

STATE OF NEW YORK

10809--B

Cal. No. 1079

IN ASSEMBLY

May 18, 2018

Introduced by M. of A. PAULIN, GOTTFRIED, GALEF, ARROYO, BARRON, BLAKE, DICKENS, D'URSO, COLTON, COOK, EPSTEIN, HOOPER, PELLEGRINO, SEAWRIGHT, TAYLOR, WOERNER, McDONOUGH, ERRIGO, JEAN-PIERRE -- Multi-Sponsored by -- M. of A. THIELE -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported from committee, advanced to a third reading, amended and ordered reprinted, retaining its place on the order of third reading

AN ACT to amend the public health law, in relation to informing maternity patients about the risks associated with cesarean section

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 2500-1 to read as follows:

3 § 2500-1. Duty of providers of primary cesarean section maternity
4 services to inform. 1. (a) Every maternal health care provider shall
5 provide written communication to each pregnant woman for whom the mater-
6 nal health care provider recommends a primary cesarean section delivery,
7 stating that the primary cesarean section is recommended and to provide
8 the justification including potential risks and benefits for the primary
9 cesarean section prior to the delivery, as part of the process of
10 obtaining informed consent to the primary cesarean section.

11 (b) As used in this section:

12 i. "Maternal health care provider" or "provider" shall mean a physi-
13 cian, midwife, nurse practitioner, or physician assistant, acting within
14 his or her scope of practice, managing the pregnancy of a pregnant
15 woman.

16 ii. "Primary cesarean section delivery" means a first lifetime deliv-
17 ery by cesarean section for a woman.

18 2. In the event that a primary cesarean section is not deemed
19 medically necessary by the provider but the patient requests a planned
20 cesarean section delivery, the maternal health care provider shall
21 provide written communication to the pregnant woman indicating that the
22 primary cesarean section is not medically necessary and including the

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 explanations required under subdivision four of this section, prior to
2 the delivery.

3 3. In the event that the primary cesarean section is performed but not
4 planned prenatally, the maternal health provider who performed the cesa-
5 rean section shall provide communication in writing to the patient
6 explaining the reason for the unplanned cesarean section and including
7 the explanations required under subdivision four of this section, after
8 the delivery.

9 4. The written communication about a primary cesarean section under
10 subdivision one of this section shall explain at least the following:

11 (a) Cesarean birth can be life-saving for the fetus, the mother, or
12 both in some cases.

13 (b) Potential maternal injuries associated with cesarean delivery
14 include but are not limited to: heavy blood loss that results in
15 hysterectomy or a blood transfusion; ruptured uterus; injury to other
16 organs including the bladder; and other complications from a major
17 surgery.

18 (c) Cesarean delivery also carries higher risk of infant injury and
19 can result in situations requiring care in the neonatal intensive care
20 unit (NICU).

21 (d) After a cesarean delivery, future vaginal deliveries may be risky.
22 Because of this, cesarean delivery may be recommended in the future.
23 However, vaginal birth after cesarean (VBAC) may be possible, depending
24 upon the patient's health characteristics.

25 (e) In future pregnancies, there is risk of the cesarean section scar
26 breaking during pregnancy or labor (uterine rupture).

27 (f) Women's risk of developing placenta previa or accrete in future
28 pregnancies is higher after cesarean deliveries than vaginal births.

29 (g) The patient should speak to her health care provider about her
30 options and any questions she may have.

31 § 2. This act shall take effect on the one hundred eightieth day after
32 it shall have become a law. Effective immediately, the department of
33 health may make regulations and take other actions necessary for the
34 timely implementation of this act on its effective date.