

STATE OF NEW YORK

2888

2019-2020 Regular Sessions

IN SENATE

January 30, 2019

Introduced by Sen. SALAZAR -- read twice and ordered printed, and when printed to be committed to the Committee on Women's Issues

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
23 explanations required under subdivision four of this section, prior to
24 the delivery.

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

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

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

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

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

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

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

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

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

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

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