7th Sub. S.B. 93
LICENSED DIRECT ENTRY MIDWIFE AMENDMENTS

HOUSE FLOOR AMENDMENTS AMENDMENT 1 MARCH 4, 2008 2:22 PM

Representative **Jackie Biskupski** proposes the following amendments:

1. Page 6, Lines 150 and 151: Delete "recommended" and insert "selected" and delete line 151

2. Page 6, Lines 155 through 177: Delete lines 155 through 177 and replace with the following:

"(3) (a) The division shall submit the following to the advisory committee:
(i) administrative rules adopted by the division prior to March 1, 2008 under the provisions of Section 58-77-601; and
(ii) any administrative rule proposed by the division after March 1, 2008 under the provisions of Section 58-77-601.
(b) If the division does not incorporate a recommendation of the advisory committee into an administrative rule, the division shall provide a written report to the Legislative Administrative Rules Review Committee which explains why the division did not adopt a recommendation of the advisory committee.
(4) The division shall adopt administrative rules regarding conditions that require:
(a) mandatory consultation with a physician licensed under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act, upon:
(i) miscarriage after 14 weeks;
(ii) failure to deliver by 42 completed weeks of gestation;
(iii) a baby in the breech position after 36 weeks gestation;
(iv) any sign or symptom of:
(A) placenta previa; or
(B) deep vein thrombosis or pulmonary embolus; or
(v) any other condition or symptom that may place the health of the pregnant woman or unborn child at unreasonable risk as determined by the division by rule;
(b) mandatory transfer of patient care before the onset of labor to a physician licensed under Chapter 67, Utah Medical Practice Act, or Chapter 68, Utah Osteopathic Medical Practice Act, upon

evidence of:
(i) placenta previa after 27 weeks;
(ii) diagnosed deep vein thrombosis or pulmonary embolism;
(iii) multiple gestation;
(iv) no onset of labor after 43 completed weeks of gestation;
(v) more than two prior c-sections, unless restricted by the division by rule;
(vi) prior c-section with a known classical or inverted-T or J incision;
(vii) prior c-section without an ultrasound that rules out placental implantation over the uterine scar;
(viii) prior c-section without a signed informed consent document detailing the risks of vaginal birth after caesarean;
(ix) prior c-section with a gestation greater than 42 weeks;
(x) Rh isoimmunization with an antibody titre of greater than 1:8 in a mother carrying an Rh positive baby or a baby of unknown Rh type;
(xi) any other condition that could place the life or long-term health of the pregnant woman or unborn child at risk;
(c) mandatory transfer of care during labor and an immediate transfer in the manner specifically set forth in Subsections 58-77-601(4)(a), (b), or (c) upon evidence of:
(i) undiagnosed multiple gestation, unless delivery is imminent;
(ii) prior c-section with cervical dilation progress in the current labor of less than 1 cm in three hours once labor is active;
(iii) fetus in breech presentation during labor unless delivery is imminent;
(iv) inappropriate fetal presentation as determined by the licensed Direct-entry Midwife;
(v) non-reassuring fetal heart pattern indicative of fetal distress that does not immediately respond to treatment by the Direct-entry midwife unless delivery is imminent;
(vi) moderate thick, or particulate meconium in the amniotic fluid unless delivery is imminent;
(vii) failure to deliver after three hours of pushing unless delivery is imminent; or
(viii) any other condition that could place the life or long-term health of the pregnant woman or unborn child at significant risk if not acted upon immediately; and

(d) mandatory transfer of care after delivery and immediate transfer of the mother or infant in the manner specifically set forth in Subsections 58-77-601 (4)(a), (b), or (c) upon evidence of any condition that could place the life or long-term health of the mother or infant at significant risk if not acted upon immediately."

Renumber remaining subsections accordingly.

3. Page 7, Line 182: Delete "to serve as chair of the committee" and insert "and one of the non-Direct-entry midwife members to serve as co-chairs of the committee."

4. Page 7, Line 188: After "members" delete "present at a meeting"

5. Page 8, Lines 220 through 227: Amend the following subsections as shown:

"(a) **(i)** limit the licensed Direct-entry midwife's practice to a normal pregnancy, labor, postpartum, newborn and interconceptual care, which for purposes of this section means a normal labor:

{~~(i)~~} **(A)** that is not pharmacologically induced;

{~~(ii)~~} **(B)** that is low risk at the start of labor;

{~~(iii)~~} **(C)** that remains low risk through out the course of labor and delivery; {~~and~~}

{~~(iv)~~} **(D)** in which the infant is born spontaneously in the vertex position between 37 and 43 completed weeks of pregnancy; and

(E) except as provided in Subsection (2)(a)(ii), in which after delivery, the mother and infant remain low risk; and

(ii) the limitation of Subsection (2)(a)(i) does not prohibit a licensed Direct-entry midwife from delivering an infant when there is:

(A) intrauterine fetal demise; or

(B) a fetal anomaly incompatible with life; and "