

STATE OF NEW YORK

1039--A

2025-2026 Regular Sessions

IN ASSEMBLY

January 8, 2025

Introduced by M. of A. PAULIN, GONZALEZ-ROJAS, SEAWRIGHT, SIMON, BICHOTTE HERMELYN, CLARK, LEVENBERG, JACOBSON, ZACCARO, SANTABARBARA, OTIS -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the duty to inform certain patients about the risks associated with cesarean section for patients undergoing planned and unplanned primary cesarean sections

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-n to read as follows:

3 § 2500-n. Duty of providers of primary cesarean section services to
4 inform. 1. The commissioner shall require that every health care provid-
5 er, licensed pursuant to title eight of the education law and acting
6 within such health care provider's scope of practice and attending a
7 pregnant person, to provide written communication to each pregnant
8 person for whom a primary cesarean section delivery, defined as first
9 lifetime delivery via cesarean section, is planned.

10 2. In the event that the primary cesarean section is not planned
11 prenatally, the commissioner shall require that the health care provider
12 who performed the cesarean section provide written communication to each
13 person who delivered via primary cesarean section the reason for the
14 unplanned cesarean section after the delivery.

15 3. The provider shall provide communication to the patient with a
16 planned cesarean section. Such communication shall include, but not be
17 limited to the following information:

18 "Cesarean birth can be life-saving for the fetus, the birthing parent,
19 or both in some cases. However, in the absence of maternal or fetal
20 indications for cesarean delivery, a vaginal birth is preferable. Vagi-

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

LBD00513-02-6

1 nal delivery is associated with shorter recovery times, reduced risk of
2 infection, decreased maternal morbidity, and decreased risk of compli-
3 cations in future pregnancies. In no instance should you ever request a
4 cesarean delivery. Potential injuries to the birthing parent associated
5 with cesarean birth include, but are not limited to, heavy blood loss
6 that results in hysterectomy or a blood transfusion, ruptured uterus,
7 injury to other organs including the bladder, and other complications
8 from a major surgery. Additionally, the risk of developing placenta
9 previa or accreta is higher after cesarean delivery than vaginal birth.
10 Some providers may recommend a cesarean due to maternal age, size of the
11 fetus, or breech presentation, although this is widely debated among
12 providers. After a cesarean delivery, future vaginal deliveries may
13 result in uterine rupture. Because of this, cesarean delivery may be
14 recommended in the future. However, vaginal birth after cesarean (VBAC)
15 may be possible, depending upon your health characteristics. Speak to
16 your health care provider about your options and any questions you may
17 have."

18 4. The provider shall provide written communication to the patient
19 with an unplanned cesarean section that shall include, but not be limit-
20 ed to, the written communication required pursuant to subdivision two of
21 this section and the following information:

22 "Your most recent delivery was via cesarean section. Cesarean delivery
23 can be life-saving for the fetus, the birthing parent, or both in some
24 cases. After a cesarean delivery, future vaginal deliveries may result
25 in uterine rupture. Because of this, cesarean delivery may be recom-
26 mended in the future. However, vaginal birth after cesarean (VBAC) may
27 be possible, depending upon your health characteristics. Vaginal birth
28 after cesarean (VBAC) requires no abdominal surgery, shorter recovery
29 periods, lower risk of infection and may prevent certain health problems
30 linked to multiple cesarean deliveries. The risk of developing placenta
31 previa or accreta increases with each subsequent cesarean delivery. Not
32 all providers and hospitals perform VBACs. Speak to your health care
33 provider about your options and any questions you may have."

34 § 2. This act shall take effect on the one hundred eightieth day after
35 it shall have become a law. Effective immediately, the addition, amend-
36 ment and/or repeal of any rule or regulation necessary for the implemen-
37 tation of this act on its effective date are authorized to be made and
38 completed on or before such effective date.