1 # DIRECT-ENTRY MIDWIFE AMENDMENTS

2 2007 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Margaret Dayton**

5 House Sponsor: ____________

6

7 **LONG TITLE**

8 **General Description:**

9 This bill amends the Direct-entry Midwife Act.

10 **Highlighted Provisions:**

11 This bill:

12 ▸ requires the Division of Occupational and Professional Licensing to adopt

13 administrative rules defining a normal birth and clarifying when consultation or

14 transfer is required.

15 **Monies Appropriated in this Bill:**

16 None

17 **Other Special Clauses:**

18 None

19 **Utah Code Sections Affected:**

20 ENACTS:

21 **58-77-604**, Utah Code Annotated 1953

22

23 *Be it enacted by the Legislature of the state of Utah:*

24 Section 1. Section **58-77-604** is enacted to read:

25 **58-77-604. Establishing rules.**

26 (1) In accordance with Section 58-77-102, the practice of Direct-entry midwifery is

27 limited to "essentially normal pregnancy, labor, delivery, postpartum, and newborn period."

28 The division shall establish the standard required by Section 58-77-102 by rule, adopted in
29 accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking Act, and shall:
30 (a) consider:
31 (i) the statutes and rules of other states that regulate home births;
32 (ii) generally recognized and peer-reviewed medical literature; and
33 (iii) the childbirth protocols for Utah's general acute hospitals, as defined in Section
34 26-21-2; and
35 (b) ensure that the rule:
36 (i) is comprehensive in scope and medically appropriate;
37 (ii) appropriately distinguishes those births that are appropriate for a home setting and
38 those that are not in light of the statutes and rules of other states and peer-reviewed medical
39 literature;
40 (iii) gives greater weight to the health and safety of pregnant women and unborn
41 children in resolving close or disputed issues; and
42 (iv) excludes from the practice of Direct-entry midwifery a pregnancy that involves:
43 (A) pulmonary disease, renal disease, chronic or active hepatic disease, endocrine
44 disease, neurological disease, a significant autoimmune disease, GBS disease, or
45 isoimmunization;
46 (B) deep vein thrombosis or pulmonary embolus;
47 (C) a significant hematological disorder or coagulopathy;
48 (D) hypertension;
49 (E) diabetes mellitus;
50 (F) a family history of a serious genetic disorder that may affect the current pregnancy;
51 (G) a history of neonatal infection, cerclage or incompetent cervix, an infant below
52 2,500 grams or above 4,000 grams, a preterm birth of 36 weeks or less, postpartum hemorrhage
53 requiring transfusion, three or more consecutive miscarriages, a miscarriage after 14 weeks, or
54 a stillborn;
55 (H) a prior myomectomy, hysterotomy, or c-section;
56 (I) current drug addition or abuse;
57 (J) positive HIV antibody or AIDS;
58 (K) any condition, disease, or illness that would disqualify a certified nurse midwife,

59 licensed under Chapter 44a, Nurse Midwife Practice Act, from delivering a child without
60 assistance under the protocols of two or more general acute hospitals in Utah; or
61 (L) any other condition that may present an unreasonable risk of harm to a pregnant
62 woman or unborn child.
63 (2) In establishing rules for mandatory consultation with a licensed health care provider
64 under Subsection 58-77-601(2), the division shall require consultation upon:
65 (a) a threatened miscarriage or miscarriage after 14 weeks;
66 (b) vaginal bleeding after 13 weeks of gestation;
67 (c) symptoms of malnutrition or anorexia;
68 (d) discovery of maternal age as of the estimated day of conception of less than 16
69 years or more than 35 years;
70 (e) history of genital herpes or a current sexually transmitted disease;
71 (f) infection requiring antibiotics;
72 (g) hepatitis;
73 (h) abnormal pap smear during current pregnancy;
74 (i) significant decrease in fetal movement after 24 weeks;
75 (j) no prenatal care prior to 28 weeks;
76 (k) thin, nonparticulate meconium; or
77 (l) any other condition or symptom that may place the health of the pregnant woman or
78 unborn child at unreasonable risk.
79 (3) In establishing rules for mandatory transfer of patient care before the onset of labor
80 under Subsection 58-77-601(2), the division shall require transfer to a physician licensed under
81 Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act,
82 upon evidence of:
83 (a) preeclampsia or other hypertensive disorder;
84 (b) diabetes mellitus;
85 (c) deep vein thrombosis or pulmonary embolus;
86 (d) placental anomaly;
87 (e) placenta previa after 20 weeks;
88 (f) onset of labor or membrane rupture before the completion of 37 weeks;
89 (g) abnormal fetal heart rate, biophysical profile, or nonreactive stress test;

