~~] Informed Consent **Form** for a[~~n Out-of-Hospital~~] **Community** Vaginal Birth After Cesarean Section (VBAC)" **dated 10/2022** the client:

(a) Shall acknowledge that:

(1) [~~She~~] **They** understands the information described in Mid 503.04(d);

(2) [~~She has~~] **They have** read the documents described in Mid 503.04(a) and (b) and understands the significance of the facts and figures in both documents;

(3) [~~She has~~] **They have** received and read Mid 503 and understands that the midwife practices according to its requirements; and

(4) The midwife has answered [~~her~~] **all** questions to [~~her~~] **the** satisfaction **of the client**; and

(b) Shall consent to midwifery services by the midwife [~~signing the form~~] for a[~~n out-of-hospital~~] **community** vaginal birth after a cesarean section.

Appendix

Rule	Specific State Statute which the Rule Implements
Mid 501	RSA 541-A:7
Mid 502.01	RSA 326-D:5, I (c); RSA 326-D:2, V
Mid 502.02 (a) through (j) and (l) thru (n)	RSA 326-D:2, V (a) and (b)
Mid 502.02 (k)	RSA 326-D:12, I (c)
Mid 502.02 (o)	RSA 326-D:12, I (d)
Mid 502.02 (p) (1) and (2)	RSA 326-D:12, I (f)
Mid 502.02 (p) (3)	RSA 326-D:12, I (a)
Mid 502.02 (p) (4)	RSA 326-D:12, I (e)
Mid 502.02 (p) (5)	RSA 326-D:12, I (h)
Mid 502.02 (q) (1)	RSA 326-D:12, I (f)
Mid 502.02 (q) (2)	RSA 326-D:12, I (e)
Mid 502.02 (q) (3)	RSA 326-D:12, I (h)
Mid 502.02 (r) (1) and (2)	RSA 326-D:12, I (g)
Mid 502.02 (r) (3)	RSA 326-D:12, I (h)
Mid 502.02 (s)	RSA 326-D:2, V (a) and (b)
Mid 502.02 (t)	RSA 326-D:12, I (b)
Mid 502.02 (u) and (v)	RSA 326-D:2, V (a) and (b)
Mid 502.03 and 502.04	RSA 326-D:2, V (a) and (b)
Mid 502.05 and 502.06	RSA 326-D:2, V (c)
Mid 502.07 and 502.08	RSA 326-D:2, V (a) and (b)
Mid 502.09 and 502.10	RSA 326-D:2, V (c)
Mid 502.11	RSA 326-D:2, V (a) and (b)
Mid 503.01	RSA 541-A:7
Mid 503.02-Mid 503.06	RSA 326-D:5, I(c)

Appendix B

Rule	Title	Obtain at:
Mid 502.03(c)(1)d.1.	The American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine, committee opinion on "Methods of Estimating Due Date" dated 5/2017	Obtain for no cost online at: https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date.pdf
Mid 502.03(c)(1)d.2.	The World Health Organization "WHO recommendations on antenatal care for positive pregnancy experience" 2016 publication	Obtain for no cost online at: https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf
Mid 503.04	Northern New England Perinatal Quality Improvement Network (NNEPQIN) "Patient Education: Birth Choices After Cesarean Section" updated 10/13/2011	Obtain for no cost online at: https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/nnepqin-vbac-patient-education-master.pdf