90 (h) multiple gestations;
91 (i) known or suspected group B strep;
92 (j) intrauterine growth restriction, which includes a fundal height that measures more
93 than three centimeters less than the weeks of gestation;
94 (k) any other condition that could place the life or long-term health of the pregnant
95 woman or unborn child at risk; or
96 (l) suspected macrosomia, which includes a fundal height measuring more than three
97 centimeters greater than the weeks of gestation.
98 (4) In establishing rules for a mandatory transfer of care during labor under Subsection
99 58-77-601(2), the division shall require an immediate transfer in the manner specifically set
100 forth in Subsection 58-77-601(4)(a), (b), or (c) upon evidence of:
101 (a) any condition listed in Subsection (3);
102 (b) a prolapsed cord;
103 (c) chorioamnionitis;
104 (d) a membrane rupture of more than 18 hours;
105 (e) maternal seizure, loss of consciousness, or shock;
106 (f) breech or other inappropriate fetal presence;
107 (g) an erratic fetal heart rate or other form of fetal distress;
108 (h) any other condition that could place the life or long-term health of the pregnant
109 woman or unborn child at significant risk if not acted upon immediately; or
110 (i) failure to deliver after three hours of pushing.
111 (5) In establishing rules for a mandatory transfer of care after delivery under
112 Subsection 58-77-601(2), the division shall require an immediate transfer of the mother in the
113 manner specifically set forth in Subsection 58-77-601(4)(a), (b), or (c) upon evidence of:
114 (a) no immediate cessation of hemorrhage after a single dose of IM pitocin;
115 (b) retained placenta or placental fragments;
116 (c) a cervical laceration, sulcus laceration, or laceration of the third or fourth degree;
117 (d) uterine prolapse, inversion, or rupture;
118 (e) maternal seizure, loss of consciousness, or shock;
119 (f) postpartum preeclampsia;
120 (g) a temperature of more than 38.5 degrees Celsius or other abnormal vital sign;

121 (h) anaphylaxis; or
122 (i) any other condition that could place the life or long-term health of the mother at
123 significant risk if not acted upon immediately.
124 (6) In establishing rules for a mandatory transfer of care after delivery under
125 Subsection 58-77-601(2), the division shall require an immediate transfer of a newborn child in
126 the manner specifically set forth in Subsection 58-77-601(4)(a), (b), or (c) upon evidence of:
127 (a) an Apgar of less than six at five minutes;
128 (b) a heart rate of less than 100 beats per minute or other unstable vital sign;
129 (c) respiratory distress;
130 (d) prolonged apnea of more than 20 seconds;
131 (e) persistent cardiac irregularities, central cyanosis or pallor, or lethargy;
132 (f) a temperature below 36 degrees Celsius, above 37.9 degrees Celsius, or persistently
133 unstable;
134 (g) neonatal infection;
135 (h) serum glucose at less than 40 mg/dl;
136 (i) jaundice within 30 hours of birth;
137 (j) abnormal bulging, depressed fontanel, or other significant birth injury or congenital
138 abnormality;
139 (k) seizure;
140 (l) birth weight less than 2,500 grams;
141 (m) inability to suck, evidence of dehydration, or other indicator of a failure to thrive;
142 (n) failure to pass urine within 24 hours of birth or meconium within 48 hours of birth;
143 or
144 (o) any other condition that could place a newborn's health at risk.
145 (7) If the division determines that assistance is required in establishing rules in
146 accordance with this section, the division shall create an advisory group consisting of:
147 (a) two direct-entry midwives;
148 (b) two physicians recommended by the Utah Medical Association; and
149 (c) two certified nurse midwives.
150 (8) The division shall deliver a written report to the Legislature's Health and Human
151 Services Interim Committee by August 31, 2007, which shall include:

152 (a) the final version of its rules;
153 (b) a concise statement of the process followed by the division in arriving at the final
154 version of the rules;
155 (c) a concise statement that puts the rules into context and compares Utah's law for
156 determining when a birth is essentially normal and therefore appropriate for a home setting
157 with the laws of other states that regulate home births; and
158 (d) a concise statement of how the division's rules comply with Subsections (1) through
159 (7).

Legislative Review Note
as of 1-31-07 1:44 PM

Office of Legislative Research and General Counsel

Fiscal Note

S.B. 243 - Direct-entry Midwife Amendments

2007 General Session

State of Utah

State Impact

Research required by enactment of the bill will require an appropriation of $31,900 from the General Fund Restricted-Commerce Service Fund to the Department of Commerce to pay for temporary staff services. Spending from the Commerce Service Fund could affect revenue available to the General Fund. Provisions of the bill could reduce the number of Licensed Direct Entry Midwives , which would affect license revenue to the Commerce Service Fund.

	FY 2007 Approp.	FY 2008 Approp.	FY 2009 Approp.	FY 2007 Revenue	FY 2008 Revenue	FY 2009 Revenue
Commerce Service Fund	$0	$31,900	$0	$0	($1,100)	$0
Total	**$0**	**$31,900**	**$0**	**$0**	**($1,100)**	**$0**

Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for local governments. There could be an impact on Licensed Direct Entry Midwives and their clients as the bill reduces the scope of approved work they may engage in.